Idaho State Plan on Aging

FFY 2024 - 2028

Commission on Aging

September 12, 2024

Ms. Judy Taylor
Director, Idaho Commission on Aging
6305 W Overland Rd Suite 110
Boise, ID 83709

Dear Ms. Taylor:

I am pleased to inform you that the Idaho State Plan on Aging under the Older Americans Act for October 1, 2024, through September 30, 2028, has been approved.

The State Plan outlines significant activities that will serve as a guide for Idaho's aging service network during the next four years. Of particular note is your commitment to promote excellence and innovation throughout the aging network to meet the diverse needs of older Idahoans and their caregivers.

I appreciate your commitment and dedication to ensure the continuity of quality services for older adults in Idaho and am delighted to see that the Idaho Commission on Aging continues to serve as an effective and visible advocate for older adults and family caregivers at a state level.

The Administration for Community Living looks forward to working with you and the Idaho Commission on Aging in the implementation of the State Plan. If you have questions or concerns, please feel free to contact Louise Ryan, Regional Administrator, at 206-615-2299. Thank you for your efforts toward improving the lives of older persons in Idaho.

Sincerely,

Alison Barkoff

Alison Barkoff
Senior official performing the duties of
Administrator and Assistant Secretary for Aging

Cc: Kari Benson, Deputy Assistant Secretary for Aging
Amy Wiatr-Rodriguez, Director, Center for Regional Operations
Alice Kelsey, Deputy Director, Administration on Aging
Louise Ryan, Regional Administrator

Verification of Intent

This Idaho Senior Services State Plan (Plan) is submitted to the Administration for Community Living (ACL) for the period October 1, 2024 through September 30, 2028. The Idaho Commission on Aging (ICOA) has legislative authority to develop and administer the Plan in accordance with the Older Americans Act (OAA).

The ICOA is primarily responsible for the coordination of all state activities related to the purpose of the OAA, i.e. the development of comprehensive and coordinated systems for seniors and people with disabilities to deliver support services, including aging and disability resource centers, multi-purpose senior centers, nutrition services, long term care ombudsman services and to serve as the effective and visible advocate for the elderly in the state. This Plan has been developed in accordance with all federal statutory and regulatory requirements and includes all assurances, plans, provisions, and specifications to be made or conducted by the ICOA under provisions of the OAA. This Plan is approved for the Governor by his designee Judy Taylor, ICOA Director for the State of Idaho, and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary of Aging.

Approved: _Judy Taylor_____   Date: _May 6, 2024____

Judy Taylor, Director ICOA

Table of Contents

Part I: Executive Summary

The Idaho Commission on Aging (ICOA) was designated by the Governor in 1968 as the state unit on aging and thus implements the federal Older American Act and the Idaho Senior Services Act. Statutory authority can be found in Section 67-5001, Idaho Code. The Governor appoints a seven-member commission on aging which oversees the duties, powers, and authorities of ICOA. ICOA plans, coordinates, and promotes a statewide network to support aging Idahoans to live healthy and dignified lives in the communities of their choice. Services are targeted to those most in need and at risk of early institutionalization and include meals, transportation, homemaker, caregiver support, and respite. ICOA also leads the effort to keep aging Idahoans safe through the Adult Protective Services, Ombudsman, and Senior Legal Assistance Program. Direct services are provided through the six Area Agencies on Aging (AAA) and are guided by local area plans specifically developed to address the needs in each Planning and Service Areas (PSA).

Each area plan is developed through research, analysis, strategic identification, stakeholder and public participation, and advances the goals and objectives developed in the ICOA's four-year Senior Services State Plan.

ICOA's duties include advocating for elderly Idahoans within state government and throughout communities; assisting communities to plan, develop, and implement in-home and community-based services; and planning, coordinating, funding, and monitoring various statewide service programs.

Roles and Responsibilities

1. To serve as an advocate within state government and the community for older Idahoans.

2. Serve as an advisory body regarding state legislative issues affecting older Idahoans.

3. Promulgate, adopt, amend, and rescind rules related to programs and services administered by ICOA.

4. Enter into funding agreements for grants and contracts within the limits of appropriated funds, to carry out programs and services for older Idahoans.

5. Conduct public hearings and evaluations to determine the health and social needs of older Idahoans, and determine the public and private resources available to meet those needs.

6. Designate PSAs and AAAs in accordance with the Older Americans Act and federal regulations promulgated thereunder. ICOA shall review the boundaries of the PSA periodically and shall change them as necessary.

7. On or before the first day of December, submit a report to the Governor and the Legislature of its accomplishments and recommendations for the improvement of programs and services for older Idahoans.

8. Administer and perform any other related functions or activities assigned to ICOA by the Governor.

Part II: Context

Idaho's culture and recent changes

Idaho embraces the western ideals of individualism, personal freedoms, and the lightest hand of government. In fact, Idaho is the least regulated state in the nation[1]. Idaho embraces the values of personal responsibility, independence, and hard work. Faith based and community groups are expected to help their fellow citizens, with the state positioned to be the helper of last resort. A national resource listed Idaho as the 6th most independent state. Idaho has a part time legislative body. The Commission enjoys collegial relationships with our elected officials and our agency operates with fidelity to Idaho's values, supporting communities to meet local needs, and transparency and conservatism related to fiscal issues.

Idaho Growth

Growth is a major concern for current Idahoans, with two-thirds (67%) feeling the state is growing too fast[2]. Our Urban needs assessment shows that older urban dwellers feel cut off from their communities. This is possibly attributable to the complexity of busier roads, and complications due to new density of homes and businesses. Idaho has experienced major demographic changes since our last state plan[3].

- 65+ age group: Fastest growing between 2010-2022, population increase of 68.5%
- Share of the population that is 65+ increased from 12.5% in 2010 to 17% in 2022
- Between 2010 – 2022: White (non-Hispanic) group had the most growth increasing by 244,798 from 1.3 million in 2010 to 1.6 million in 2022
- 36.7% Idahoans 65+ live with at least one disability (US Census)
- Approximately 306,000 Idahoans live with Alzheimer's Dementia a prevalence rate of 9.8% (Alzheimer's Association)
- Only 23.6% of all Idahoans had a bachelor's degree or higher (US Census)

1. https://www.mercatus.org/publications/state-and-local-regulations/mapping-regulatory-restrictions-us-states
2. https://sos.idaho.gov/dashboards/moving-voters/
3. https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/idaho/

ICOA's clients demographics reflects our focus on serving those at high risk, or resembles the state's overall demographics. The table here provides data on ICOA registered clients for State Fiscal Year 2023.

Target Demographics	Registered Clients Served*	Percent of Registered Clients Served	Percent of Idaho Population**
Age 65-74	6,033	30.67%	5%***
Age 75-84	7,150	36.34%	22%
Age 85+	4,223	21.47%	13%
Age 65+ Living in Poverty	4,161	21.15%	30%
Age 65+ Living Alone	7,388	37.56%	7%
Age 60+ Living in Rural County	10,222	51.96%	18%
Age 60+ Racial Minority	501	2.55%	2%
Age 60+ Hispanic	818	4.16%	3%

*Registered services collect demographic information, not all services provided are considered registered services   **Based on most current ACS 5-year US Census estimate   ***ACS data is based on 60+   Note: Medicaid A & D Waivers in Idaho are available for low-income older Idahoans, those eligible do not qualify for ICOA services.

Statewide Challenges

Geographical Isolation: Rural Idahoan Life

Idaho is a large western state with impressive mountain ranges, large areas of high desert and massive expanses of forested terrain. Geography and distance impact both the demographic characteristics and social determinants of health within Idaho. Idaho is ranked 38th of the 50 United States for total population and 14th for geographic size. The 2022 census population for Idaho was 1,939,033 and, because of its large size and relatively small population, Idaho remains one of the most rural states in the nation. With approximately 22.3 people per square mile, Idaho ranks 44th of the 50 states in population density. Thirty-five of Idaho's 44 counties are rural, with 16 of these considered remote, which means those counties have fewer than six people per square mile.[4] Almost half of the people we serve live in rural counties.

4. https://www.gethealthy.dhw.idaho.gov/population-health-data

Characteristics of rural residents include distrust for outsiders. This motivates us to invest heavily in our local senior centers as hubs for healthy aging and No Wrong Door access to provide information and host healthy meals and activities. Lack of population density and geographic distance affects our ability to serve based on lack of willing providers. The stated distrust of outsiders, and the lack of willing providers motivated us to test and implement title 3B services in a consumer directed manner. Our focus on Consumer Direction is a major win enabling us to serve those at high risk, using a person-centered approach.
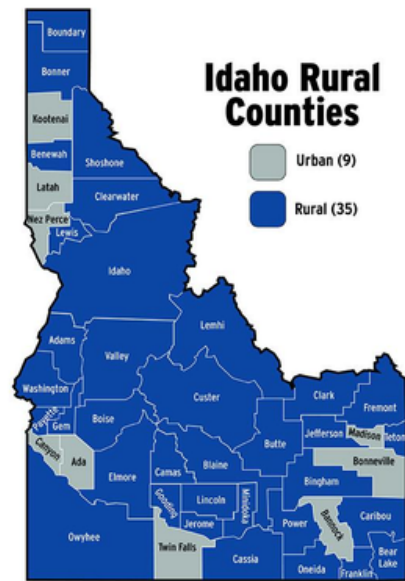
Broadband Access: Lack Internet Service in Idaho

In 2023 Idaho ranked 40th in the nation in terms of internet coverage, speed, and availability.[5] Responses to the 2023 Needs assessment showed 28% of high-risk respondents stated they could not utilize technology for either fun and socialization or healthcare or other supports. The Idaho Commission on Libraries has developed and published the DIAL - Digital Access for All Idahoans plan. ICOA works closely with the library commission as an ADRC partner, and is collaborating on the parts of the plan related to older and isolated Idahoans.

Direct Care Workforce Crisis: Lack of Willing Providers

The rural nature of Idaho impacts service delivery in many ways. First, is a greater reliance on AAAs to be closely involved in direct service. ICOA has granted all 6 of our AAAs the right to operate Information and Assistance, options counseling, and case management as direct services. This is necessary based on the localized and rural nature of our state. Other OAA title services are delivered by contracted providers with close program management at the AAA level. In most areas, AAAs contract with all qualified and willing providers as a mechanism to serve the most clients. Even with this culture, AAAs have historically had to run deep waitlists for services like homemaker and respite due to lack of willing providers. This problem has been lessened with the consumer direct model now available in all AAAs statewide. Currently only one program is delivered outside of the "AAA as hub" model, and this is our state funded high risk caregiver support program which provides a statewide service via a single contract. Embedded in the Administrative Excellence section of the new state strategic plan are objectives to investigate the feasibility of delivering additional services through models other than the AAA hub model currently in use. Program priorities, improvements, and outcomes are driven by local plans which are created and evaluated using ICOA's Planning Manual.

Part III: Guiding Principles in Plan Development

ICOA Planning Methodology

ICOA embraces our identity and responsibility as a planning agency. In May of 2021 ICOA published a planning manual which outlines the approved 6 phase planning model to be used by ICOA and the local AAAs. Online education and resources are available on the ICOA website to augment the manual. Cornerstones of the planning standards include outreach and stakeholder involvement and serving older Idahoans most in need. AAA Directors use stakeholder and advisory groups, needs assessments, population data, current gaps, and availability of other community resources to prioritize which social and financial risk factors should be used to guide service delivery. ICOA publishes the Federal Poverty guidelines each year as the official resource to determine financial risk status.

ICOA staff are held to the planning model process throughout the year, with updates given on outcome progress at quarterly Commissioner's meetings, and the SFY outcomes used for their annual performance evaluation. Commissioner's meetings are publicized and open to the public. Agendas and minutes are posted to our website.

Program specialists are the implementation, fiduciary, and quality experts in their assigned programs. They develop positive relationships with their stakeholders and keep a constant pulse on their assigned strategic plan outcomes. Program Specialist are held to explicit expectations on the implementation, fiduciary, and quality outcomes of their programs as described in the Program Specialist Performance Expectations specified in the ICOA Staff Planning Manual a separate manual specifically for ICOA staff.

ICOA believes since their planning methodology is standardized and based on accepted best practices, the plan will be relevant, and the outcomes will be valid. Specifics on how ICOA utilized their formal process, and how the stages of planning achieved important outcomes and considerations are explained in detail in Attachment D.

Statewide Workgroups

In Fall of 2022 ICOA presented three decisions to be made in this state plan. The 7-member commissioner board agreed with the need to explore the three issues and appointed three different workgroups, each with representation of the AAA Directors, AAA parent organization members, and at least three commissioners. ICOA staff supported each work group with data and meeting logistics. The three work groups studied:

- **Elimination of mandatory cost share**
- **New Intrastate funding formula**
- **Re-drawing of Planning and Service Areas**

In May of 2023 each workgroup presented their recommendations to the larger Commissioner board and formal voting was performed to accept the work-group's recommendations and proceed to public comment during ICOA's statewide outreach in summer and fall of 2023.

The Commissioner's unanimously agreed with the recommendation of the workgroup to end mandatory cost share on the programs that currently had them. Supporting the decision was testimony related to needless overhead and staff time and disenfranchising of clients.

The Commissioner's unanimously agreed with the recommendation of the workgroup to support the Intra-state funding formula as presented. A robust description and justification of the IFF can be found in Attachment C.

The Commissioner's unanimously agreed with the recommendation of the workgroup to support the new boundaries for the Planning and Service Areas. Supporting the decision was a presentation of population data that illustrated PSA2, PSA5, and PSA6 did not have the at-risk population numbers necessary to drive funding for an effective, robust, and resilient AAA. See Attachment I for current and proposed Planning and Service Area Maps.

Stakeholder Engagement and Outreach

ICOA staff planned outreach events around the state with a minimum of two Senior Center presentations per PSA, and 50% of those in rural areas. At each Senior Center an in-depth presentation was given concerning who is ICOA, what services are offered, how services are paid for and eligibility if any. All three recommendations were presented, and time was built into the presentation for robust discussion. Attending each Senior Center presentation were members of the center's board of directors, and elected officials. Presentations were also given to each AAA's advisory board with invitations to local elected officials and members of the parent organization to attend.

No concerns were voiced on the elimination of cost share or the IFF. We received many procedural questions related to the PSA consolidation, but no concerns about the reduction in theory. The location of each event and number of participants can be found in Attachment E.

A final draft of this State Plan was posted on the ICOA website for 30 days, and distributed throughout Idaho's aging network and select stakeholders. ICOA received comments exclusively from the AAAs. We thank them for their engagement and suggestions, many of which were used to modify this plan.

Stakeholder Needs Assessment

As an important part of the planning and engagement process, ICOA conducted a statewide needs assessment. We used a convenience sample of current clients, congregate meal participants, and clients of ADRC partners. Flyers were also distributed to community organizations that invited participation. The survey could be completed electronically, hard copy, or by telephone with questions being read to the participants and their answers recorded. A Spanish version of the needs assessment was available and provided directly to Hispanic community groups. The entirety of needs assessment data is found in Attachment F.

The needs assessment data was analyzed with 4 separate lenses:
1. Statewide = 1,109 respondents
2. High Risk = 229 respondents (21% of total, 66% urban,34% rural)
3. Urban = 579 respondents
4. Rural = 443 respondents

Summary of Responses

Although we used a convenience sample, respondent demographics illustrate an adequate representational cohort that can be used to make decisions and guide planning. 37 of 44 Idaho Counties are represented.

Bar chart of responses by county: Twin Falls 223, Ada 94, Canyon 89, Bannock 87, Gooding 85, Cassia 67, Jerome 58, Bingham 54, Kootenai 34, Benewah 30, Payette 26, Washington 26, Fremont 23, Power 21, Bonneville 20, Minidoka 20, Bear Lake 19, Lewis 14, Blaine 13, Madison 12, Nez Perce 10, Camas 6, Boise 5, Latah 5, Idaho 4, Caribou 2, Custer 2, Franklin 2, Jefferson 2, Lemhi 2, Owyhee 2, Teton 2, Butte 1, Clearwater 1, Gem 1, Lincoln 1, Shoshone 1.

Donut chart: Urban 594 (56%), Rural 470 (44%).

Pie chart: PSA V 185 (17%), PSA I 65 (6%), PSA VI 64 (6%), PSA II 34 (3%), PSA IV 473 (44%), PSA III 243 (23%).

Statewide Needs Assessment Themes

Overall, our respondents reported a high quality of life, with only 21% of respondents rating their quality of life as Fair, Poor, or Very Poor. These 21% of respondents became the "high-risk" cohort. Urban dwellers were twice as likely to rate their quality of life as fair or poorer.

Pie chart: Good 46%, Very Good 33%, Fair 17%, Poor 3%, Very Poor 1%.
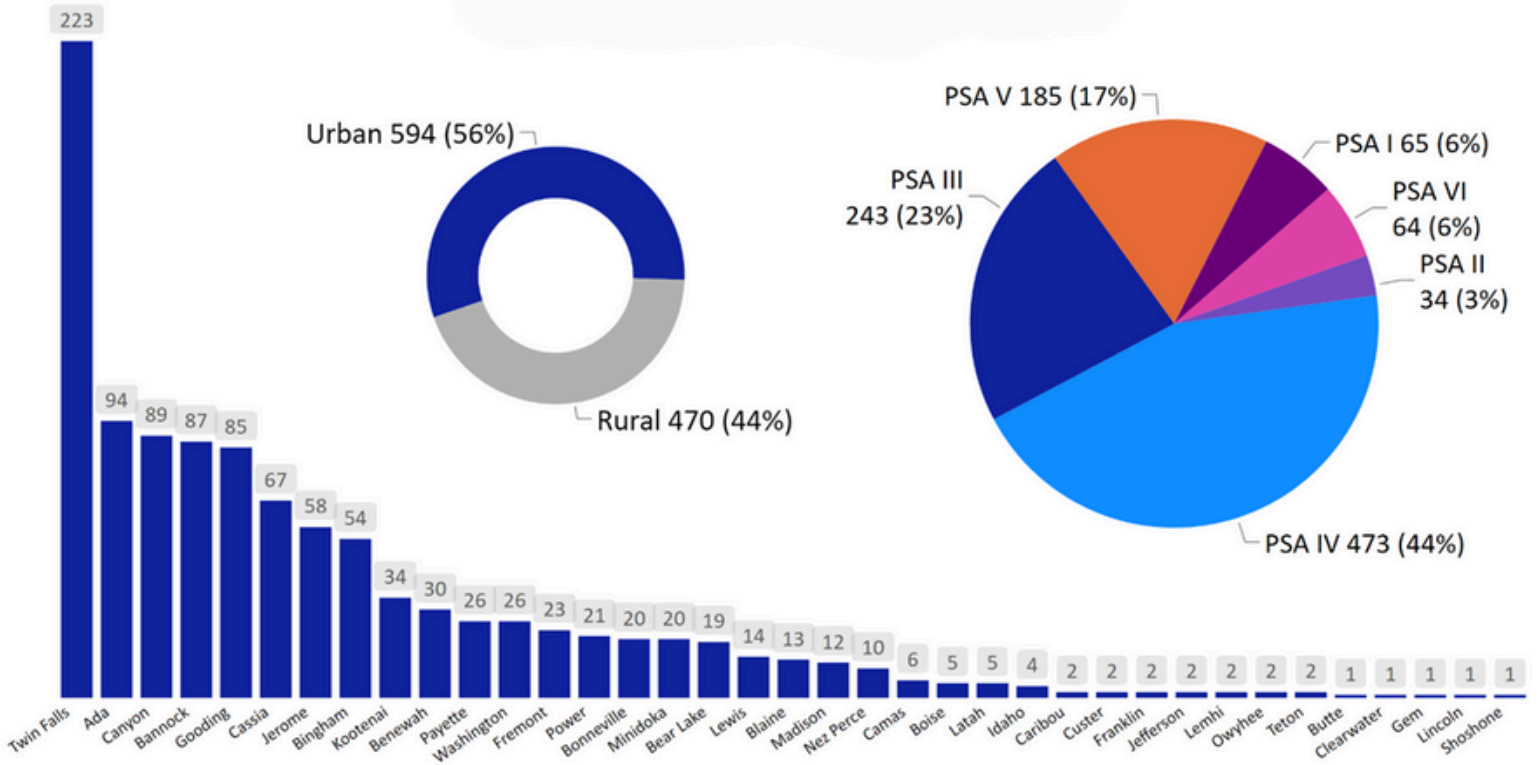
Legend:
- Good
- Very Good
- Fair
- Poor
- Very Poor
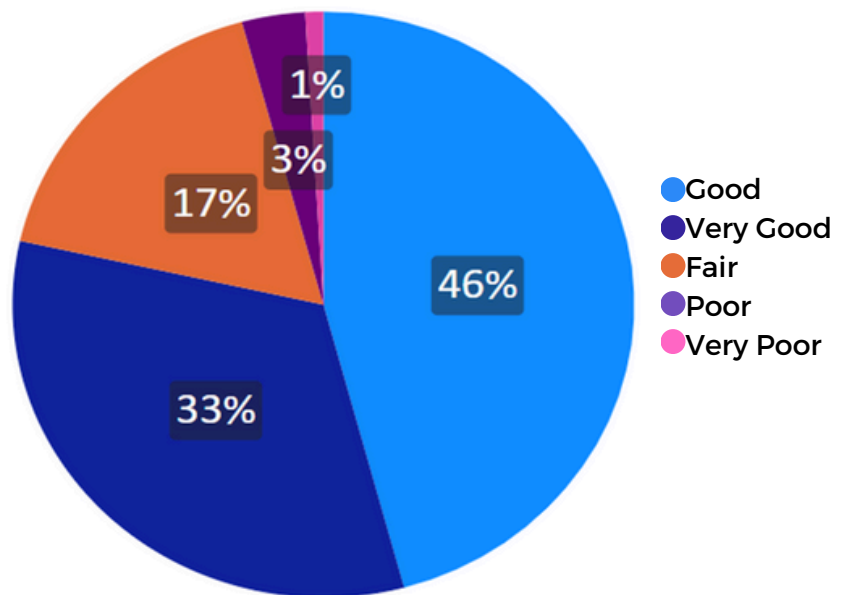
Statewide Needs Assessment Themes

Overall, respondents report wanting more opportunities for exercise, socialization, and time in nature. Older Idahoans are worried about living in pain, falling, loneliness, and developing dementia or other memory issues. Respondents identified Home and Congregate meals, Adult Protective Services, and Information and Assistance services as very important in their communities. This aligns with ICOA's budgeted spending priorities. Objectives and strategies to close these gaps are included throughout Part IV: Plan Objectives (pages 14-29).

The Stay Connected Goal highlights the Idaho Connects Program which aims to address the negative health effectives of social isolation by developing strategies that directly respond to the concerns of aging Idahoans. These strategies include supporting and educating AAA staff on developing local annual events that encompass activities in nature, using arts to increase quality of life, and multi-generational events to promote connections.

Respondents identified Senior Centers as a place they are very likely to get information to stay healthy and locate services. This dovetails into our strategic emphasis on supporting our 96-meal sites across the state as hubs for healthy aging and ADRC partners. Found in the Stay Healthy Goal, ensuring that Congregate Meals delivered through Senior Centers are at the highest quality and available to all aging Idahoans is addressed through strategies like translation services, dietary and cultural appropriate meals, and increasing public awareness of the importance of preventing malnutrition.

An unexpected priority to respondents is helping to apply for benefits. This gap is addressed in the state plan objectives, found in the Stay Connected Goal under the Information and Assistance program. Benefits counseling and case management have been identified as a priority for ICOA, pilots to be implemented in AAAs will be developed and implemented by 2028.

Needs related to technology use, for both socialization and health needs were a top concern reported from all respondents. Use of technology is a multi-pronged concern, some may not have access to equipment and/or broadband, while some may have the access but lack the confidence and knowledge for utilization. Although a lack of broadband access limits ICOA's ability to close this gap, strategies related to digital access and technology skills are addressed in the state plan objectives. Partnerships with Idaho Libraries, both on the local and statewide level, will serve as a key to engaging aging Idahoans with technology. ICOA will continue its active participation with Commission on Libraries' Digital Access for All Idahoans (DIAL) plan as well as promote local resources offered by Idaho Libraries and other community partners.

High-Risk Needs Assessment Themes

Analysis of data reflects that the majority of respondents in the high-risk group are caregivers who are unable to access resources electronically and need help to stay in their own homes with seasonal and ongoing home and yard maintenance. Objectives and strategies to close these gaps are included in Part IV: Plan Objectives in the Stay Home and Stay Connected sections. Over one third of high-risk respondents are worried about living in pain. This may be exacerbated by the physical demands of caregiving and point to respite as a possible answer.

Stay Home Goal includes Title III-E Caregiver Support and the Idaho Community Care Program which incorporates all five of the RAISE Act Goals.

ICOA Program Administration has identified objectives and strategies to increase the knowledge and skills for ICOA program specialists in order to better serve high risk and underserved populations. Strategies include participation in national trainings, incorporating best practices into current programs, and delivering education and training to the community.

Urban Needs Assessment Themes

Compared to the rural cohort, urban dwellers are more isolated and disconnected from their communities. They also report not having the help they need for successfully aging in place, with many unmet needs.

Caring for another individual, without hurting their health was the top activity urban respondents were not able to do on their own. Providing respite and caregiver supports are a top priority that is featured in the state strategic plan. ICOA's partnership with IDHW Lifespan Respite Care Coalition and the Bridging Systems Initiative aim to ensure a strong and robust statewide infrastructure for Idaho caregivers.

Urban dwellers report a high percentage of very frequent daily worries. Living in pain and falling were the top two most frequent worries reported. Strategies to close these gaps are found in the Stay Healthy Goal highlighted in the Falls Prevention Coalition of Idaho as well as Title III-D Health Promotion programs.

Rural Needs Assessment Themes

Rural dwellers reflect a more consistent ability to get to community events, libraries, religious services, and senior centers. This may reflect the closer ties and generational relationships in the rural areas. Outreach and education can strengthen these natural supports by raising awareness of local events and resources available, these strategies can be found in the Stay Connected Goal under the ADRC and Information & Assistance programs. Strengthening ICOA, AAA, and ADRC partnerships will be foundational to reaching rural Idahoans.

The ability to pay bills was the number one risk for rural dwellers. Often rural dwellers' wealth is tied in their property which may be farms or ranches. Rural residents may be unable or unwilling to sell to fund their needs. As stated above, a new focus on benefits and options counseling may help close this gap.

Part IV: Plan Objectives

The Commission on Aging delivers a wide range of programs and services designed to promote healthy aging, dignity and choice, justice and resilience, and prevent institutionalization. Programs are planned, delivered, and evaluated using a variety of funding sources including federal, state, and one-time grant monies. Services are also delivered using ADRC partners, or fellow state agencies.

Attachment G contains a thorough description of ICOA's programs and services including key partnerships. A review of this attachment may be helpful prior to reading the following plan objectives. Further information on programs is available on our website, including an interactive map that will help you locate your nearest AAA.

State Plan Organization from Highest to Lowest Levels

Our highest level that informs our work are strategic pillars, which are areas of focus that are the foundation of the plan. The pillars are color coded to indicate what level of prevention the programs organized under the pillars provide to the citizens of Idaho. Each medallion and strategic pillar have at least one associated strategic goal.

ICOA Strategic Pillars & Goals

Blue Medallion
Represents ICOA as the state unit planning agency and the strategic goal for this pillar is:

Demonstrates Administrative Excellence
Promote excellence and innovation throughout the aging network to meet the diverse needs of older Idahoans and our caregivers.

Green Pillars
Programs providing universal access and primary prevention. primary prevention is the most cost effective way to facilitate healthy aging, this is a strong strategic focus. The strategic goals associated with this pillar are:

Keep Learning
Idahoans are empowered with the confidence and tools to thrive through the journey of aging.

Stay Healthy
Idahoans are inspired to choose lifestyles that promote health and well-being.

Stay Connected
Idahoans are connected to the people, programs, and services they need to facilitate the highest quality of life.

Yellow Pillar
Secondary prevention programs are targeted to high-risk Idahoans and are designed to keep people in their own homes and communities despite loss of function or frailty. The strategic goal associated with this pillar is:

Stay Home
Idahoans are supported to live independent and healthy lives in the communities of their choice.

Red Pillar
These programs represent a crisis level of services and are designed around tertiary prevention. Programs are focused on improving quality of life despite challenges. The strategic goal for this pillar is:

Stay Safe
Idahoans promote resiliency, self-determination, and dignity for older and vulnerable adults.

Critical success factors represent overarching themes of improvement that ICOA wants to achieve from the implementation of the plan as a whole. We use critical success factors to ensure our individual objectives support the overarching outcomes of the plan. ICOA has identified four critical success factors to be achieved through the plan as a whole.

Critical Success Factors (CSF)

CSF One: Increase transparency, accountability, or efficiency throughout the aging network operations.

CSF Two: Increase outreach and access to reach those most at risk for institutionalization.

CSF Three: Closure of stakeholder identified gaps in program delivery or service quality.

CSF Four: Identify and implement new partnerships that expand the reach of our current programs.

The next level in the state strategic plan is Objective. **Objectives** are the specific things we want to accomplish over the next four years in each program. Each objective has a critical success factor (CSF) Icon to signify which CSF the objective is driving.

Strategies (when used) guide advancement to the objective.

The **outcome measure** identifies the evidence we will use to measure if the objective has been achieved or expected progress has been made.

The last level, **Target**, commits us to a time frame for achieving the objective. Targets were written in a **SMART** format, meaning they are **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime Limited. ICOA has mostly used the entire 4-year period to achieve the objectives. This is purposeful as we believe not identifying too many short-term goals allows for more creativity, flexibility, and capitalizing on unfolding circumstances during the state plan timeframe.
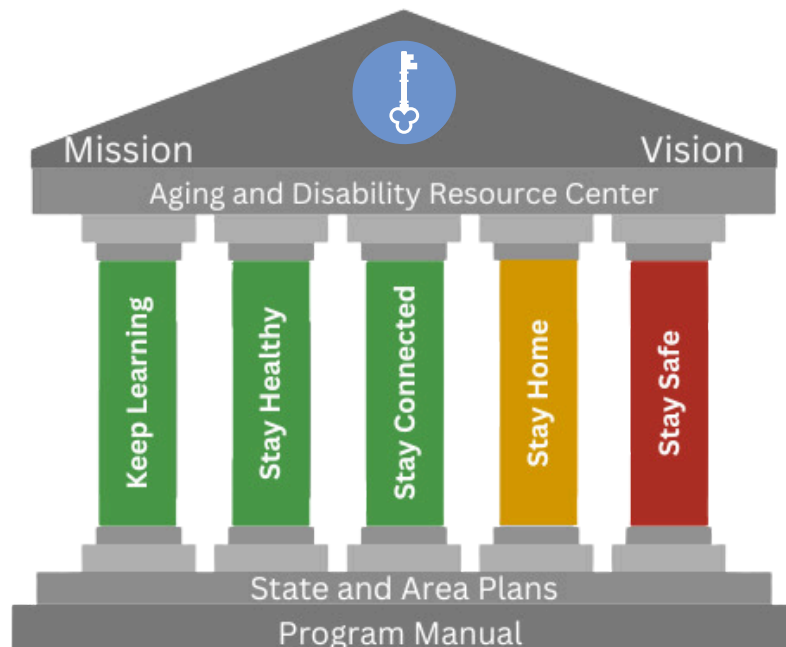
Demonstrates Administrative Excellence Goal

Promote excellence and innovation throughout the aging network to meet the diverse needs of older Idahoans and our caregivers.

Program: State Plan Administration

Objective: To ensure ongoing viability of AAA, align PSA boundaries with current at risk population demographic distribution
Outcome Measure: Awarded contracts
Target: Idaho will have four recognized PSAs by 07-01-26

Objective: To facilitate consistent service standards across the state, and provide explicit guidance to AAAs, implement AAA review toolkits & annual review calendar based on published standards in the operations manual
Outcome Measure: Published in Operations Manual and available on ICOA website
Target: All AAA programs will be reviewed for compliance using a standardized form and schedule by 06-30-25 and ongoing

Objective: Establish a process for AAAs to receive prior approval for contracts and commercial relationships
Outcome Measure: Published in Operations Manual and available on ICOA website
Target: Process will be implemented by 09-30-25 and reviewed for compliance in 2026 and ongoing

Objective: Develop AAA standards to ensure private pay systems do not compromise core responsibilities
Outcome Measure: Published in Operations Manual and available on ICOA website
Target: Process will be implemented by 09-30-25 and reviewed for compliance in 2026 and ongoing

Objective: Develop standards and procedures related to actual or perceived conflicts of interest
Outcome Measure: Published in Operations Manual and available on ICOA website
Target: Process will be implemented by 09-30-25 and reviewed for compliance in 2026 and ongoing

Objective: Develop standards and procedures related to the LAD on actual or perceived conflicts of interest
Outcome Measure: Published in Operations Manual and available on ICOA website
Target: Process will be implemented by 09-30-25 and reviewed for compliance in 2026 and ongoing

Demonstrates Administrative Excellence Goal

Promote excellence and innovation throughout the aging network to meet the diverse needs of older Idahoans and our caregivers.

Program: State Plan Administration

Objective: To remove possible barriers to service, eliminate cost share from any program
Outcome Measure: Published in Operations Manual
Target: Starting 07-01-25 no cost sharing will be utilized for any program

Objective: Promote excellence and prevent loss of institutional knowledge during turnover, through creation of education and training tracking sheets for ICOA and AAA staff, based on published ICOA mandatory education standards
Outcome Measure: Website review
Target: By 09-30-25, tracking document is accessible on the ICOA website

Objective: Increase partnership and cooperation with the Department of Health and Welfare to serve joint clients better
Outcome Measure: Calendar documentation of presentations or dissemination of information in quarterly outcome reports to Commissioners
Target: By 09-30-28 will implement four joint improvement projects

Objective: Increase partnership and cooperation with Idaho's tribes
Strategies:
- Identify tribal partners to participate as ADRC members
- Expand APS relationships to include a joint project identified by a tribal partner
- Expand Kinship relationships to include a joint project identified by a tribal partner
Outcome Measure: Calendar documentation of presentations or dissemination of information in quarterly outcome reports to Commissioners
Target: By 09-30-28 will implement four joint improvement projects that benefit tribal elders

Program: Chronic Disease Self-Management/Health Promotion

Objective: To use limited resources to the highest extent possible, identify the most effective model for service delivery and test across the state
Outcome Measure: Signed contract
Target: By 09-30-28, ICOA will contract using the most effective model to deliver CDSMP services

Program: Senior Community Service Employment Program (SCSEP)

Objective: To ensure the most effective use of resources, and the ability to serve the most clients, identify and test the most effective model for service delivery across the state
Outcome Measure: Signed contract
Target: By 09-30-28, ICOA will contract using the most effective model to deliver SCSEP services

Keep Learning Goal

Idahoans are empowered with the confidence and tools to thrive through the journey of aging.

Program: State Plan Administration

Objective: Increase knowledge and skills of staff across the aging network with an emphasis on providing person centered, trauma informed, and culturally appropriate services
Outcome Measure: Master onboarding and education tracking spreadsheet for ICOA and the AAAs
Target: By 09-30-28, 75% of staff reviewed are compliant with onboarding and ongoing training requirements

Program: ICOA Program Administration

Objective: To increase knowledge and skills in serving high risk and underserved populations
Strategies:
- ICOA program specialist identify the most relevant populations in light of their program's assigned objectives, and chose identified national trainings from Attachment H
- ICOA program specialist incorporate new knowledge into their programs
- ICOA Program specialist deliver education or coaching on identified topics throughout their networks

Outcome Measure: Evidence provided to supervisor of completed training, and calendar documentation of presentations or dissemination of information in quarterly outcome reports to Commissioners
Target: ICOA, the AAA's, and contracted meal sites utilize nationally recognized resources to participate in one training annually of a selected population.

Program: ICOA Outreach and Education

Objective: Increase confidence and ability of First Responders to serve older Idahoans appropriately through free education
Outcome Measure: Education post-completion survey
Target: By 09-30-28, 75% of a minimum of 100 completers would be likely or very likely to recommend the training to fellow first responders

Objective: Plan, implement, and evaluate targeted education seminars for First Responders, Community Health Workers, and other professionals that are supportive of the aging community
Outcome Measure: Agendas, calendar documentation, and post-completion surveys
Target: Planning committee includes representatives from EMS, higher education, and advocacy groups. Complete four seminars by 09-30-2028

Stay Healthy Goal

Idahoans are inspired to choose lifestyles that promote health and well-being.

Program: Falls Prevention Coalition of Idaho (FPC-ID)

Objective: Promote life-time brain health through prevention/early identification of fall related traumatic brain injury (TBI)
Outcome Measure: Agendas, minutes, and calendar documentation in quarterly outcome reports to Commissioners
Target: Two TBI screenings annually

Objective: Improve health outcomes through fall prevention of community dwelling older Idahoans
Outcome Measure: Management Information System documentation
Target: Community Care Advocates will complete and document home trip hazard audits with 50% of their clients by 09-30-26 and 75% of their clients by 09-30-28

Program: Congregate Meals (CM)

Objective: To prevent malnutrition and subsequent poor health, increase participation of Idahoans who are at risk or underserved
Strategies:
- Provide education on creating a welcoming environment for community members during quarterly calls with Senior Center Directors
- Provide resources if translation services are needed for outreach materials
- Facilitate brainstorming and peer support for Senior Center Directors to identify what works to increase participation

Outcome Measure: Management Information System documentation
Target: 3% annual increase in high-risk clients as a percentage of all CM clients

Objective: Senior Centers are supported through ongoing engagement and education to promote physical and mental wellness opportunities and healthy aging information utilizing recognized best practices
Outcome Measure: Annual survey of Senior Center Directors
Target: 75% of Senior Centers surveyed report ICOA support is helpful/very helpful

Stay Healthy Goal

Idahoans are inspired to choose lifestyles that promote health and well-being.

Program: Congregate Meals (CM)

Objective: Maintain or increase client satisfaction with meals by adjusting for cultural preferences and medical needs using recognized best practices
Strategies:
- During quarterly calls with senior center directors, provide training on available resources for meal modification
- Facilitate brainstorming and peer learning on how to educate community members that meal modification is an available option
- Facilitate messaging to the community that members needing modified meals are welcome and dietician services can be utilized for personalized meals
- Explore possibilities of incorporating ethnic meals into regularly occurring pre-planned menus

Outcome Measure: Bi-annual client satisfaction survey
Target: 75% of all respondents are satisfied or very satisfied with meals

Objective: Increase public awareness and understanding of the importance of prevention of malnutrition in older Idahoans
Outcome Measure: Documentation of presentations and outcome reports to Commissioners
Target: By 09-30-28, will provide 12 educational presentations on prevention of malnutrition

Program: Title III-D Health Promotion

Objective: Increase access to evidence-based programs to promote health, well-being, and aging in place
Outcome Measure: Management Information System documentation
Target: By 09-30-28, each AAA will record active participation in at least one evidence-based falls or incontinence program

Objective: Consumers will have increased knowledge about the importance of immunizations
Outcome Measure: Calendar documentation of presentations or dissemination of information in quarterly outcome reports to Commissioners
Target: Evidence of 75 occurrences annually

Stay Healthy Goal

Idahoans are inspired to choose lifestyles that promote health and well-being.

Program: Title III-D Health Promotion

Objective: AAAs will identify the appropriate partners to provide virtual/accessible workshops to accommodate people with disabilities or accessibility needs
Strategies:
- Utilize the ICOA needs assessment to begin conversations with groups who have expertise in technology accessibility or access
- Consider partnerships with Libraries, Hospitals, District Health offices or clinics, USDA extensions, and Idaho Assistive Technology Project

Outcome Measure: Calendar documentation of collaboration/presentations and outcome reports to Commissioners
Target: Three new partners are identified by 9-30-2026 who commit to collaborate on virtual/accessible delivery of Title III-D materials

Objective: Increase confidence in use of technology as a tool to live well in their community of choice
Strategies:
- Capitalize on partnerships created to extend the reach and scope of technology as a tool to promote healthy communitiy dwelling in all populations
- Consider a multi-generational or youth volunteer model

Outcome Measure: Agendas and minutes or other supporting documentation submitted in quarterly Commissioner meetings
Target: Each AAA will collaborate on at least two meaningful assistive technology projects that promote health, wellness, and socialization by 09-30-28

Program: Dementia Capability

Objective: Increase Dementia Capability across the aging network with an emphasis on competence in working with underserved and at-risk populations
Strategies:
- Research created material from reputable sources that can be utilized in Idaho
- Disseminate educational materials through ADRD Alliance partnerships and the aging network
- Create engaging and research informed live presentations on how to best serve people living with ADRD with unique needs and their caregivers

Outcome Measure: Calendar documentation of presentations and quarterly outcome reports to Commissioners
Target: By 09-30-28, will provide six presentations

Objective: Strengthen the direct care workforce in Idaho through evidence based and research informed free Dementia training
Outcome Measure: Post education evaluation survey
Target: 75% of participants would recommend the education to other direct care workers

Stay Connected Goal

Idahoans are connected to the people, programs, and services they need to facilitate the highest quality of life.

Program: Information and Assistance (I & A)

Objective: To promote equity across the state, decrease variability in the delivery of I & A Services
Strategies:
• Creation of workgroup with AAA I & A Supervisors and ICOA Program Specialist to develop best practices for onboarding, training, and evaluation procedures
• Utilization of national organizations resources (Inform USA)
Outcome Measure: In person or desk review
Target: By 09-30-28, 75% of all items monitored during in person or desk reviews are compliant with ICOA standards

Objective: Use the complex improvement process to implement case management and benefits counseling as an I&A service
Strategies:
• Idenfity best practices used in other Aging Networks
• AAA pilots developed and implemented
Outcome Measure: Management Information System documentation
Target: By 09-30-28, each AAA has documented units of service in case management and benefits

Objective: Identify and educate new partners regarding programs and services available in their communities
Outcome Measure: Management Information System documentation
Target: Nine annual presentations to new faith-based, health care based, civic or community-based organizations

Program: Aging & Disability Resource Center (ADRC)

Objective: To maximize the reach of the aging network to those who need our service and support, increase quality of leadership and oversight of the ADRC program
Outcome Measure: Agendas and minutes or other supporting documentation submitted in quarterly Commissioner meetings
Target: Add one ADRC steering committee member each year and maintain at least 20 active members by 09-30-28

Objective: Promote awareness and use of I&A and ADRC services to consumers, caregivers, and community organizations serving at-risk and under-served populations
Strategies:
• Engage in community outreach events statewide in partnerships with AAA's
Outcome Measure: Accepted printed material in use
Target: Create and distribute one new printed informational piece annually

Objective: Contribute to the successful implementation of the Commission on Libraries' Digital Access for All Idahoans (DIAL) plan
Outcome Measure: Agendas and minutes or other supporting documentation submitted in quarterly Commissioner meetings
Target: 100% Annual attendance and participation at meetings

Stay Connected Goal

Idahoans are connected to the people, programs, and services they need to facilitate the highest quality of life.

Program: Aging & Disability Resource Center (ADRC)

Objective: Increase positive relationships and uncover actionable common needs of Idaho's native tribes

Strategies:
- Consult with AAA directors on the best mechanisms to establish contacts and relationships
- Increase the aging network's ability to participate in tribal events by avoiding conflictive scheduling

Outcome Measure: Agendas and minutes or other supporting documentation submitted in quarterly Commissioner meetings

Target: ICOA will hold virtual collaboratives with Idaho's native tribes to encourage discussion of common needs at least bi-annually by 09-30-25

Objective: Integrate new partners into the ADRC to increase visibility and reach of ICOA programs

Outcome Measure: Agendas and minutes or other supporting documentation submitted in quarterly Commissioner meetings

Target: Three new partners, one representing native peoples, who participate in at least 50% of meetings by 09-30-28

Program: Idaho Connects

Objective: As indetified in the ICOA needs assessment, Improve health and quality of life through social interaction and connection

Strategies:
- Investigate the use of technology as a tool
- Facilitate brainstorming and peer support for creative ideas to recruit and retain partners and volunteers to increase program scope
- With proper approval, collect and disseminate success stories from people touched by the program to increase public awareness and support

Outcome Measure: Management Information System documentation

Target: By 09-30-25, all AAA's will report loneliness reduction/friendly caller units. By 9-30-28 units will increase by 25% from 2025 baseline.

Objective: Based on older Idahoans preferences for how to receive information, capitalize on Senior Centers as a hub for loneliness reduction

Outcome Measure: Agendas and minutes or other supporting documentation submitted in quarterly Commissioner meetings

Target: 80% of Senior Centers will report loneliness reduction activities, campaigns, or education annually

Stay Connected Goal

Idahoans are connected to the people, programs, and services they need to facilitate the highest quality of life.

Program: Idaho Connects

Objective: Research, create, and implement awareness and educational campaigns on the negative health effects associated with social isolation
Outcome Measure: Agendas and minutes or other supporting documentation submitted in quarterly Commissioner meetings
Target: Two completed campaigns annually

Objective: To address concerns uncovered in the ICOA needs assessment, increase quality of life through socialization and stress reduction
Strategies:
- Educate ICOA staff, commissioners and AAA directors on how exposure to nature positively affects health and stress reduction
- Educate ICOA staff, commissioners and AAA directors on how exposure to other generations contributes to improved mental health
- Educate ICOA staff, commissioners and AAA directors on how physical movement and expression facilitate health and wellbeing
- Educate ICOA staff, commissioners and AAA directors on how musical, visual, and written arts can increase the quality of life in older Idahoans
- Facilitate brainstorming and peer learning on how to plan socialization events that incorporate multiple evidence-based elements
Outcome Measure: Agendas and minutes or other supporting documentation submitted in quarterly Commissioner meetings
Target: Each AAA will implement two events that incorporate multiple quality of life aspects by 9-30-28

Stay Home Goal

Idahoans are supported to live independent and healthy lives in the communities of their choice.

Program: Idaho Community Care Program (CCP) & Title III-E Caregiver Support

Objective: Develop Management Information System infrastructure and internal workflows to support person centered evidence-based assessments to uncover and respond to comprehensive Caregiver needs

Strategies:
- Build two evidence-based assessment tools into the MIS
- Educate relevant AAA staff on the AD-8 which will be used as a marker of ADRD for care recipients
- Educate relevant AAA staff on the Zarit Burden 12 (ZBI-12) which will be used to establish risk levels for caregivers
- Meet with AAA staff monthly for three months post roll-out to problem solve and provide additional just in time training

Outcome Measure: ICOA Operations Manual Caregiver program standards and review toolkit

Target: By 09-30-28, 75% of AAAs will comply with assessment standards

Comments: The Zarit Burden 12 (ZBI-12) will be used to establish risk levels for caregivers, the AD-8 will be used as a marker of ADRD for care recipients

Program: Title III-E Caregiver Support Program

Objective: Participate as member of IDHW's Lifespan Respite Care Coalition Advisory Board to increase coordination of caregiver support efforts across the state

Outcome Measure: Calendar documentation of meetings and project progress and completion in quarterly Commissioners reports

Target: Will actively participate in 75% of advisory meetings annually

Objective: Facilitate the successful implementation of the Idaho Alzheimer's and Related Dementia's (ADRD) State Plan, including initiatives related to brain health and TBI reduction and recognition

Outcome Measure: Goal tracking spreadsheet maintained at the Department of Health and Welfare, Public Health Division

Target: By 06-30 of each year, 75% of assigned activities are on track or target

Objective: Align with RAISE Act goal to promote financial and workplace security for family caregivers

Strategies:
- Identify and evaluate financial planning resources from reputable sources
- Make identified resources available on ICOA website
- Financial planning resources are promoted during ICOA annual campaigns
- Financial planning resources are re-evaluated annually, and new materials are added when identified

Outcome Measure: Review and acceptance of resources and website review

Target: Financial planning resources for caregivers are promoted annually

Stay Home Goal

Idahoans are supported to live independent and healthy lives in the communities of their choice.

Program: Title III-E Caregiver Support Program

Objective: Establish coordination with IDHW Family & Community Services Grand families and Kinship Families "Bridging Systems" initiative
Outcome Measure: Evidence of meeting participation and shared projects
Target: By 09-30-28, 75% of AAAs will submit evidence of participation

Objective: In partnership with Idaho Department of Health and Welfare, Medicaid, and guidance from Advancing State Cross-State Collaboration, PHI and the National Alliance for Caregiving (NAC) new strategies for the recruitment, retention or advancement of direct care workers will be developed and implemented
Outcome Measure: Calendar documentation of presentations and progress reports recorded quarterly to Commissioners
Target: By 9-30-28, three education and workforce development projects are implemented to increase the workforce and retention of quality workers

Objective: Align with the RAISE Act goal to increase caregiver self-identification, to facilitate appropriate support
Strategies:
• Increase caregiver awareness and outreach using multiple venues
• Increase active collaboration between ICOA AAAs/ADRCs and public-private partnerships to raise awareness of available caregiver supports across the state
Outcome Measure: MIS utilization documentation
Target: By 9-30-26, AAA caregiver support service utilization increases by 10%. By 9-30-28, AAA caregiver support service utilization increases by 25%

Objective: Increase family caregiver recognition and support through new strategic partnerships and projects with an emphasis on technology to increase access and reduce social isolation or loneliness
Strategies:
• Consider collaboration with other programs who have technology goals to include a caregiver component
• Consider collaboration with other programs that have a loneliness reduction goal, to include a respite option for caregivers
• Consider targeted outreach to caregivers to participate in loneliness reduction programming already provided by the AAA
Outcome Measure: Calendar documentation of meetings and quarterly project progress reports to Commissioners
Target: Each AAA will complete two annual loneliness reduction activities or events that also involve or are marketed to caregivers

Stay Home Goal

Idahoans are supported to live independent and healthy lives in the communities of their choice.

Program: Commodity Supplemental Food Program (CSFP)

Objective: Prevent malnutrition and support healthy aging through sustaining or increasing the number of eligible clients served
Outcome Measure: Monthly FNS-153 report from Idaho Foodbank
Target: By 09-30-28 will serve an additional 200 clients

Program: Homemaker Program

Objective: Expand number of consumer directed clients with an emphasis on high risk and underserved populations
Strategies:
- Increase the knowledge of ICOA staff, commissioners, and AAA Directors and staff on how the consumer direct model supports families to choose a provider that aligns with their values and needs
- Provide data that illustrates that the consumer direct model promotes increased satisfaction and self-esteem for clients, increases service delivery to high-risk clients, and capitalizes on natural supports
- Facilitate peer learning with AAAs that have run successful pilot projects, with AAAs that are new to implementation

Outcome Measure: Management Information System documentation
Target: 3% annual increase in high-risk clients as a percentage of all homemaker clients

Program: Chore and/or Home Modification Programs

Objective: Identify and implement new partnerships, resources, or programs that support client needs for home modification and heavy housework/yardwork
Outcome Measure: Management Information System documentationand/or Program manager tracking
Target: By 09-30-28, each AAA will have documented chore units

Stay Home Goal

Idahoans are supported to live independent and healthy lives in the communities of their choice.

Program: Transportation Program

Objective: Increase transportation options through new strategic partnerships, projects, or programs with a focus on rural and underserved areas
Outcome Measure: Management Information System documentation, calendar documentation of meetings and project progress and completion in quarterly Commissioners reports
Target: Each AAA will complete one project or document a new partnership or referral partner annually

Program: Home Delivered Meals (HDM)

Objective: Increase ability to respond to the demand to serve more clients through elimination of dual participation clients receiving both HDM and Medicaid or health insurance meals
Outcome Measure: Semi-annual meal roster reports from Medicaid/other payers
Target: 75% of identified payers will comply with timely reports

Objective: Decrease variability across the state in the implementation of the HDM program
Outcome Measure: In person or desk review
Target: 75% of all items monitored during in person or desk reviews are compliant with ICOA standards

Objective: AAAs plan and facilitate uninterrupted service of home delivered meals during emergency situations
Outcome Measure: Accepted and current local plans
Target: By 09-30-28, all local plans address the continuity of operations preparedness plan of meal providers

Objective: Maintain or increase client satisfaction with HDM including meal modification for medical or cultural considerations
Strategies:
• Inform current and future clients of the ability to modify meals
• Educate current and future clients on the opportunity for education, counseling, or personalized meal planning from a registered dietician
• Provide education to meal providers on best practices for meal modification
• Facilitate peer learning a support among meal providers during quarterly calls
Outcome Measure: Bi-annual satisfaction survey
Target: 75% of all respondents are satisfied or very satisfied with meals

Stay Safe Goal

Idahoans promote resiliency, self-determination, and dignity for older and vulnerable adults.

Program: Adult Protective Services (APS)

Objective: To promote equity in service to clients across the state, decrease variability across the state in the delivery of APS
Outcome Measure: In person or desk review
Target: By 09-30-28, 75% of all items monitored during in person or desk reviews are compliant with ICOA standards

Objective: Expand awareness of vulnerable adult maltreatment to promote early identification and appropriate reporting
Outcome Measure: Management Information System documentation of community presentations
Target: Annual documentation of 60 state-wide presentations

Objective: Increase awareness and knowledge of the APS program with multiple audiences including mandated reporters
Outcome Measure: Tracking reported quarterly at Commissioner's meetings
Target: Annual completion of one statewide project

Program: Adult Protective Services (APS)/Legal Aid Developer (LAD)

Objective: Establish Integrated Mission Teams built of trusted agencies and specialized professional staff that have like purpose and focus to protect vulnerable adults, investigate maltreatment, recover lost assets, and prosecute perpetrators
Outcome Measure: Calendar, agenda, project progress and completion documentation in quarterly Commissioners reports
Target: By 09-30-28, will have two active Integrated Mission Teams

Program: Legal Services

Objective: Create shared on-line repository between Idaho Legal Aid Services (ILAS), the State Office of the Long-Term Care Ombudsman, and APS program, of training and educational materials, legal service materials and forms
Outcome Measure: Repository created, and access disseminated
Target: Repository will be accessible to all partners by 01-30-26

Objective: Increase the quality of legal support and referrals of hospital or medical practice social services workers statewide through education about available legal support, focused on services related to maintaining independence in living and decision making
Outcome Measure: Number of educational meetings held with hospitals and/or medical practice social services
Target: 10 educational meetings held by 2028

Stay Safe Goal

Idahoans promote resiliency, self-determination, and dignity for older and vulnerable adults.

Program: Legal Services

Objective: Increase the knowledge of substitute decision makers statewide, through Advanced Planning/Financial Power of Attorney clinics in local communities
Outcome Measure: Number of clinics and location of clinics
Target: At least two clinics in each judicial district by 09-30-28

Objective: Utilize libraries to promote education about self-directed financial management and legal services for seniors, including services related to maintaining independence in living and decision making, and housing issues
Outcome Measure: Number of libraries that maintain legal services information, including the senior risk detector
Target: 20 libraries by 09-30-28

Program: Senior Medicare Program (SMP)

Objective: To expand the ability of the current program to serve Idahoans across the state; plan, formalize, and implement a volunteer program that supports SMP
Outcome Measure: SMP team member count tracked in SIRS
Strategies:
- Brainstorm with other programs that require volunteers for solutions that could be broadly applied
- Investigate best practices related to recruitment and retention
Target: By 09-30-28 Idaho will maintain six active volunteers

Program: Medicare Improvement for Patients and Providers Act (MIPPA)

Objective: Establish strategic partnerships to enhance outreach efforts with an emphasis in high risk and underserved populations
Outcome Measure: Calendar documentation of meetings and project progress and completion in quarterly Commissioners reports
Strategies:
- Consider partnerships with organizations that serve people living in poverty such as free clinics and food banks
- Consider partnerships with organizations serving refugees
- Consider partnerships with faith-based organizations that have a focus on serving high risk groups
Target: By 09-30-28 will establish six new strategic partnerships

Stay Safe Goal

Idahoans promote resiliency, self-determination, and dignity for older and vulnerable adults.

Program: SMP and MIPPA

Objective: To maximize available financial resources for older Idahoans to age in place, expand the number of clients with an emphasis on high risk and underserved populations

Strategies:
- Conduct outreach at community events in locations that correlate with high-risk groups
- Provide literature in the preferred native language
- Identify trusted insiders such as Community Health Workers to start the conversation

Outcome Measure: SMP information and reporting system (SIRS) client demographics

Target: 3% annual increase in high-risk clients as a percentage of all clients

Program: Ombudsman

Objective: Decrease variability across the state in the delivery of Ombudsmen Services to promote equity in service quality for all

Outcome Measure: In person or desk review

Target: By 09-30-28, 75% of all items monitored during in person or desk reviews are compliant with ICOA standards

Objective: Increase consistency in documentation across the state to ensure clients are served equitably

Strategies:
- Conduct monthly desk reviews pulling a representational sample
- Analyze and identify educational needs
- Present and implement statewide education on appropriate topics
- Provide job coaching for individual needs

Outcome Measure: Desk top review of MIS documentation

Target: By 09-30-28, 75% of records reviewed will meet standards

Objective: Create and implement statewide infrastructure to support & promote family councils as mechanisms for advocacy and needed change

Outcome Measure: Agendas and minutes or other supporting documentation submitted in quarterly Commissioner meetings

Target: By 09-30-28, the Ombudsman Family Council will average 25 participants quarterly

Objective: Research and consider appropriate Ombudsman support to new settings and projects

Strategies:
- Brainstorm with local ombudsmen where program gaps are and prioritize the needs
- Identify statewide partnerships wherever possible
- Execute MOUs if needed
- Review and plan state rule amendments to support any expanded scope

Outcome Measure: Calendar documentation of meetings and project progress and completion in quarterly Commissioners reports

Target: By 09-30-28, will complete three projects with new partners

Part V: Funding & Finances

To provide targeted services given limited funds, Idaho led frank and open discussions around the following topics:

Identify and consider populations in greatest economic need and greatest social need
Our proposed IFF scores points in every category that applies to a potential client and builds a risk profile based on cumulative factors. Thus an 85-year-old living alone in a rural area, who is in poverty, and belongs to an ethnic minority will drive funding, and should be served based on the high composite risk score. Our AAA directors use this methodology when having to impose service prioritization if funding outstrips the need of eligible clients.

Establish priorities to serve one or more of the identified target populations, given limited funds and resources
This issue was seriously considered by ICOA staff, Commissioners and AAA leadership. The final consensus was that in Idaho living in a rural area trumped all other risk factors since a lack of resources and/or providers is the ultimate barrier to service no matter how many other risk characteristics a client may have. For financial risk ICOA and the AAAs use the Federal Poverty guidelines, which are updated annually.

Establish methods for serving the prioritized populations
AAAs are directed to utilize their local advisory boards for discussion and decisions if further prioritization is needed, with a report to be given at the next commissioner's meeting.

Problem-solve how to target the identified populations for service provision
These needs were brainstormed at many meetings with ICOA and AAA staff, and ideas are embedded into the state plan.

Use data to evaluate and illustrate how the prioritized populations are being served
This is analyzed and reported each year in our annual report, that is submitted to the Governor, elected officials, and key advocacy groups. We modify our outreach plans based on the demographic characteristics of our registered clients. Demographics are evaluated based on the overall characteristics of Idaho's total population in regard to characteristics such as ethnicity and rural dwelling.

Part VI: Attachments

State Plan Guidance Attachment A

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .

 (2) The State agency shall—

   (A) except as provided in subsection (b)(5), designate for each such 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;

   (B) 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; . . .

   (E) 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;

   (F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

   (G)

      (i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) 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;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—…

  (5) in the case of a State specified in subsection (b)(5), the State agency;

and 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. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: States must ensure 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

 (a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual

adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

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

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

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

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

>   (C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

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

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

(4) (A)

(i)

(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

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

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

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

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

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

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

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

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

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

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

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

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

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

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

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

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

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

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

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

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

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

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

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

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

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

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making

behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

> (i) the need to plan in advance for long-term care; and

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

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

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

(C) be provided by a public agency or a nonprofit private agency that—

> (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

> (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

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

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

(9)   (A) 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 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

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

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

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

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

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

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

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

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

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

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

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

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

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

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) 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 those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

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

(2) Such assessment may include—

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

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

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

(L) assistive technology devices and services; and

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

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

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

   (2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled

with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

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

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

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

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

           (i)   providing notice of an action to withhold funds;

           (ii)   providing documentation of the need for such action; and

           (iii)   at the request of the area agency on aging, conducting a public hearing concerning the action.

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

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

(g)   Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

 (1) contracts with health care payers;

 (2) consumer private pay programs; or

 (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

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

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

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

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000…

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

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

(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).

(5)   The plan shall provide that the State agency will—

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

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

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

(6)   The plan shall provide that 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.

(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.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

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

(8)   (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be 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.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) 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 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

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

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(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.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(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; and

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) 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—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(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 where appropriate and consented to by the parties to be referred; and

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

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of

such information, except that such information may be released to a law enforcement or public protective service agency.

(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.

(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.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

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

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

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

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

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

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

(23) The plan shall provide assurances that demonstrable efforts will be made—

    (A) to coordinate services provided under this Act with other State services that benefit older individuals; and

    (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

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

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

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

(27)   (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

    (B) Such assessment may include—

        (i) the projected change in the number of older individuals in the State;

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

        (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

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

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for

emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

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

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

> (A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

> (B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

> (C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

(b)(3)(E) No application by a State under subparagraph (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

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

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

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

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

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

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

(6) 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…

Judy Taylor   _Director ICOA_   _May 6, 2024_
Signature and Title of Authorized Official   **Date**

State Plan Guidance Attachment B

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

1. Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

RESPONSE:

The State of Idaho assures 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). The ICOA, in consultation with a stakeholder group consisting of Commissioners and Area Agencies on Aging (AAAs) updated Idaho's Intrastate Funding Formula provided under Attachment C in this Plan. The updated methodology allocates funding to the Area Agencies on Aging based on the State Plan preferences.

The Idaho Administrative Procedures Act (IDAPA 15.01.01.013.03.k) requires that the AAAs focus Outreach on, "older individuals with greatest social and economic needs 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. This ensures the AAAs locate the target population aligned with the funding and services requirements.

2. Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

RESPONSE:

ICOA requires each Area Agency on Aging to complete a planning course in developing Area Plans. The course is available on the ICOA website. In conjunction with the planning course, ICOA provides a corresponding Planning Manual on AAA Area Plan development. This provides the level of analysis required by the AAAs to develop and implement coordination with Idaho's Assistive Technology programs. In addition, ICOA's State Ombudsman is a member of the Assistive Technology's Advisory Council and collaborates statewide training for Ombudsman as well as AAA staff.

3. Section 306(a)(17)

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

RESPONSE:

The ICOA is responsible for supporting the Idaho Office of Emergency Management activities and is specifically identified as a support agency on one of the 15 Emergency Support Functions. Idaho's AAAs are similarly responsible for supporting their respective County Emergency Management Agencies. In addition to this largely supportive role with respect to most types of emergencies, the ICOA and AAAs take a lead role in education, preparedness and response when wildfire, flooding and severe weather emergencies affect Idaho's older population. ICOA and AAAs take a role in providing education to Idaho's Older population on how to prepare and respond to wildfire and severe weather emergencies.

4. <u>Section 307(a)(2)</u>

The plan shall provide that the State agency will —…

(*C*) *specify a minimum proportion* of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

RESPONSE:

ICOA's Response: ICOA sets the following Title IIIB federal and state minimum resource allocation to carry out part B:

- Access to Service: Minimum 15% of Title IIIB allocation
- In-Home Services: Minimum 5% of Title IIIB allocation.
- Legal Assistance: Minimum 3% of Title IIIB allocation.

Each year the AAAs prepare a spending plan that meets the allocation of resources as stated above. ICOA approves each AAA plan prior to the state fiscal year (July 1st through June 30th). ICOA monitors monthly reimbursements and conducts annual financial reviews to ensure expenses are being used and accounted for correctly. In addition, the ICOA requires AAAs and their Advisory Boards to sign a Spending Plan assurance as part of their yearly Intrastate funding allocation that states the following:

1. We assure the projected spending plan provided represents accurate and transparent cost estimates and data units developed using the best available data.

2. We assure the spending plan aligns with our Area Plan goals and objectives to facilitate outcome achievement.

3. We assure the spending plan aligns with the State Plan goals and objectives to support Idaho's Aging Network in meeting statewide outcomes.

4. We assure we developed the spending plan to address required funding parameters as outlined within the workbook and the ICOA Operations Manual.

5. We understand the funding estimates provided with the workbook are iterative. More funding may be provided through the Older Americans Act or the State of Idaho. We also understand funding may be reduced by either source.

6. We assure that the advisory board will be a source of accountability and guidance through the spending plan year.

5. <u>Section 307(a)(3)</u>

The plan shall—
...
(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

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

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

RESPONSE:

The Idaho Commission on Aging provides assurances we will spend for each fiscal year not less than the amount expended in fiscal year 2000. The Idaho intrastate funding formula is provided in Attachment C of this plan detailing allocations and percentages to each planning and service area including the amount allocated for those living in rural areas. Total funding amounts for Federal Fiscal Year 2023 and then each year the plan applies as provided below:

Funding Source	2023	2024	2025	2026	2027
Title III Federal Funds	$7,829,977	$7,829,977	$7,829,977	$7,829,977	$7,829,977
State General Funds	$1,701,328	$1,701,328	$1,701,328	$1,701,328	$1,701,328
Total	**$9,531,305**	**$9,531,305**	**$9,531,305**	**$9,531,305**	**$9,531,305**

6. Section 307(a)(10)

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

RESPONSE:

The rural population 60 years old and over in Idaho is 32% (139,085-rural of 432,772-total). Of the registered clients in Idaho who received services roughly 53% live in rural areas. ICOA utilizes the Census percentage as the baseline and exceeded the measure for rural participation. The Idaho Commission on Aging assures the special needs of older individuals residing in rural areas are taken into consideration by including this demographic category as one of the weighted factors in the Intrastate Funding Formula (Attachment C). In Idaho there are 44 counties, 35 of which are rural. ICOA has designated six Planning and Service Areas and six Area Agencies on Aging (AAAs) to provide long-term care services and support to the rural populations (see graphic on page 5 of this plan).

7. Section 307(a)(14)

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

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

(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.

RESPONSE:

In Idaho, 4% of adults 60 or older are a racial minority and not Hispanic. 5% of adults 60 or older are Hispanic. Nearly half of both these populations reside in the most populous region in the state, the Southwest Planning and Service Area 3. Roughly, 5% or 21,595 of all older adults in Idaho live at or below 150% of the federal poverty level.

The Commission assures services meet the needs of low-income minority older individuals by requiring each Area Agency on Aging to submit an outreach plan to reach low income and/or minority minorities individuals including those with limited English proficiency. This plan must meet the ICOA planning requirements as described previously. Services provided to each demographic are recorded in the Commission's management information system and submitted in the State's program report.

Additional measures that are in place at the local Area Agency on Aging to provide outreach and service access to the ethnic and racial minority populations. Each AAA has translator resources available and those in the higher Spanish speaking communities have Spanish speakers on staff. Additionally, ICOA collaborates with other organizations to provide multi-language information; for the Commodity Supplemental Food Program, the application is in both English and Spanish accessible through ICOA's and the Idaho Foodbank's website. Also, ICOA has worked with Idaho Legal Aid to develop an English, Spanish and large print legal guidebook as well as online interactive legal forms in both languages. ICOA along with the AAAs also uses both English and Spanish Senior Medicare Patrol fraud prevention brochures and Personal Health Care Journals throughout the State. Each AAA has been designated as an Aging and Disability Resource Center (ADRC) and links people to long-term care services and supports as part of the No Wrong Door (NWD) collaborative approach.

The Commission on Aging also developed the statewide needs assessment in both English and Spanish. This allowed us to conduct outreach to Idaho's Hispanic population and include any responses provided.

7. <u>Section 307(a)(21)</u>

The plan shall —

. . .

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

RESPONSE:

Idaho has six Planning and Services Areas (PSAs). Four of these PSAs have Tribal Organizations: Coeur d'Alene Tribe and Kootenai Tribe of Idaho in PSA I (Northern Idaho), Nez Perce Tribe in PSA II (North Central, Idaho), Shoshone/Paiute Tribes in PSA III (Southwest Idaho) and Shoshone-Bannock Tribes in PSA V (Southeast Idaho). The Area Agencies on Aging (AAAs) coordinate with the respective Native American Organization in their PSA and include them in the development of their local Older Americans Act (OAA) area and emergency preparedness plans.

As part of the development of this plan, representatives from the Shoshone-Bannock and Nez Perce tribe attended strategic outreach meetings to offer input and receive information. ICOA staff collaborates with Idaho's tribal entities on the nutrition program, adult protective services, and outreach activities. In addition, Adult Protective Services staff and AAAs participate in an annual Elder Abuse conference held annually by Shoshone-Bannock tribe.

8. <u>Section 307(a)(27)</u>

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

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

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

RESPONSE:

The Idaho Commission incorporated a clear planning methodology as part of the state plan development process described within this document. The Commission developed and adheres to a six part planning methodology that continually assists with identifying and closing gaps in services. This planning methodology, with demonstrative resources, is available on our website and open to the public. We will continue to adhere to this planning process throughout the time frame of this plan and into the period following. This will allow us to conduct continual quality improvement, close gaps, and execute the current plan as we establish the needs for future services. Adhering to the fidelity of the planning process assures as the number of older individuals in the state changes, along with their respective social and economic factors, the State of Idaho can continue to respond with available funding. In addition, the Commission has a weighted factor within the Intrastate funding formula for individuals 85+.

9. Section 307(a)(28)

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

RESPONSE:

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 Act programs. These individuals work with the Idaho Office of Emergency Management, state agencies and the AAAs to plan for and respond to the needs of seniors in an emergency event.

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

- Identify and assess the needs of the elderly and homebound elderly.
- Coordinate senior services through the Area Agencies on Aging ("AAAs").
- Provide information and assistance to its clientele.
- Utilize senior citizen centers for shelter, mass feeding, and rest centers.

In Idaho, the standard Incident Command Structures flows from the Federal Emergency Management Agency to the Idaho Office of Emergency Management, the 44 County Emergency Management Agencies, and the local Emergency Management Agencies (if applicable). The ICOA is responsible for supporting the Idaho Office of Emergency Management activities and is specifically identified as a support agency on one of the 15 Emergency Support Functions. AAAs are similarly responsible for supporting their respective County Emergency Management Agencies.

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 Office of Emergency Management 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 Office of Emergency Management's frequent exercise drills to hone our ability to respond quickly and effectively to Idaho's most common disasters, which include wildfires and flooding. The complete Disaster and Emergency Preparedness Plan is Attachment J.

10. Section 307(a)(29)

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

RESPONSE:

Designated and experienced Commission staff participate in the development of the state government-wide continuity of operations plan process and work to ensure the inclusion of older adults in the plan and develops the aging services specific plan. Staff participate in meetings and training on an ongoing basis with the Idaho Office of Emergency Management to ensure the ability of the State of Idaho to respond to and mitigate emergencies as needed.

11. Section 705(a) ELIGIBILITY —

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

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

I*n order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—*

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

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

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

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

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

(6) 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.

RESPONSE:

The Idaho Commission on Aging provides assurance the State will establish programs in accordance with the OAA. The Commission conducts public meetings on a quarterly basis and conducts regular program outreach with stakeholders. Outreach and input gathered to create the plan is detailed within the context of the plan and within the attached needs assessment.

The Commission requires AAA to gather public input regarding programs and services. AAAs must incorporate local advisory boards and maintain governance standards in accordance with ICOA guidelines. Through AAA plan development, Area Agencies must ensure that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

The Idaho Commission on Aging administers and oversees the Long-Term Care Ombudsman Program, and the Idaho Adult Protective Services program. The State Long-Term Care Ombudsman and the Adult Protective services manager are ICOA staff. Local staff for both programs are housed within Idaho's Area Agency on Aging. This permits ICOA to conduct the programs consistent with State law and coordinate programs to assure adherence to Section 705(a) of the Older Americans Act. The Commission assures no funds are supplanted to carry out the vulnerable elder rights activities described in Section 705(a).

State Plan Guidance Attachment C

INTRASTATE FUNDING FORMULA (IFF) REQUIREMENTS

Idaho State Unit on Aging Intrastate Funding Formula

The Idaho Commission on Aging designates Area Agencies on Aging (AAAs) to serve each designated Planning and Service Area (PSA). The Older Americans Act (OAA) Title III B, C, E and D grant awards and Idaho Senior Services Act match funds are allocated to each AAA based on a combination of a Percentage Base Amount, a Fixed Base Administrative Amount, and a Population Formula Amount. On May 2023, the Idaho Commission on Aging approved a revised and updated Intrastate Funding Formula (IFF). The updated IFF was developed based on stakeholder input from Area Agencies on Aging, ICOA staff, and ICOA Commissioners. The IFF was provided to the public for review and comment during the State Plan outreach in 2023 as detailed in the State Plan.

IFF Goals and Assumptions:

The goals of the IFF are to:

- Allocate the OAA Title III B, C, E, and D grant award and state match funds to each designated PSA in Idaho.
- Meet the requirements of the OAA including Sections 305(a)(2)(C) and consider criteria set forth in Sections 305(a)(2)(C)(i) and (ii).
- Consider the geographical distribution of individuals 60 and older in the state.
- Considers individuals 60 and over with the greatest social and economic needs with particular attention to low-income minority older individuals.
- Facilitate achievement of local and state plan objectives.

Assumptions used to develop the IFF include:

- The distribution of funding should focus services on allowing older Idahoans to remain in the communities of their choice.
- Geographic isolation and medically underserved occur within every PSA in Idaho.
- Funding should allow AAAs to meet minimum program standards as established by the ICOA.

Statement of Formula For IIIB, IIIC-1, IIIC-2, III-D, III-E:

The *Percentage Base Amount* allocates 10% of the total Federal Award and State match funds divided equally between each of the PSAs. The federal amount allocated for the percentage is the total award amount less any state deductions for State Plan Administration and the Long-Term Care Ombudsman.

The *Population Formula Amount* bases each PSAs Federal Title III B, C, E and D award and state match allocation on the share of population factors compared to the weighted percentage for each factor. The amount allocated based on population is the total award amount less the allocation for the percentage base amount and any state deductions for State Plan Administration and the Long-Term Care Ombudsman.

The population factors overlap if an individual meets more than one criteria. For example, those who are 75+ are counted once in the 60+ factor and again in the 75+ factor. Those who are in poverty are counted once in the 60+ and again in the poverty factor. If a senior were 75+, minority and in poverty, they would be counted in all four demographic factors.

The number of minority older Idahoans was used in calculating the allocations for Title III B, C, E and D. Each funding source has a separate allocation. Greatest Economic need is defined as those living in poverty. Greatest Social need is defined as those living in a rural county, living alone, racial minority, or Hispanic.

The *Title VII formula Amount* totals long-term bed counts within planning and service area. The funding is divided based on the number of beds in each Planning and Service Area.

Data Sources:

Factor weights in Idaho's funding formula are based upon the most current US Census estimates from the American Community Survey provided by the Idaho Department of Labor as the best available data for use. Title VII is allocated based on long-term bed count per Planning and Service Area annually provided by the Idaho Department of Health and Welfare. Data sources are updated and applied annually.

Title III Population Formula Weighted Factors: (Title III B, C, E, D)

Age At Risk Factors - 40%
- Age 60+ = 5%
- Age 75+ = 22%
- Age 85+ = 13%

Economic At-Risk Factors - 30%
- 65+ Living in Poverty = 30%

Social At-Risk Factors - 30%
- Living in Rural County = 18%
- 65+ Living Alone = 7%
- Racial Minority (Not Hispanic) = 2%
- Hispanic = 3%

State deductions from Title III Funds:

Prior to distribution to AAAs under the IFF, the State deducts the minimum set by the Older American's Act of the Title III allocation for State Plan Administration. As of FFY 24 this amount was set at $750,000.00. The State also holds up to $75,000 per fiscal year from the Title IIIB allocation to distribute to the Long-Term Care Ombudsman program. The remainder is then distributed to each PSA.

Nutrition Services Incentive Program (NSIP) fund distribution:

Idaho disburses NSIP funds to AAA nutrition service programs, and the funding is a proportional share based upon the number of eligible meals served in the prior year. NSIP eligible meals are those meals served to an individual who is qualified to receive services as defined in the OAA.

Numeric Description of the Formula for B, C, D, and E:

The numeric description of the formula is: Percentage Base Amount of 10% + Population Formula Amount of 90% ((60 years and older) + (75 years and older) + (85 years and older) + (65 years or older living in poverty) + (65 years or older living alone) + (racial minority population 60 years and older) + (60 years or older and Hispanic) + (60 years or older living in a rural county)) = total award.

Population Figures Example:

Below are the state fiscal year 2024 demographic data as an example. Each PSA had the following estimated weighted percentage:

	Factors with Weights								
PSA	60+ (5%)	75+ (22%)	85+ (13%)	65+ Living in Poverty (30%)	65+ Living Alone (7%)	60+ Racial Minority (2%)	60+ Hispanic (3%)	60+ Living in a Rural County (18%)	Total AAA Weighted % for Title B, C, E, and D
I	73,229	20,676	4,894	3,510	11,116	2,448	1,472	27,770	16.98%
II	30,492	9,676	2,769	1,632	5,724	1,434	405	11,125	7.89%
III	186,147	52,336	13,070	10,100	30,549	7,580	9,872	33,249	41.38%
IV	45,714	13,948	3,638	2,530	7,600	1,531	4,132	26,324	13.27%
V	37,651	10,745	2,801	1,864	6,806	2,055	1,998	19,105	10.00%
VI	44,535	12,671	3,242	1,959	7,559	1,290	1,926	17,287	10.48%

AAAs are permitted to use up to 10% of their Federal allocations from Title B, C, and E for Area Plan Administration.

Additional funding provided by the State of Idaho above the required state match may be distributed to the AAAs as a *Fixed Base Amount* set at no more than $50,000 to each PSA to support AAA Administrative Costs.

A demonstration of the allocation of funds using the example data each is below. Each AAA would receive the following in Federal Funds:

PSA	ADMIN	B	C1	C2	D	E
I	106,775	256,259	341,679	202,871	21,355	138,807
II	55,213	132,511	176,681	104,904	11,043	71,777
III	245,065	588,157	784,209	465,625	49,013	318,585
IV	85,701	205,681	274,242	162,831	17,140	111,411
V	67,169	161,205	214,939	127,621	13,434	87,319
VI	69,916	167,798	223,731	132,840	13,983	90,891

Attachment D:

ICOA Six Phase Planning Process

Many OAA standards are embedded in each phase of the planning process. The following pages describes the purpose and planning requirements of each phase.

PHASE I
Plan and Organize

Organize
Schedule
Stakeholder
Identification

Purpose: The purpose of Phase 1 is to lay a strong foundation to ensure adequate time is identified to allow for focused and strategic input and analysis to drive the plan. Actual activities will be reported in Phase 3. This phase reinforces that planning is ongoing and iterative and we must plan to plan. Especially important in this phase is thoughtful identification of stakeholder groups and advisors that will be needed for adequate representation.

Planning Requirements: The ICOA leadership team is responsible to ensure adequate planning on the state and local levels components managed include:

- A perpetual calendar that describes all the activities and start and stop times for ongoing outreach, formal needs assessment, public input, and plan writing and submission.
- Maintain an ADRC database of partners and interested parties.
- Facilitates ongoing communication and reporting to the 7 member Governor appointed Commission on Aging.
- Sets and enforces standards related to the 6-phase planning process and local plan evaluation.

PHASE 2
Environmental Analysis

External Scan
Internal Scan
SWOT
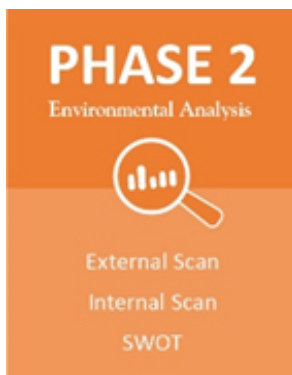
Purpose: The purpose of Phase 2 is to understand the current internal, state, federal and international environments to plan for the future environment. The goal is to capitalize on what we are currently doing well, mitigate weaknesses and purposefully plan for identified gaps and opportunities. A thoughtful environmental scan identifies best practices, replicable programs, potential partners, current resources, and current gaps.

Planning Requirements: All of this information is synthesized and used to engage with stakeholders and identify priorities for the next 4 years to ensure:

- Opportunity for older individuals to receive managed in-home and community-based long-term care services.
- Promoting the development and implementation of a state system of long-term care that is comprehensive, coordinated, and responsive to the needs and preferences of older Idahoans and their family caregivers.
- Working towards the integration of health, health care and social services systems, across the state, to support return to the community after hospitalization or institutionalization.

PHASE 3

Identify Opportunities

Stakeholder Engagement
Gap Analysis
Brainstorm

Purpose: The goal of Phase 3 is to showcase your outreach activities and present your data gathered from Phase 2 and 3, culminating with a comprehensive list of identified gaps and opportunities for improvement. The validity of your plan is driven on the timeliness and comprehensiveness of your targeted outreach and input of stakeholders.

Planning Requirements: Phase three is all about strategic engagement in outreach with older individuals across the individual PSA's and the state as a whole to:
- Understand the value of current programs.
- The gaps in programs and unmet needs.
- Identify needs specific to high-risk populations including older Idahoans living in poverty, living in rural areas, and living with social risk factors.
- Promote public participation in the area plan development process and any proposed changes that will affect clients.

PHASE 4

Strategic Planning

Prioritization
Strategic Initiatives
SMART Goals

Purpose: The purpose of Phase 4 is to strategically identify the most appropriate gaps to address and create a specific and measurable plan to close them over the next 4 years. Gaps may be closed early in the process and then the goal would be to sustain and increase the quality or the quantity of the outcomes. During the strategic planning phase activities are carefully chosen to improve the quality, reach, and coordination of services. Activities are planned around 4 required critical success factors (CSF's described in Part IV).

Planning Requirements: Each ICOA OAA program, and state funded program have crafted SMART goals under the identified CSFs. A comprehensive list of ICOA state and OAA programs are in Attachment D. Each program has identified activities to ensure:

- Implementation of best practices identified during environmental scanning.
- A development plan for staff to mitigate weaknesses uncovered during the SWOT analysis.
- Program improvements identified during stakeholder engagement.
- New program activities or prioritization based on unmet needs of high-risk groups.
- Creation of new partnerships to increase outreach or service delivery.

PHASE 5

Strategy Execution

Alignment
Assignment
Delivery
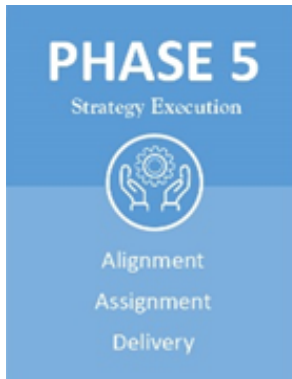
Purpose: The purpose of Phase 5 is to promote execution of the plan. Accountability is crucial to achieving the stated goals. One requirement in the phase is submission of a table where every SMART goal has been assigned to a specific staff member, in addition a table of standing meetings to evaluate progress must also be submitted in the final local plan. AAA Directors give an in-depth report to the Commissioner's annually, based on a comprehensive After Action Review.

Planning Requirements: Each strategic goal must be assigned to a specific staff member and Director's must submit a meeting schedule for evaluating progress, and problem-solving if things become stalled. This ensures that the overall goals of the plan are achieved including:

- Positively impacting social determinants of health of older individuals.
- Ensuring program delivery can be adjusted for cultural considerations and preferences.
- Preparing, publishing, and disseminating educational materials dealing with the health and economic welfare of older individuals.
- Supporting multi-generational and cultural experiences, activities, and services, including in the arts and nature.

PHASE 6

Continuous Quality

Best Practices
Measure Performance
After Action Review
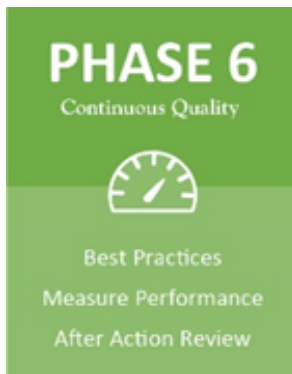
Purpose: The purpose of Phase 6 is to promote necessary real-time problem solving for the plan. Successful execution requires good data, ongoing adjustments based on unfolding circumstances, and continuity of services during unusual times. This section contains the continuity of operations (COOP) and all hazards disaster plan. During implementation years 1 – 3 planning updates will include a comprehensive AAR and any necessary plan updates.

Planning Requirements: AAAs must submit as part of their local plans a comprehensive emergency plan with a focus of coordination with local authorities to ensure the needs of older Idahoans are considered during times of public emergencies or health threats. The second focus of the plan is an emphasis on COOP during such times. Other requirements include:

- Continuous adjustment of plan based on unfolding circumstances.
- Incorporation of new research or best practices.
- Continually learning of what is and is not working for clients and stakeholders.
- Ongoing reporting and accountability to stakeholders and advisory boards.

Local Plans and the Planning Process

Local plans are submitted 90 days prior to the acceptance date to allow for evaluation and comments, that leads to multiple drafts until all requirements are satisfied and the plan is accepted. This last local plan cycle one AAA failed to produce an acceptable final draft, based on inadequate stakeholder engagement and outreach, and subsequently went into the contract cure process. The AAA took four months to re-engage with their stakeholders and an updated and revised plan was then accepted.

The Aging network plans in a continuous cycle with local plans informing the writing of a new state plan, and local plans aligning with the accepted and published state plan. Local plans are submitted to ICOA by October first of the year after each new State Plan is accepted by ACL. Each year AAA spending plans are also reviewed to ensure that the appropriate financial resources are being allocated to the stated and accepted goals in each local plan. In addition, a spending plan assurance signed by each AAA and their Advisory Board chair is required. The Assurance states:

> *1. We assure the projected spending plan provided represents accurate and transparent cost estimates and data units developed using the best available data.*
>
> *2. We assure the spending plan aligns with our Area Plan goals and objectives to facilitate outcome achievement.*
>
> *3. We assure the spending plan aligns with the State Plan goals and objectives to support Idaho's Aging Network in meeting statewide outcomes.*
>
> *4. We assure we developed the spending plan to address required funding parameters as outlined within the workbook and the ICOA Operations Manual.*
>
> *5. We understand the funding estimates provided with the workbook are iterative. More funding may be provided through the Older Americans Act or the State of Idaho. We also understand funding may be reduced by either source.*
>
> *6. We assure that the advisory board will be a source of accountability and guidance through the spending plan year.*

ICOA Internal Planning Process

General, Professional, and Program standards are clearly defined in the Operations Manual. Review toolkits are driven from the published standards and used for routine desktop and onsite reviews of the AAAs. State plan assurances are reflected in the local plan approval checklist, and progress and adherence are submitted by each AAA Director to ICOA and her seven-member commissioner board quarterly. Annually an After-Action Review and analysis of the year's outcomes is also submitted and presented. Program Specialists monitor certain objectives monthly and engage in problem solving with AAA directors and staff if unsupported variances are uncovered.

ICOA has embraced evidence based and explicit standards as the foundation in becoming a highly reliable, learning organization. This expectation is carried throughout Idaho's aging network through the six-phase planning process.

Improvement Roadmap

The graphic represents how planning, operational standards, and spending plans relate to each other. In addition, ICOA has a complex improvement roadmap that we adhere to. Discretionary grants are always linked and used to close large or complex gaps in service.

Partnerships and Collegiality

Spending Plan
Identifying Resources to Achieve Goals

Planning Manual
Providing Vision and Directing Strategy

Idaho's Aging Network

Operations Manual
Promoting Fidelity and Excellence in Programs

No Wrong Door Philosophy

ICOA Planning Process – Phase 3 – Complex Program Improvement

Planning 3 months to 1 Year

- Complex gap Identified
- Use ICOA Planning Process as Project Development Template
- Funding required
- Discretionary Grant Application Process
- ICOA Planning Process to Write a Grant – Development Presentation

AAA Pilot 6 months to 1 Year

- Local AAA Pilot
- Learnings, materials created, outcome data and documentation Identified
- Evaluate and refine pilot
- Continue to Statewide Demo?
- Prepare Final Report to document effort and lessons learned

State Demo 6 months to 1 year

- Statewide Demo
- Best Practices, Materials, and documentation Refined
- Integrate Program?
- Prepare Final Report to document effort and lessons learned

Formalization 3 to 6 months

- Formalize learning outcomes and final workgroups
- Identify Modifications to the MIS to Capture data
- Identify ongoing funding streams

Program Integration Ongoing

- Modify MIS
- Standardize forms, Program Manual, and Compliance Guidelines
- Statewide Education
- Fully Integrate program with identified funding stream

Internal Strategic Planning for State Plan 2024-2028

ICOA launched the state planning process in May of 2022 with an all-day offsite strategic planning session. As an entire staff ICOA committed to the following:

ICOA Mission Statement

Transform the aging experience by leading planning, policies, partnerships, and programs, that honor choices and increase well- being for Idahoans as we age.

ICOA Vision Statement

Idahoans make informed choices to age well and live well.

ICOA Values

Service – responsive, empathetic, targeted
Sustainability – efficient, adaptable, preventative
Excellence – problem solving, innovative, resourceful
Advocacy – courage, optimism, collaboration
Integrity – trustworthy, accountable, transparent

Attachment E:
State Plan Stakeholder Outreach & Engagement

Location of Outreach Events

Planning and Service Area I
Planning and Service Area II
Planning and Service Area III
Planning and Service Area IV
Planning and Service Area V
Planning and Service Area VI

Area Agency on Aging I

Location: Area I Agency Staff Visit Coeur d'Alene, Idaho   Date: 07-31-2023

ICOA Notice Activities	AAA Notice Activities	ICOA Staff/ Commissioner Attendance	AAA Staff Attendance	Elected Officials/Staff Attendance	# of Participants Present	Questions/ Comments at event
Emailed Director		Judy Taylor, Bettina Briscoe, Birgit Luebeck, Tiffany Robb (Health & Welfare)	Director Stoddard, 7 AAA I staff		12	

Location: Fernwood Senior Center Fernwood, Idaho   Date: 07-31-2023

ICOA Notice Activities	AAA Notice Activities	ICOA Staff/ Commissioner Attendance	AAA Staff Attendance	Elected Officials/Staff Attendance	# of Participants Present	Questions/ Comments at event
Townhall Posting, Social Media Postings	Emailed Outreach, Social Media Postings, Emailed Outreach to elected officials in the area	Judy Taylor, Bettina Briscoe, Birgit Luebeck, Tiffany Robb (H&W)	Director Stoddard, 2 AAA I staff		64	How many people are available to serve those in need? Who approves the State Plan?

Location: Rathdrum Senior Center Rathdrum, Idaho   Date: 08-01-2023

ICOA Notice Activities	AAA Notice Activities	ICOA Staff/ Commissioner Attendance	AAA Staff Attendance	Elected Officials/Staff Attendance	# of Participants Present	Questions/ Comments at event
Townhall Posting, Social Media Postings	Emailed Outreach, Social Media Postings, Emailed Outreach to elected officials in the area	Judy Taylor, Bettina Briscoe, Birgit Luebeck, Tiffany Robb (H&W)	Director Stoddard, 5 AAA I staff		62	Is ICOA charging per capita per area? Will staff in the AAA be reduced?

Area Agency on Aging II

Location: Area II Agency Staff Lewiston, Idaho   Date: 08-02-2023

ICOA Notice Activities	AAA Notice Activities	ICOA Staff/ Commissioner Attendance	AAA Staff Attendance	Elected Officials/Staff Attendance	# of Participants Present	Questions/ Comments at event
Emailed Director	Emailed Outreach	Judy Taylor, Bettina Briscoe, Birgit Luebeck, Tiffany Robb (H&W), Commissioner Ohrtman	Director Holcomb, Lisa Stoddard, 6 AAA II Staff	Dan Strong, Dave Pankey, 4 Advisory Board Members	15	

Location: Lewiston Community Center Lewiston, Idaho   Date: 07-31-2023

ICOA Notice Activities	AAA Notice Activities	ICOA Staff/ Commissioner Attendance	AAA Staff Attendance	Elected Officials/Staff Attendance	# of Participants Present	Questions/ Comments at event
Townhall Posting, Social Media Postings	Emailed Outreach	Judy Taylor, Bettina Briscoe, Birgit Luebeck, Commissioner Ohrtman	Director Holcomb, 1 AAA II Staff		25	Need proper property taxes. Need resources to build ramp and other things to stay in homes

Location: Nez Perce Senior Center Nez Perce, Idaho Date: 08-03-2023

ICOA Notice Activities	AAA Notice Activities	ICOA Staff/ Commissioner Attendance	AAA Staff Attendance	Elected Officials/Staff Attendance	# of Participants Present	Questions/ Comments at event
Townhall Posting, Social Media Postings	Emailed Outreach	Judy Taylor, Bettina Briscoe, Birgit Luebeck, Tiffany Robb (H&W), Commissioner Ohrtman	Director Holcomb		18	What is the population based on?

Area Agency on Aging III

Location: Weiser Senior Center Weiser, Idaho   Date: 06-06-2023

ICOA Notice Activities	AAA Notice Activities	ICOA Staff/ Commissioner Attendance	AAA Staff Attendance	Elected Officials/Staff Attendance	# of Participants Present	Questions/ Comments at event
Townhall Posting, Social Media Postings	Emailed Outreach to 29 Senior Centers, Advisory Council & Board, Social Media Postings	Judy Taylor, Bettina Briscoe, David Brandt	Director Enriquez		58	What is the poverty guideline amount?

Location: Dick Eardley Senior Center Boise, Idaho   Date: 09-11-2023

ICOA Notice Activities	AAA Notice Activities	ICOA Staff/ Commissioner Attendance	AAA Staff Attendance	Elected Officials/Staff Attendance	# of Participants Present	Questions/ Comments at event
Townhall Posting, Social Media Postings	Emailed Outreach to 29 Senior Centers, Advisory Council & Board, Social Media Postings	Judy Taylor, Bettina Briscoe, Birgit Luebeck	Director Enriquez, 7 AAA III Staff		57	How do the AAAs prioritize copay for cost share is from personal funds? How/where does the money come from? PSA - Area 3 has no changes? What does staffing look like? For the IFF are urban areas mentioned - rural gets extra points

Location: Area Agency on Aging III Advisory Council Meeting Boise, Idaho   Date: 05-31-2023

ICOA Notice Activities	AAA Notice Activities	ICOA Staff/ Commissioner Attendance	AAA Staff Attendance	Elected Officials/Staff Attendance	# of Participants Present	Questions/ Comments at event
Emailed Outreach			Director Enriquez		9 AAA III Advisory Board Members	

Area Agency on Aging IV

Location: Gooding Senior Center Gooding, Idaho   Date: 09-27-2023

ICOA Notice Activities	AAA Notice Activities	ICOA Staff/ Commissioner Attendance	AAA Staff Attendance	Elected Officials/ Staff Attendance	# of Participants Present	Questions/ Comments at event
Townhall Posting, Social Media Postings	Emailed Outreach, Facebook & Website Postings, interviewed with Paul Johnson & Lee Family Broadcasting Inc., CSI Electronic Billboards, letters to elected officials, meeting site visits with manager and Board members, meeting flyers shared with emergency manager contact list, Senior Centers, Twin Falls Co Fair, and at service provider meetings, survey mailed to all senior centers	Judy Taylor, Bettina Briscoe, Birgit Luebeck	Director Thompson, 5 AAA IV Staff		21	Was there a reduction in meal funding? How is inflation affecting everything? Why doesn't the Governor give more money for senior meals instead of property/education? How do we make a difference? Would be nice to have high school juniors/seniors to help seniors at home. Need financial assistance for senior center, costs have doubled.

Location: Area IV Agency Staff Visit Twin Falls, Idaho   Date: 09-28-2023

ICOA Notice Activities	AAA Notice Activities	ICOA Staff/ Commissioner Attendance	AAA Staff Attendance	Elected Officials/ Staff Attendance	# of Participants Present	Questions/ Comments at event
Emailed Director	Emailed Outreach, Social Media & Website Posting	Judy Taylor, Bettina Briscoe, Birgit Luebeck	Director Thompson, 8 AAA IV Staff	3 Advisory Council Members, Sen. Crapo's Office	15	

Location: Twin Falls Senior Center Twin Falls, Idaho   Date: 09-28-2023

ICOA Notice Activities	AAA Notice Activities	ICOA Staff/ Commissioner Attendance	AAA Staff Attendance	Elected Officials/Staff Attendance	# of Participants Present	Questions/ Comments at event
Townhall Posting, Social Media Posting	Emailed Outreach, Facebook & Website Postings, interviewed with Paul Johnson & Lee Family Broadcasting Inc., CSI Electronic Billboards, letters to elected officials, meeting site visits with manager & Board members, meeting flyers shared with emergency manager contact list, Senior Centers, Twin Falls Co Fair, and at service provider meetings, survey mailed to all senior centers	Judy Taylor, Bettina Briscoe, Birgit Luebeck, Commissioner Morley	Director Thompson, 6 AAA IV Staff	Twin Falls Commissioner Brent Reineke, 1 Twin Falls City Council Member	38	

Area Agency on Aging V

Location: Area V Agency Staff Visit Pocatello, Idaho   Date: 09-18-2023

ICOA Notice Activities	AAA Notice Activities	ICOA Staff/ Commissioner Attendance	AAA Staff Attendance	Elected Officials/Staff Attendance	# of Participants Present	Questions/ Comments at event
Emailed Director	Emailed Advisory Council and Contracted Providers	Judy Taylor, Bettina Briscoe, Birgit Luebeck, Tiffany Robb (H&W), Commissioner Reiland	Director Hirschi, 9 AAA IV Staff, 3 Advicory Council members, Layne Bourgeous (ED at SICOG), 1 Tribal member		21	How is an aging individual not lost in the transition?

Location: Bingham County Senior Center Blackfoot, Idaho   Date: 09-18-2023

ICOA Notice Activities	AAA Notice Activities	ICOA Staff/ Commissioner Attendance	AAA Staff Attendance	Elected Officials/Staff Attendance	# of Participants Present	Questions/ Comments at event
Townhall Posting, Social Media Posting	Emailed Outreach, Social Media Postings	Judy Taylor, Bettina Briscoe, Birgit Luebeck, Tiffany Robb (H&W)	Director Hirschi, 4 AAA V Staff	Renee Richardson-Senator Risch's Office, Mayor Marc Carroll of Blackfoot	40	How much money is relative to what we get now? What does it look like Administration wise? Will there be a presence in both Pocatello and Idaho Falls? What services and supports do you need to stay in your home and community over the next 5 years?

Location: Senior Activity Center Pocatello, Idaho   Date: 09-18-2023

ICOA Notice Activities	AAA Notice Activities	ICOA Staff/ Commissioner Attendance	AAA Staff Attendance	Elected Officials/Staff Attendance	# of Participants Present	Questions/ Comments at event
Townhall Posting, Social Media Posting	Emailed Outreach, Social Media Postings	Judy Taylor, Bettina Briscoe, Birgit Luebeck, Tiffany Robb (H&W)	Director Hirschi, 5 AAA V Staff	Farhana Hibbert-Senator Crapo's office, Commissioner Crowder-Bannock County, Marcia Hall-Fort Hall Advisory Council, Lillian Molina-Veterans Services AAA Advisory Council, Linda Leeurick-City Council Pocatello	142	Who is served/ qualifies? How much is too much? Sounds like more money for whole lot of people

Area Agency on Aging VI

Location: Area VI Agency Staff Visits Idaho Falls, Idaho   Date: 09-20-2023

ICOA Notice Activities	AAA Notice Activities	ICOA Staff/ Commissioner Attendance	AAA Staff Attendance	Elected Officials/Staff Attendance	# of Participants Present	Questions/ Comments at event
Emailed Director		Judy Taylor, Bettina Briscoe, Birgit Luebeck	Director Foote, 2 AAA VI Staff		6	

Location: South Fremont Senior Center St. Anthony, Idaho   Date: 09-20-2023

ICOA Notice Activities	AAA Notice Activities	ICOA Staff/ Commissioner Attendance	AAA Staff Attendance	Elected Officials/Staff Attendance	# of Participants Present	Questions/ Comments at event
Townhall Posting, Social Media Posting	Emailed Outreach, Social Media Postings	Judy Taylor, Bettina Briscoe, Birgit Luebeck	Director Foote, 1 AAA VI Staff	County Commissioner	42	How can we as seniors help to avoid a crisis coming? What are they doing about housing for seniors?

Location: Madison County Senior Center Rexburg, Idaho   Date: 09-21-2023

ICOA Notice Activities	AAA Notice Activities	ICOA Staff/ Commissioner Attendance	AAA Staff Attendance	Elected Officials/Staff Attendance	# of Participants Present	Questions/ Comments at event
Townhall Posting, Social Media Posting	Emailed Outreach, Social Media Postings	Judy Taylor, Bettina Briscoe, Birgit Luebeck, Tiffany Robb (H&W)	2 AAA VI Staff		24	What is cost share based on? How do you reach those who don't come to senior centers? What is the timeline for PSA transition? Bus system needed.

Attachment F:
Needs Assessment Survey
Analysis and Data Booklet

ICOA is proud to present Idaho with a comprehensive and actionable assessment to educate our state on the needs of Idahoans 60 years and older with a focus on those at highest risk for institutionalization. The PDF document is available for print as a PDF booklet. Please contact ICOA for any discussion related to the data.

We are available for partnership at any level and look forward to any and all joint projects.

2023

Needs Assessment Analysis

Summary of Responses

Although we used a convenience sample, respondent demographics illustrate an adequate representational cohort that can be used to make decisions and guide planning. 37 of 44 Idaho Counties are represented.

Urban 594 (56%)
Rural 470 (44%)

PSA V 185 (17%)
PSA III 243 (23%)
PSA I 65 (6%)
PSA VI 64 (6%)
PSA II 34 (3%)
PSA IV 473 (44%)

County response counts (left to right):
Twin Falls 223, Ada 94, Canyon 89, Bannock 87, Gooding 85, Cassia 67, Jerome 58, Bingham 54, Kootenai 34, Benewah 30, Payette 26, Washington 26, Fremont 23, Power 21, Bonneville 20, Minidoka 20, Bear Lake 19, Lewis 14, Blaine 13, Madison 12, Nez Perce 10, Camas 6, Boise 5, Latah 5, Idaho 4, Caribou 2, Custer 2, Franklin 2, Jefferson 2, Lemhi 2, Owyhee 2, Teton 2, Butte 1, Clearwater 1, Gem 1, Lincoln 1, Shoshone 1

Statewide Needs Assessment Themes

Overall, our respondents reported a high quality of life, with only 21% of respondents rating their quality of life as Fair, Poor, or Very Poor. These 21% of respondents became the "high-risk" cohort. Urban dwellers were twice as likely to rate their quality of life as fair or poorer.

46%
33%
17%
3%
1%
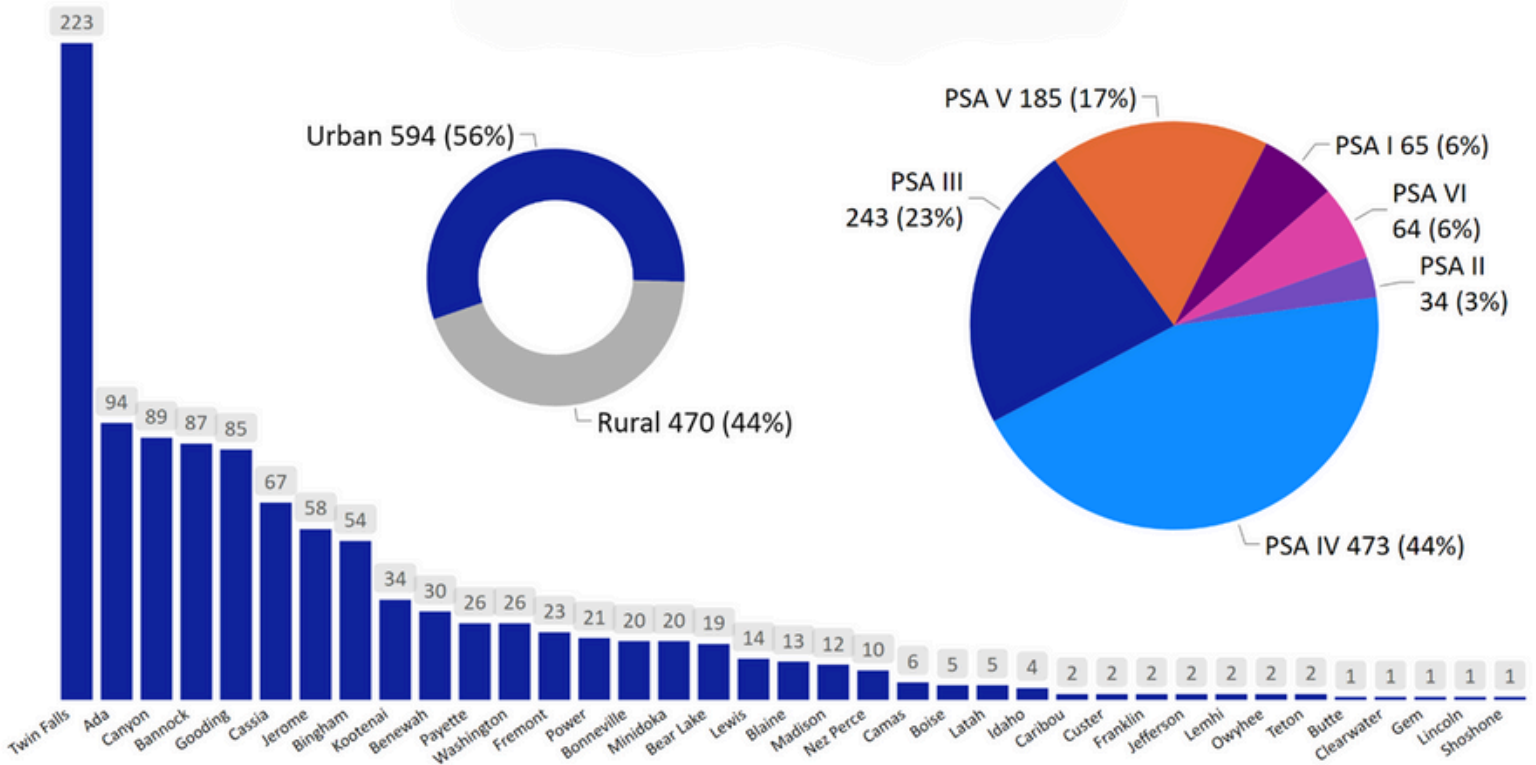
- Good
- Very Good
- Fair
- Poor
- Very Poor
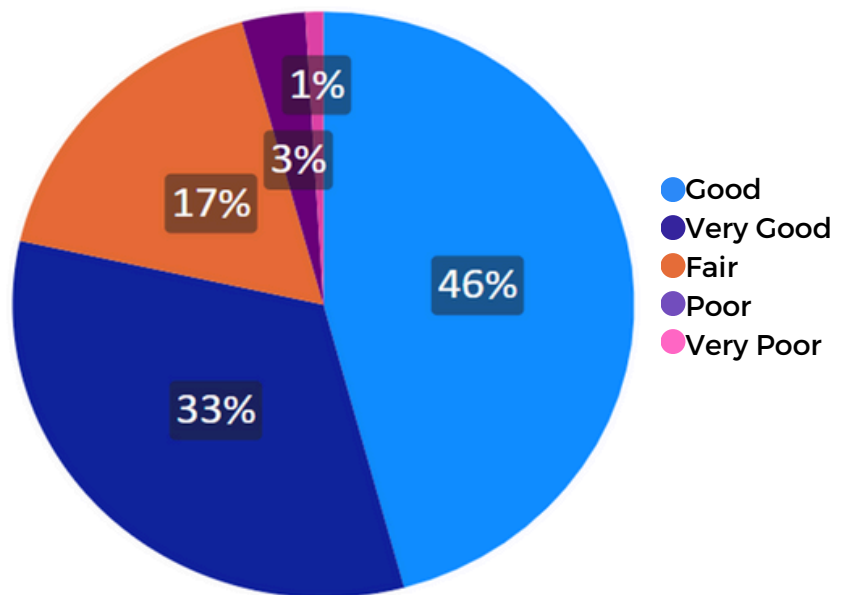
How often are you able to Participate in the Following?
ALL Response: "Not Quite as Often as I Want"

Respondents report wanting more opportunities for exercise, socialization, and time in nature. Older Idahoans are worried about living in pain, falling, loneliness, and developing dementia or other memory issues. Objectives and outcomes to close this gap are included throughout the state plan.

Category	Percent
Exercise, fitness, physical activities	38%
Park or nature visits	36%
Family visits or activities	35%
Restaurants, eating out	30%
Shopping	27%
Community events, social clubs, support groups	26%
Education programs	26%
Volunteer work	25%
Sporting events	24%
Library visits	21%
Senior center meals and activities	19%
Religion, worship services	18%
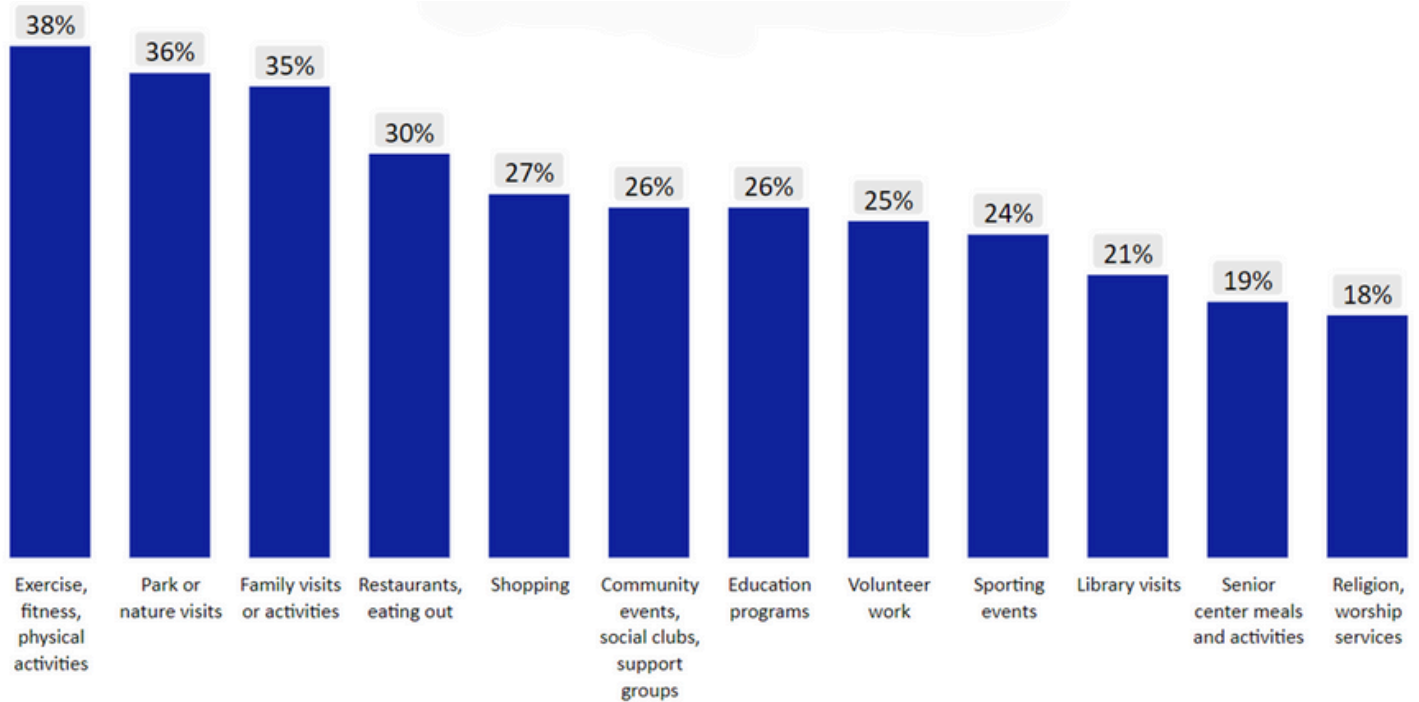
Are you able to do the Following Activities by yourself or with help?
ALL Response: " I am not able, and I do not have the help I need"

Activity	Percent
Technology for fun or socialization	15%
Technology for health care or support	15%
Care for another individual, without hurting my health	14%
Yard maintenance	12%
Home maintenance	11%
Finding information about services/supports	8%
Cleaning the house	6%
Meet my social needs	6%
Afford necessities	4%
Cooking meals	4%
Protect myself from abuse and fraud	4%
Shopping for necessities	4%
Take care of my chronic health	3%
Transportation	3%

How often do you Worry about the Following Topics?
ALL Response: "Very Frequently"

Topic	Percent
Living in pain	17%
Paying my bills	14%
Falling while walking	13%
Being lonely	10%
Problems with memory	9%
Bowel or bladder accidents	8%
Being prepared for a natural disaster	7%
Crime in your area	7%
Friends/family becoming drug addicted	5%
Losing my housing	4%
Friends/family committing suicide	3%
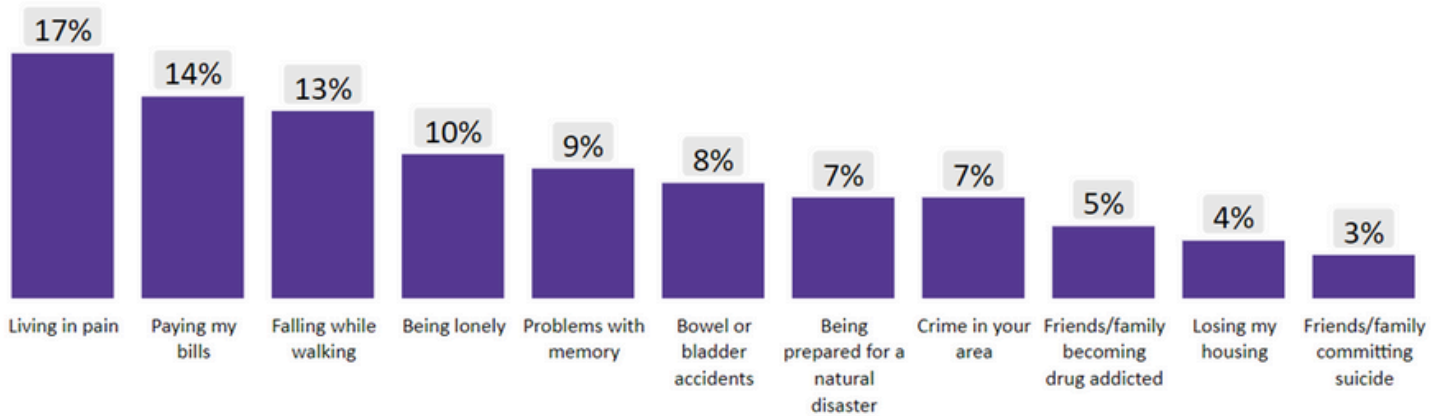
How Likely are you to use this Methods to get Information?
ALL Response: "Very Likely"

Respondents identified Senior Centers as a place they are very likely to get information to stay healthy and locate services. This dovetails into our strategic emphasis on supporting our 96-meal sites across the state as hubs for healthy aging, and ADRC partners.

Method	Percent
Individuals	49%
Senior Center	37%
Church	34%
Television	31%
Internet search (Google)	30%
Area Agency on Aging	20%
Social media like Facebook	19%
Newspaper	16%
Radio	16%
Health fair/Community Event	14%
Library	14%
Commission on Aging website	10%
2-1-1 Idaho Careline	8%

How Important do you Believe this Service is to your Community? ALL Response: "Very Important"

Statewide respondents identified Home and Congregate meals, Adult Protective Services, and Information and Assistance services as very important in their communities. This aligns with ICOA's budgeted spending priorities. An unexpected priority to respondents is helping to apply for benefits. This gap is addressed in the state plan.

Service	Percent
Congregate Meals in senior Centers	71%
Information & Assistance to find services	70%
Meals delivered to homes	70%
Someone to help people apply for benefits	67%
Adult Protection Services	63%
Friendly calls/visits to people living alone or l...	62%
Transportation to appointments	60%
Someone to do heavy outside work	59%
Ombudsman Services	57%
Assistance with legal problems	56%
Someone to shop or clean homes	54%
Respite (a break from caregiving)	48%
In person support or social groups	46%
Classes to prevent or manage Disease	41%
Virtual support or social groups	36%
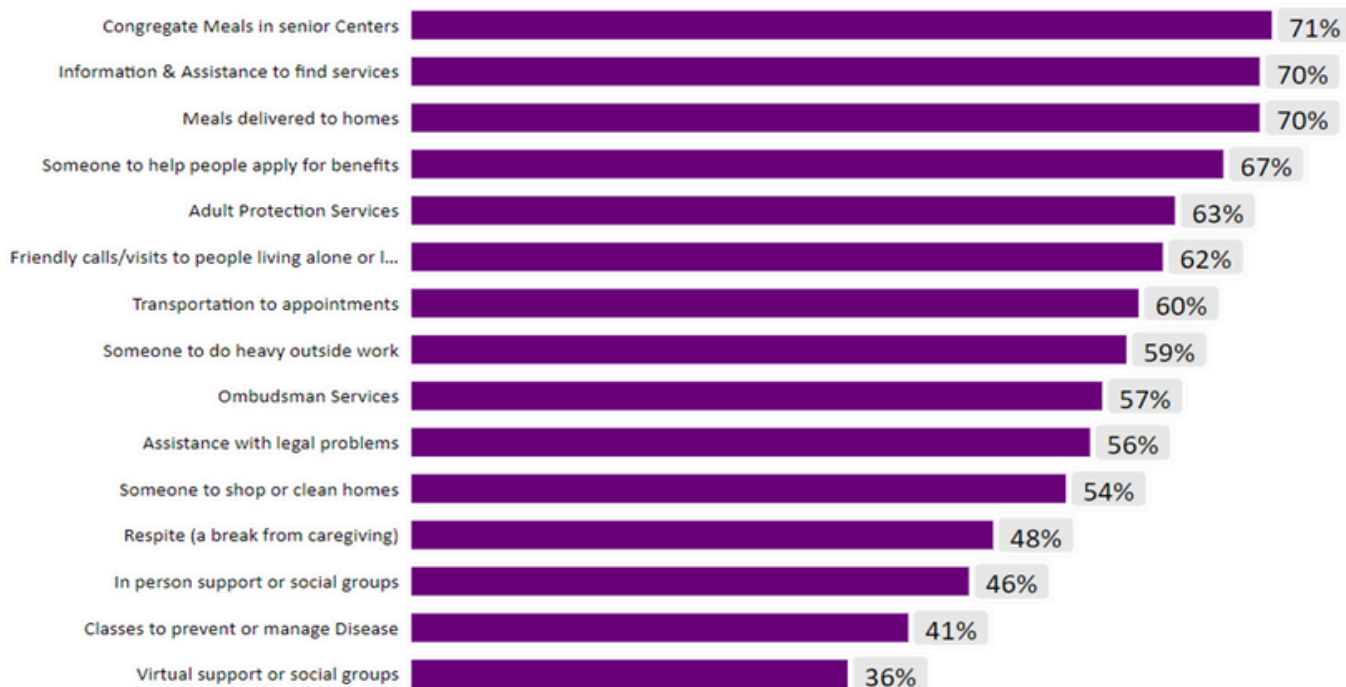
High-Risk Needs Assessment Themes

Idaho's 2022 BRFSS data reported 20.9% of Idahoans 65 and older reported their general health as fair or poor.[1] This was very consistent with ICOA's needs assessment where 21% reported their quality of life as fair, poor, or very poor. Analysis of data reflects that the majority of respondents in the high-risk group are caregivers who are unable to access resources electronically and need help to stay in their own homes with seasonal and ongoing home and yard maintenance. Objectives and outcomes to close these gaps are included in the state plan in the Stay Home and Stay Connected sections. Over one third of high-risk respondents are worried about living in pain. This may be exacerbated by the physical demands of caregiving and point to respite as a possible answer. Between 2019 and 2021 fall death rates among Idahoans 65 and older increased over 12% while the US rate only increased 3%.[2]

Response	High RIsk
Fair	184
Poor	35
Very Poor	10
Total	**229**
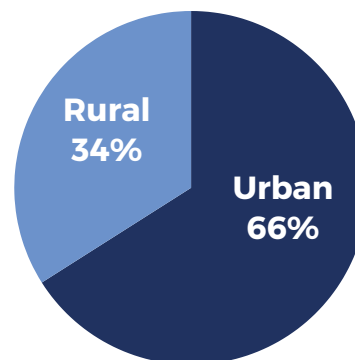
Rural 34%
Urban 66%

1. https://www.gethealthy.dhw.idaho.gov/idaho-brfss
2. https://www.gethealthy.dhw.idaho.gov/idaho-falls-data

How often are you able to Participate in the Following?
Response: "Not quite as often as I want" Urban | Rural

Category	Urban	Rural
Exercise, fitness, physical activities	43%	32%
Family visits or activities	41%	28%
Park or nature visits	40%	32%
Restaurants, eating out	36%	24%
Community events, social clubs, support groups	31%	20%
Shopping	31%	22%
Education programs	28%	24%
Volunteer work	27%	22%
Sporting events	25%	23%
Library visits	23%	18%
Senior center meals and activities	23%	15%
Religion, worship services	21%	15%
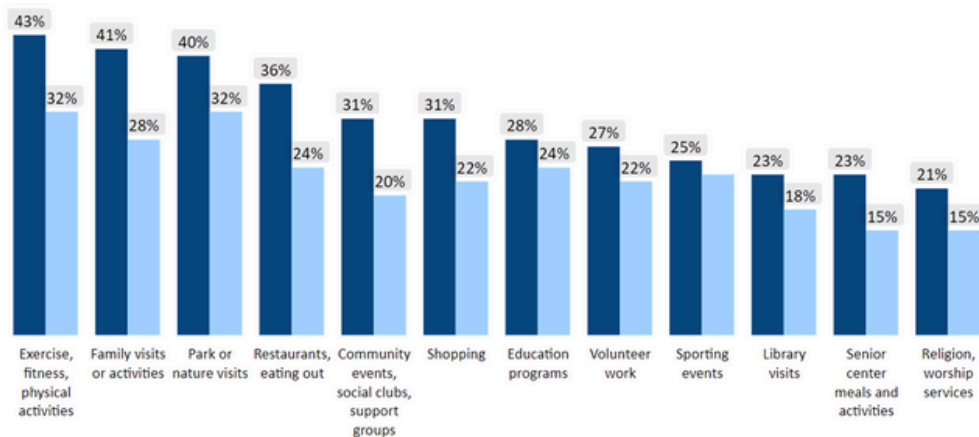
The urban cohort had 579 respondents. Compared to the rural cohort, urban dwellers are more isolated and disconnected from their communities.

Are you able to do the Following Activities by yourself or with help?
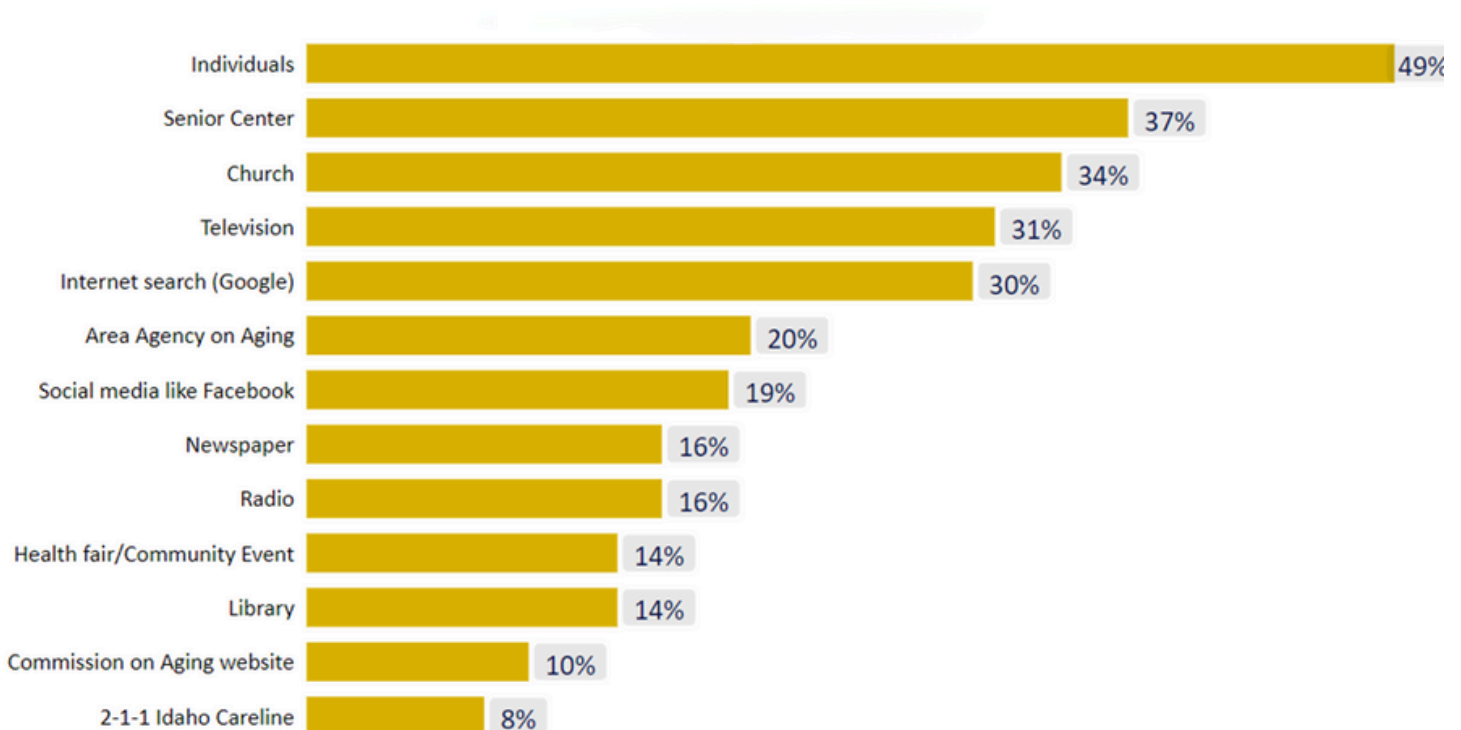**Urban Response:** "I am not able, and I do not have the help I need"
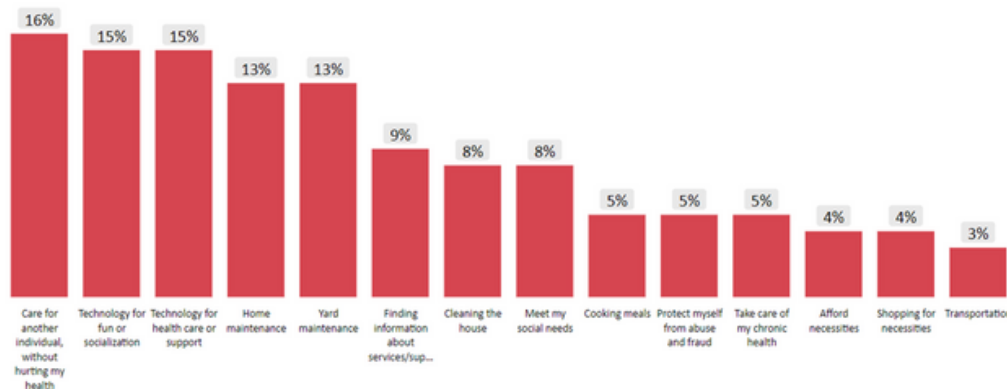
Activity	%
Care for another individual, without hurting my health	16%
Technology for fun or socialization	15%
Technology for health care or support	15%
Home maintenance	13%
Yard maintenance	13%
Finding information about services/sup...	9%
Cleaning the house	8%
Meet my social needs	8%
Cooking meals	5%
Protect myself from abuse and fraud	5%
Take care of my chronic health	5%
Afford necessities	4%
Shopping for necessities	4%
Transportation	3%

They also report not having the help they need for successfully aging in place, with many unmet needs.

How often do you Worry about the Following Topics?
Urban Response: "Very Frequently"

Topic	%
Living in pain	20%
Falling while walking	15%
Paying my bills	13%
Being lonely	10%
Bowel or bladder accidents	10%
Problems with memory	9%
Being prepared for a natural disaster	7%
Crime in your area	7%
Friends/fa... becoming drug addicted	5%
Losing my housing	4%
Friends/fa... committing suicide	3%
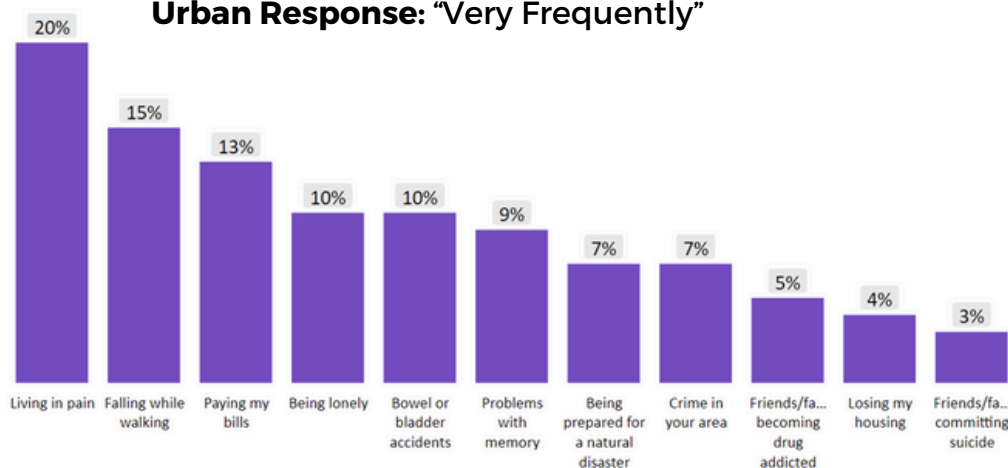
Lastly urban dwellers report a high percentage of very frequent daily worries. Falling was the second most frequent worry. Strategies to close this gap can be found in the state plan.

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The pattern of community participation needs was consistent with the statewide whole, but better in comparison to the urban and high-risk cohorts. Rural dwellers reflect a more consistent ability to get to community events, libraries, religious services and senior centers. This may reflect the closer ties and generational relationships in the rural areas. Outreach and education can strengthen these natural supports.

How often are you able to Participate in the Following?
Rural Response: "Not quite as often as I want"

Category	Percentage
Exercise, fitness, physical activities	32%
Park or nature visits	32%
Family visits or activities	28%
Education programs	24%
Restaurants, eating out	24%
Sporting events	23%
Shopping	22%
Volunteer work	22%
Community events, social clubs, support groups	20%
Library visits	18%
Religion, worship services	15%
Senior center meals and activities	15%
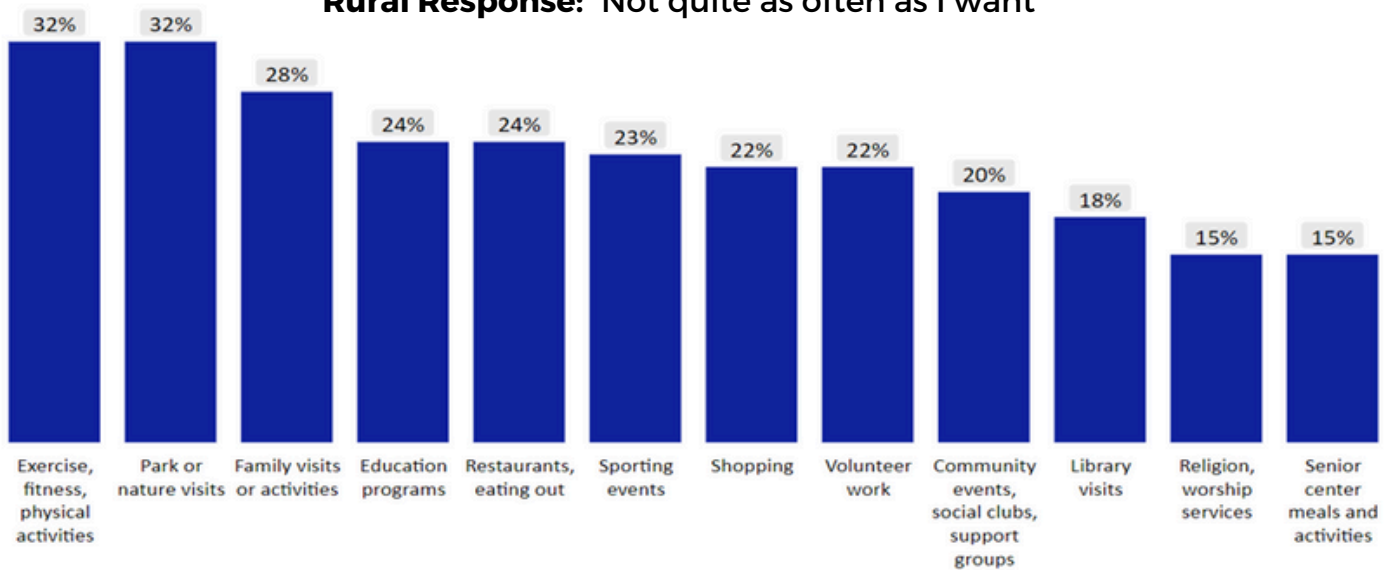
Rural dwellers reported the highest needs related to technology. Although a lack of broadband access limits ICOA's ability to close this gap, strategies related to digital access and skills are addressed in the state plan.

Are you able to do the Following Activities by yourself or with help?
Rural Response: "I am not able, and I do not have the help I need"
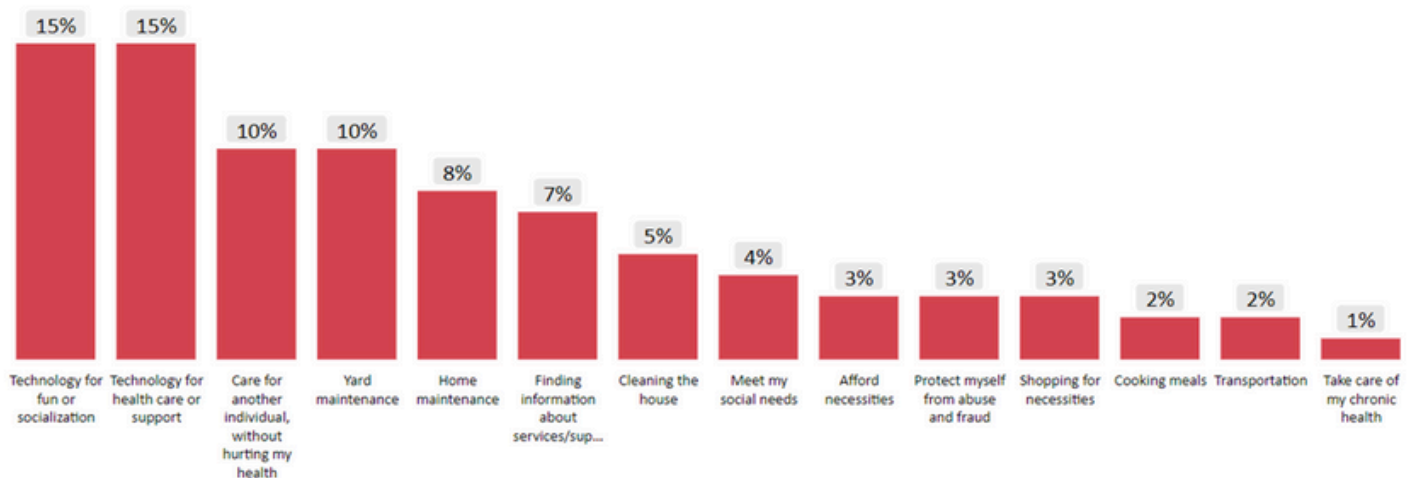
Category	Percentage
Technology for fun or socialization	15%
Technology for health care or support	15%
Care for another individual, without hurting my health	10%
Yard maintenance	10%
Home maintenance	8%
Finding information about services/sup...	7%
Cleaning the house	5%
Meet my social needs	4%
Afford necessities	3%
Protect myself from abuse and fraud	3%
Shopping for necessities	3%
Cooking meals	2%
Transportation	2%
Take care of my chronic health	1%

The ability to pay bills was the number one risk for rural dwellers. Often rural dwellers' wealth is tied in their property which may be farms or ranches. Rural residents may be unable or unwilling to sell to fund their needs. A new focus on benefits and options counseling may help close this gap. Other worries align with the other cohorts and will be addressed in the state plan.

How often do you Worry about the Following Topc?

Rural Response: "Very Frequently"

Topic	Percentage
Paying my bills	16%
Living in pain	15%
Falling while walking	11%
Being lonely	9%
Problems with memory	9%
Crime in your area	7%
Being prepared for a natural disaster	6%
Bowel or bladder accidents	6%
Friends/fa... becoming drug addicted	4%
Losing my housing	4%
Friends/fa... committing suicide	3%
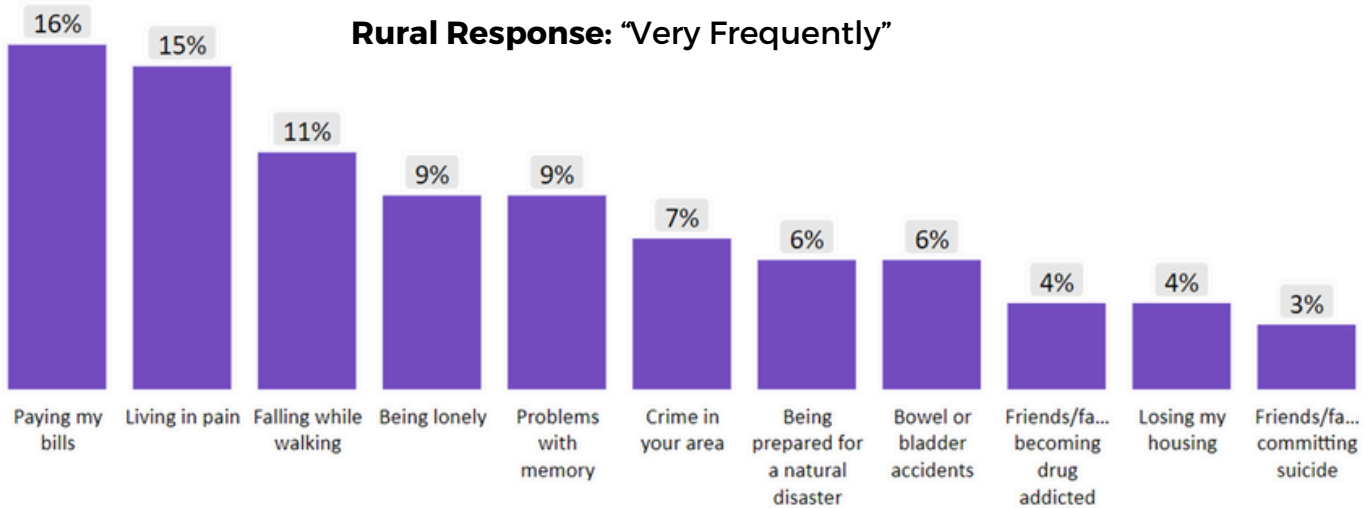
Lastly, the rural cohort is most likely to seek information from their fellow citizens, senior centers, and faith communities.

How Likely are you to use this Method to get Information on Services?

Rural Response: "Very Likely"

Method	Percentage
Individuals	50%
Senior Center	40%
Church	37%
Television	31%
Internet search (Google)	30%
Social media like Facebook	19%
Area Agency on Aging	17%
Newspaper	17%
Radio	17%
Health fair/Com... Event	14%
Library	14%
Commissi... on Aging website	11%
2-1-1 Idaho Careline	8%
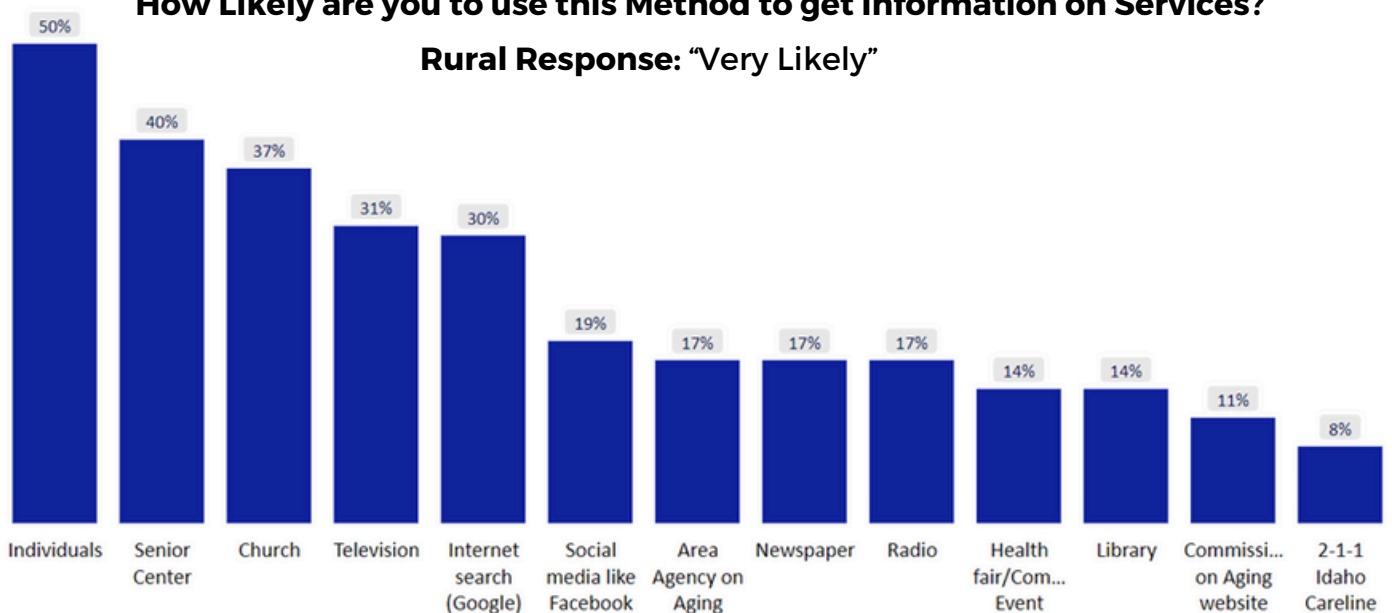
Legal Assistance Developer Needs Assessment

ICOA contracts with <u>Idaho Legal Aid</u> to be Idaho's Legal Assistance Developer (LAD). In that role the LAD also performed an environmental scanning and needs assessment specific to legal needs of older and vulnerable Idahoans.

In SFY 2023 Idaho Legal Aid served 1000 senior and vulnerable adults using ICOA funding within categories allowed by the Association for Community Living. Legal needs were varied as demonstrated by categorize closed cases:

- Consumer/Misc: 323
- Housing: 243
- Defense of Guardianship/Protective Services: 167
- Health Care/Medicaid: 145
- Income: 57
- Abuse/Neglect: 43
- Long-Term Care: 7
- Utilities: 3
- Nutrition: 1
- Age Discrimination: 0

Total Closed Cases in SFY 2023: 989

The stakeholder engagement and scanning identified service gaps which were then prioritized by the ILA team. Identified gaps for closure in Idaho's 2024-2028 plan are:

- Housing and Housing-Related Senior Exploitation
- Advance Planning/POAs
- Consumer Issues
- Medicaid (Eligibility/Miller Trusts)
- Long-Term Care
- Adult Protective Services

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2023
NEEDS ASSESSMENT

IDAHO COMMISSION ON AGING

Table of Contents

Survey Data Collection & Analysis

- Surveys available to submit online, paper/mail, or phone
- Available to complete June 20, 2023 - October 15, 2023
- 14 In Person Events at Idaho Senior Centers with ICOA Staff & Leadership:

  - Fernwood
  - Rathdrum
  - Lewiston
  - Nez Perce
  - Weiser
  - Boise

  - Gooding
  - Twin Falls
  - Bingham County
  - Pocatello
  - St. Anthony
  - Madison County

Data is categorized into 4 population categories and compared within each category:

| All n=1,109 | High Risk n=229 | Urban n=594 | Rural n=470 |
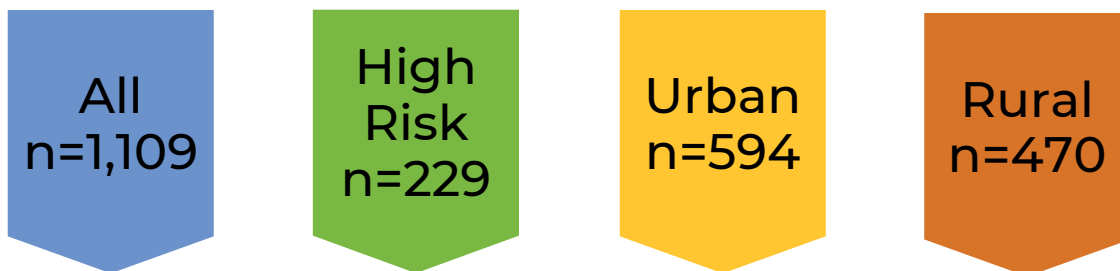
Categories Defined

- All Responses:
  - Defined by the total number of survey submissions
    - Some questions were partially answered or skipped entirely
- High Risk Responses:
  - Defined by those that answered Question 1 and chose the response of fair, poor, or very poor
- Urban & Rural
  - Defined only if respondents provided their zip code

Key Highlights

Statewide respondents identified home and congregate meals, Adult Protective Services, and Information & Assistance services as very important in their communities. This aligns with ICOA's budgeted spending priorities. An unexpected priority to respondents is helping to apply for benefits.

Respondents report wanting more opportunity for exercise, socialization and time in nature. Older Idahoans are worried about living in pain, falling, loneliness, and developing dementia or other memory issues

Respondents identified Senior Centers as a place they are very likely to get information to stay healthy and locate services. This dovetails into our strategic emphasis on supporting our 96 meal site across the state as hubs for healthy aging, and ADRC partners.

High Risk Respondents
- Urban residents twice as likely to report fair/poor/very poor quality of life than Rural
- Majority are caregivers that struggle to care for themselves
- 28% could not utilize technology for either fun and socialization or healthcare or other supports
- Over 1/3 worry about living in pain
- Home maintenance (indoor/outdoor)

Urban dwellers are more isolated and disconnected from their communities. They also report not having the help they need for successfully aging in place, with many unmet needs. Urban dwellers report a high percentage of very frequent daily worries. Falling was the second most frequent worry.

The ability to pay bills was the number one risk for rural dwellers. Often rural dwellers' wealth is tied in their property which may be farms or ranches. Rural resident's may be unable or unwilling to sell to fund their needs. A new focus on benefits and options counseling may help close this gap.

2

Question 1

How would you rate your overall quality of life?

All 1,109 Responses
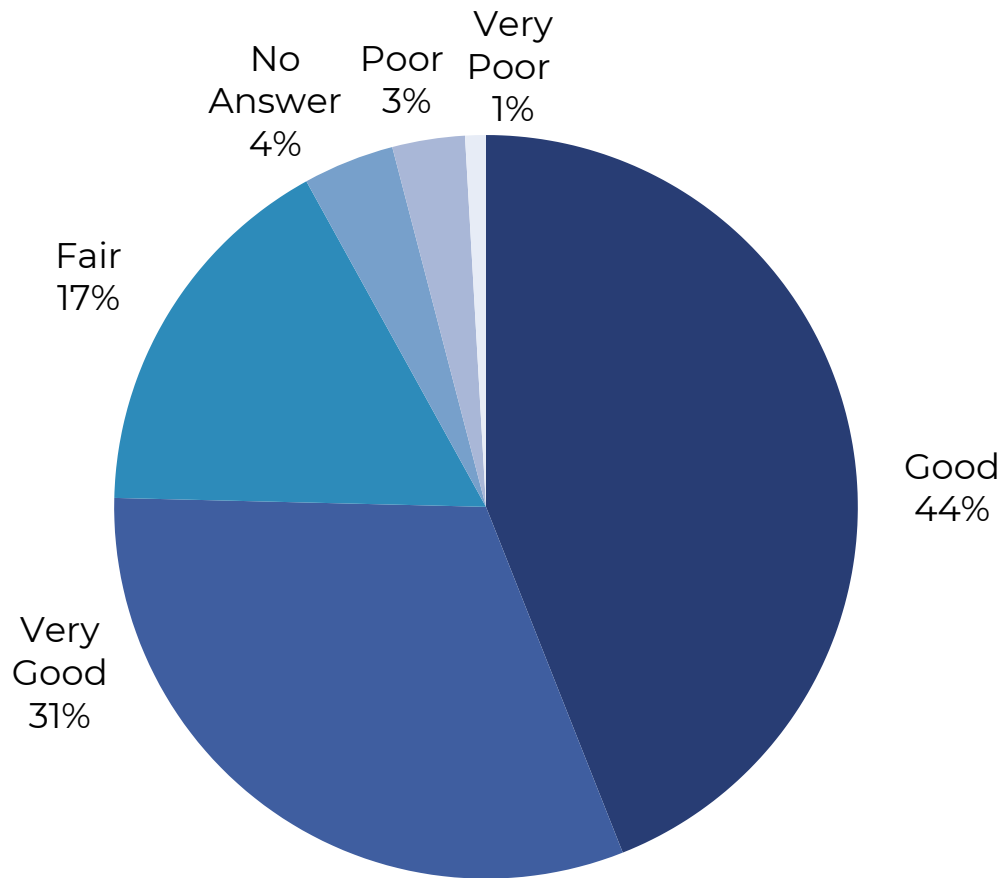
Response Choice	#	%
Very Good	348	31%
Good	488	44%
Fair	184	17%
Poor	35	3%
Very Poor	10	1%
No Answer	44	4%

3

Question 1

How would you rate your overall quality of life?
Responses considered "High Risk"

Response Choice	#	% of All
Fair	184	17%
Poor	35	3%
Very Poor	10	1%
Total	**229**	**21%**

Poor
15.3%
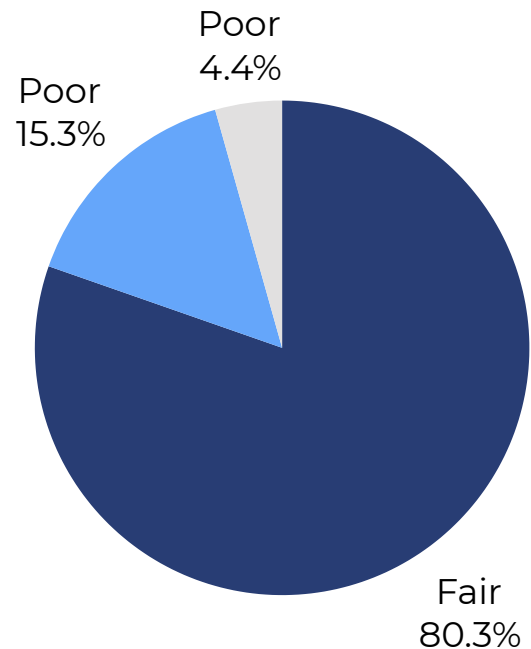
Poor
4.4%

Fair
80.3%

Urban/Rural

Response Choice	Urban #	Urban %	Rural #	Rural %
Good	263	44%	200	36%
Very Good	165	28%	167	43%
Fair	118	20%	64	14%
Poor	27	5%	8	2%
Very Poor	6	1%	4	1%
No Answer	15	3%	27	6%
Total	**594**	**56%**	**470**	**44%**

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Question 2

How often are you able to participate in the following? Please choose one response in each row.

	As often as I want		Not quite as often as I want		Not interested in this	
	Count	Percent	Count	Percent	Count	Percent
Community Events, Social Clubs, Support Groups	627	57%	290	26%	166	15%
Education Programs	398	36%	288	26%	352	32%
Exercise, Fitness, Physical Activities	519	47%	419	38%	124	11%
Family Visits/Activities	641	58%	383	35%	54	5%
Library Visits	451	41%	233	21%	369	33%
Park/Nature Visits	511	46%	400	36%	149	13%
Religion Services	665	60%	202	18%	202	18%
Restaurants	662	60%	337	30%	76	7%
Senior Center: Meals and Activities	730	66%	211	19%	139	13%
Shopping	680	61%	294	27%	102	9%
Sporting Events	373	34%	262	24%	422	38%
Volunteer Work	488	44%	272	25%	296	27%

Question 2

How often are you able to participate in the following?

Response choice analyzed: Not quite as often as I want

	All		High Risk		Urban		Rural	
	#	%	#	%	#	%	#	%
Community Events, Social Clubs, Support Groups	290	26%	112	49%	187	31%	93	20%
Education Programs	288	26%	90	39%	167	28%	111	24%
Exercise, Fitness, Physical Activities	419	38%	139	61%	255	43%	151	32%
Family Visits/Activities	383	35%	146	64%	245	41%	130	28%
Library Visits	233	21%	74	32%	139	23%	86	18%
Park/Nature Visits	400	36%	142	62%	237	40%	149	32%
Religion Services	202	18%	87	38%	126	21%	69	15%
Restaurants	337	30%	135	59%	211	36%	115	24%
Senior Center: Meals and Activities	211	19%	86	38%	138	23%	69	15%
Shopping	294	27%	113	49%	185	31%	103	22%
Sporting Events	262	25%	78	34%	147	25%	106	23%
Volunteer Work	272	25%	88	38%	160	27%	103	22%

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//////// Question 2

How often are you able to participate in the following?

Response choice analyzed: Not quite as often as I want

■ All   ■ High Risk

Horizontal bar chart comparing "All" and "High Risk" responses across categories:

- Community events, social/support groups
- Education programs
- Exercise, fitness, physical activities
- Family visits or activities
- Library visits
- Park or nature visits
- Religion, worship services
- Restaurants, eating out
- Senior center meals and activities
- Shopping
- Sporting events
- Volunteer work

X-axis: 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%

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Question 2

How often are you able to participate in the following?

Response choice analyzed: Not quite as often as I want

■ Urban ■ Rural

Community events, social/support groups
Education programs
Exercise, fitness, physical activities
Family visits or activities
Library visits
Park or nature visits
Religion, worship services
Restaurants, eating out
Senior center meals and activities
Shopping
Sporting events
Volunteer work

0% 10% 20% 30% 40% 50%

Question 3

Are you able to do the following activities by yourself or with help? Please choose one response in each row.

	I am currently able		I am not able, but I have the help I need		I am not able, and I do not have the help I need	
	#	%	#	%	#	%
Afford necessities	847	76%	164	15%	41	4%
Care for another w/out hurting health	615	55%	204	18%	153	14%
Cleaning the house	744	67%	234	21%	70	6%
Cooking meals	883	80%	133	12%	42	4%
Finding info about support services	735	66%	224	20%	90	8%
Home maintenance	514	46%	397	36%	117	11%
Meet my social needs	809	73%	164	15%	72	6%
Protect myself from abuse & fraud	863	78%	140	13%	46	4%
Shopping for necessities	848	76%	169	15%	40	4%
Take care of my chronic health needs	839	76%	147	13%	34	3%
Transportation	834	75%	200	18%	28	3%
Technology for fun	701	63%	148	13%	167	15%
Technology for healthcare	653	59%	204	18%	165	15%
Yard maintenance	508	46%	386	35%	132	12%

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Question 3

Are you able to do the following activities by yourself or with help?

Response choice analyzed: I am not able, and I do not have the help I need

	All		High Risk		Urban		Rural	
	#	%	#	%	#	%	#	%
Afford necessities	41	4%	24	10%	26	4%	14	3%
Care for another w/out hurting my health	153	14%	75	33%	98	16%	49	10%
Cleaning the house	70	6%	35	15%	48	8%	22	5%
Cooking meals	42	4%	25	11%	31	5%	11	2%
Finding info about support services	90	8%	45	20%	56	9%	32	7%
Home maintenance	117	11%	55	24%	77	13%	38	8%
Meet my social needs	72	6%	42	18%	50	8%	21	4%
Protect myself from abuse & fraud	46	4%	28	12%	31	5%	14	3%
Shopping for necessities	40	4%	27	12%	26	4%	13	3%
Take care of my chronic health needs	34	3%	18	8%	28	5%	5	1%
Transportation	28	3%	16	7%	19	3%	8	2%
Technology for fun	167	15%	64	28%	90	15%	72	15%
Technology for healthcare	165	15%	63	28%	91	15%	69	15%
Yard maintenance	132	12%	55	26%	78	61%	49	39%

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Question 3

Are you able to do the following activities by yourself or with help?

Response choice analyzed: I am not able, and I do not have the help I need

Legend: All (light blue), High Risk (dark blue)

Categories (top to bottom):
- Afford necessities
- Care for another w/out hurting my health
- Cleaning the house
- Cooking meals
- Finding info about support services
- Home maintenance
- Meet my social needs
- Protect myself from abuse and fraud
- Shopping for necessities
- Take care of my chronic health needs
- Transportation to medical appts
- Technology use for fun/socialization
- Technology use for healthcare/support
- Yard maintenance

X-axis: 0% 5% 10% 15% 20% 25% 30% 35%

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Are you able to do the following activities by yourself or with help?

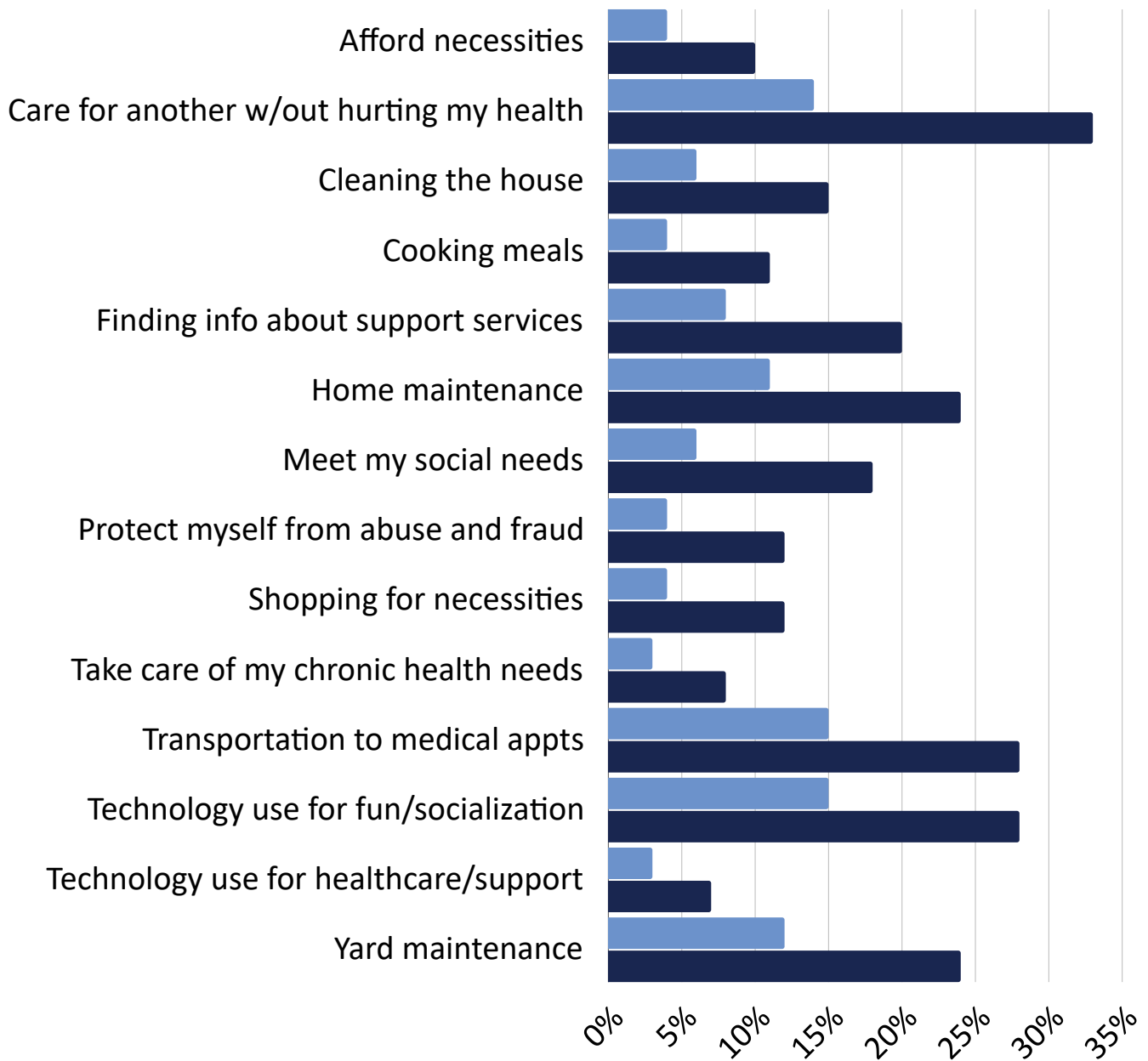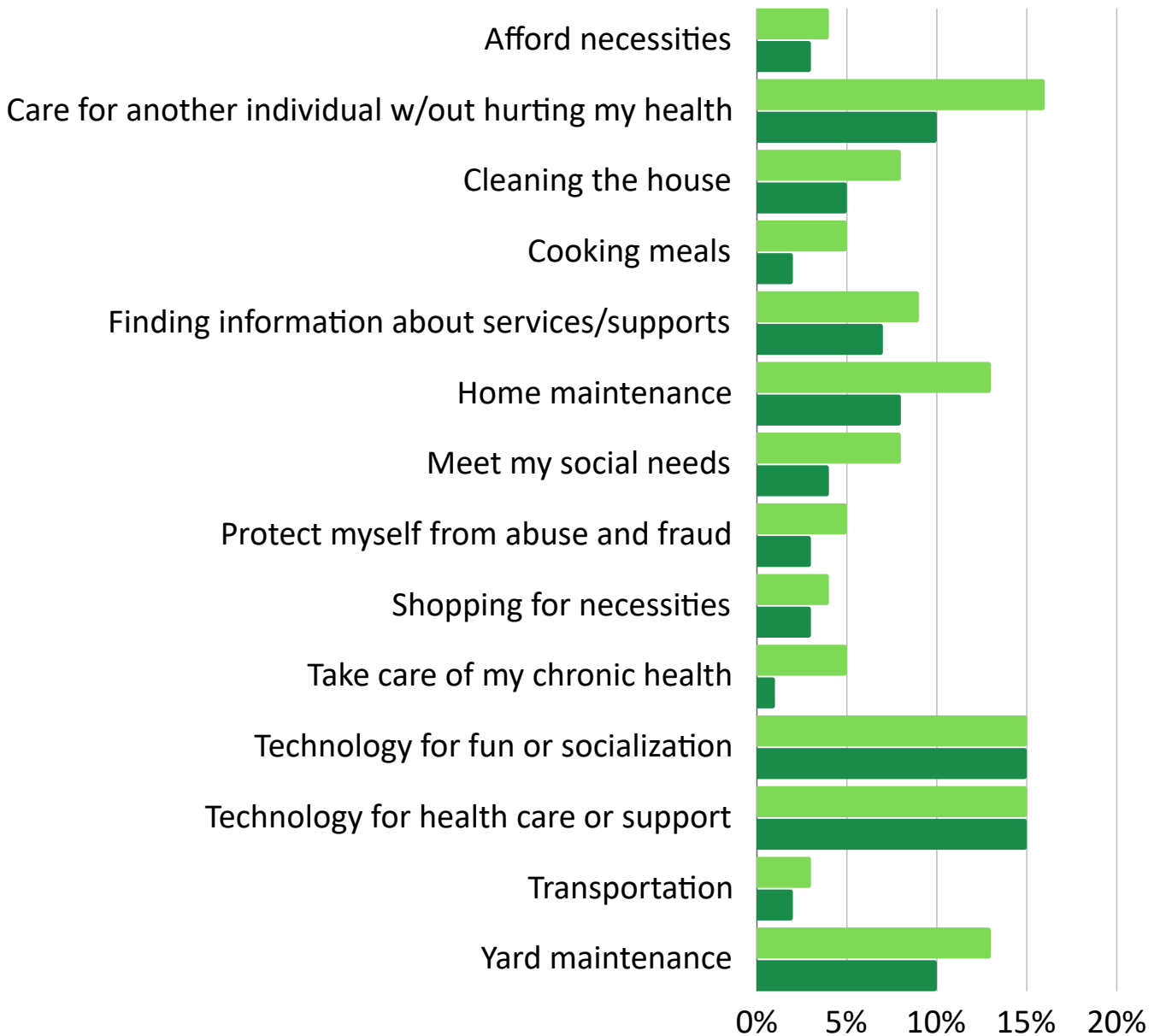### *Response choice analyzed: I am not able, and I do not have the help I need*

Legend: Urban (light green), Rural (dark green)

Bar chart showing percentages by activity for Urban and Rural groups, x-axis from 0% to 20%:

Activity	Urban	Rural
Afford necessities	~4%	~3%
Care for another individual w/out hurting my health	~16%	~10%
Cleaning the house	~8%	~5%
Cooking meals	~5%	~2%
Finding information about services/supports	~9%	~7%
Home maintenance	~13%	~8%
Meet my social needs	~8%	~4%
Protect myself from abuse and fraud	~5%	~3%
Shopping for necessities	~4%	~3%
Take care of my chronic health	~5%	~1%
Technology for fun or socialization	~15%	~15%
Technology for health care or support	~15%	~15%
Transportation	~3%	~2%
Yard maintenance	~13%	~10%

Question 4

How often do you worry about the following topics? Please choose one response in each row.

	Very Frequently		Frequently		Not Often		Never	
	#	%	#	%	#	%	#	%
Being Lonely	106	10%	182	16%	447	40%	309	28%
Being prepared for a natural disaster	74	7%	241	22%	489	44%	232	21%
Bowel or bladder accidents	86	8%	197	18%	415	37%	355	32%
Crime in your area	75	7%	168	15%	605	55%	205	18%
Falling while walking	143	13%	277	25%	404	36%	225	20%
Friends/Family becoming drug addicted	51	5%	87	8%	404	36%	512	46%
Friends/Family committing suicide	32	3%	72	6%	403	36%	535	48%
Living in pain	192	17%	283	26%	398	36%	179	16%
Losing my housing	41	4%	95	9%	280	25%	621	56%
Paying my bills	156	14%	161	15%	345	31%	383	35%
Problems with memory	97	9%	237	21%	519	47%	204	18%

Question 4

How often do you worry about the following topics?

Response choice analyzed: Very Frequently

	All		High Risk		Urban		Rural	
	#	%	#	%	#	%	#	%
Being Lonely	106	10%	43	19%	62	10%	43	9%
Being prepared for a natural disaster	74	7%	11	5%	40	7%	30	6%
Bowel or bladder accidents	86	8%	34	15%	57	10%	26	6%
Crime in your area	75	7%	17	7%	39	7%	33	7%
Falling while walking	143	13%	45	20%	89	15%	52	11%
Friends/Family becoming drug addicted	51	5%	22	10%	30	5%	18	4%
Friends/Family committing suicide	32	3%	11	5%	19	3%	13	3%
Living in pain	192	17%	75	33%	119	20%	70	15%
Losing my housing	41	4%	17	7%	24	4%	17	4%
Paying my bills	156	14%	43	19%	76	13%	73	16%
Problems with memory	97	9%	43	19%	54	9%	40	9%

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How often do you worry about the following topics?

Response choice analyzed: Very Frequently

Legend: ■ All ■ High Risk

Categories (top to bottom):
- Being lonely
- Being prepared for a natural disaster
- Bowel or bladder accidents
- Crime in your area
- Falling while walking
- Friends or family becoming drug addicted
- Friends or family committing suicide
- Living in pain
- Losing my housing
- Paying my bills
- Problems with memory

X-axis: 0%, 5%, 10%, 15%, 20%, 25%, 30%, 35%

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Question 4

How often do you worry about the following topics?

Response choice analyzed: Very Frequently

Urban   Rural

- Being lonely
- Being prepared for a natural disaster
- Bowel or bladder accidents
- Crime in your area
- Falling while walking
- Friends or family becoming drug addicted
- Friends or family committing suicide
- Living in pain
- Losing my housing
- Paying my bills
- Problems with memory

0%   5%   10%   15%   20%
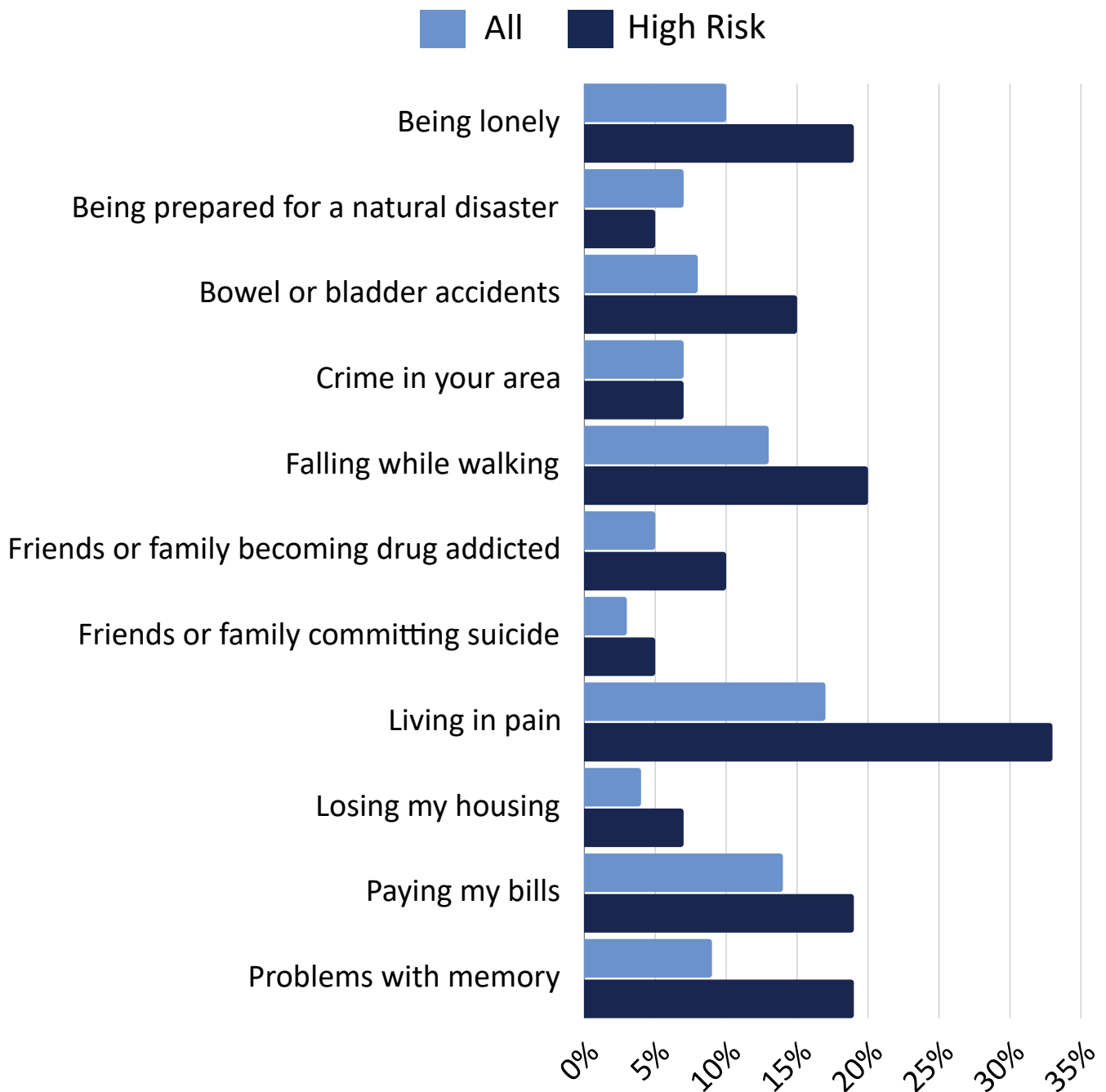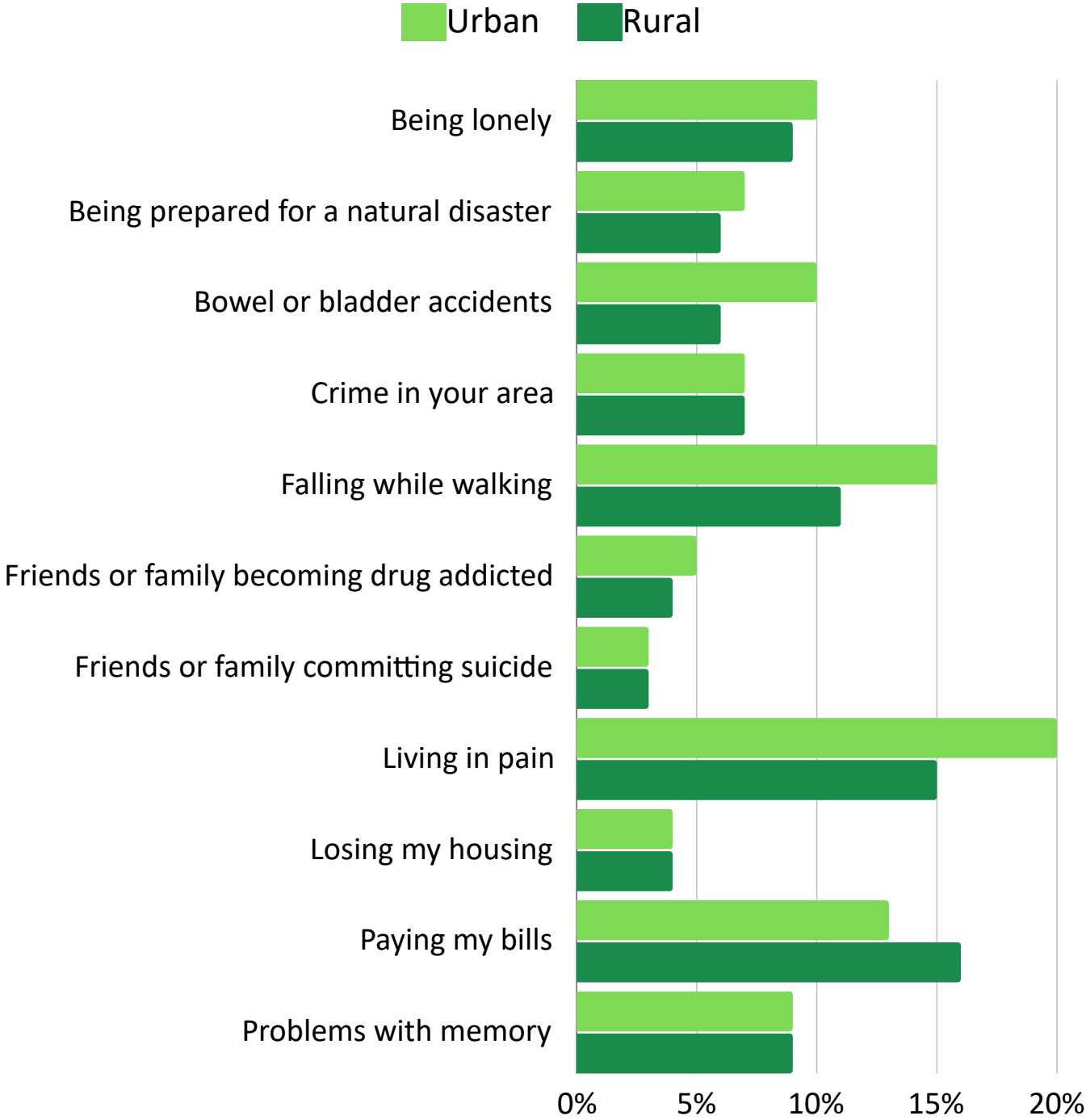
Question 5

How likely are you to use this method to get information on services to stay healthy and get the help you need? Please choose one response in each row.
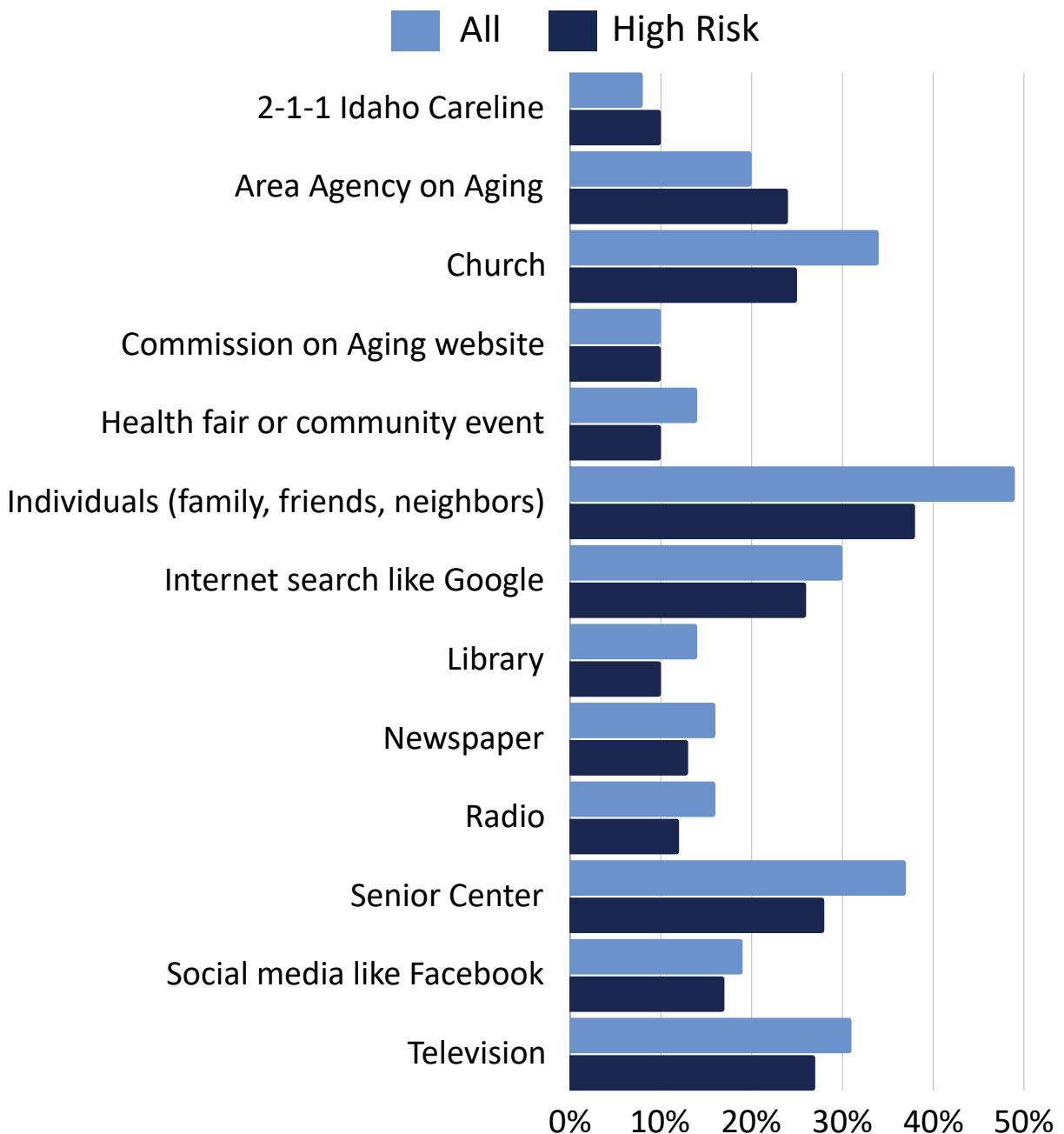
	Very Likely		Likely		Not Likely	
	#	%	#	%	#	%
2-1-1 Idaho Careline	89	8%	228	21%	623	56%
Area Agency on Aging	217	20%	378	34%	387	35%
Church	378	34%	258	23%	355	32%
Commission on Aging website	114	10%	269	24%	602	54%
Health fair or community event	151	14%	360	32%	472	43%
Individuals (family, friends, neighbors)	540	49%	371	33%	94	8%
Internet search like Google	332	30%	321	29%	339	31%
Library	151	14%	277	25%	534	48%
Newspaper	181	16%	252	23%	550	50%
Radio	178	16%	266	24%	533	48%
Senior Center	409	37%	340	31%	245	22%
Social media like Facebook	206	19%	262	24%	510	46%
Television	343	31%	336	30%	321	29%

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Question 5

How likely are you to use this method to get information on services to stay healthy and get the help you need?

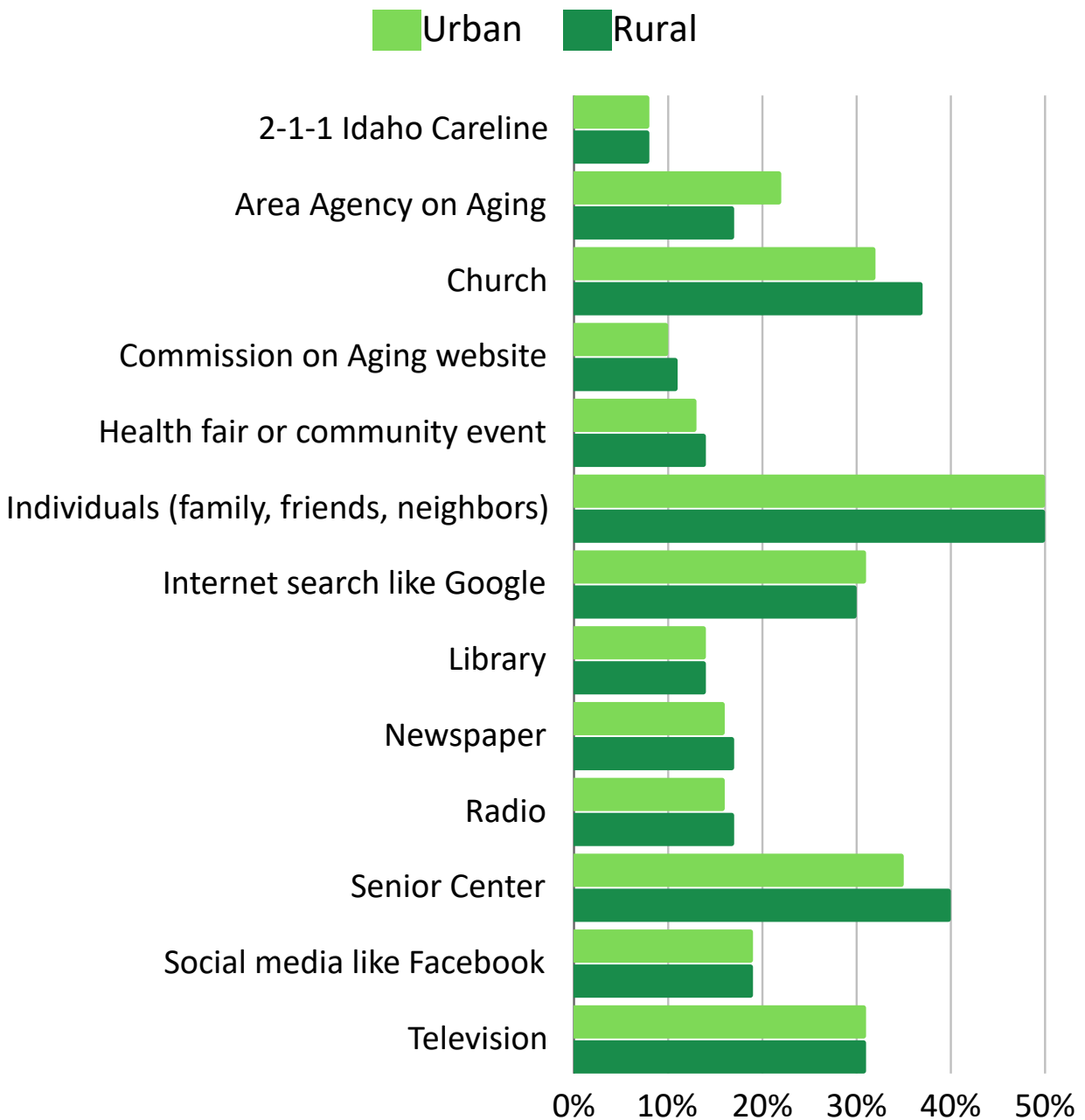*Response choice analyzed: Very Likely*

	All		High Risk		Urban		Rural	
	#	%	#	%	#	%	#	%
2-1-1 Idaho Careline	89	8%	23	10%	50	8%	37	8%
Area Agency on Aging	217	20%	54	24%	133	22%	81	17%
Church	378	34%	58	25%	190	32%	176	37%
Commission on Aging website	114	10%	23	10%	61	10%	52	11%
Health fair or community event	151	14%	23	10%	77	13%	67	14%
Individuals (family, friends, neighbors)	540	49%	87	38%	296	50%	236	50%
Internet search like Google	332	30%	59	26%	187	31%	142	30%
Library	151	14%	24	10%	81	14%	66	14%
Newspaper	181	16%	29	13%	95	16%	80	17%
Radio	178	16%	27	12%	96	16%	78	17%
Senior Center	409	37%	65	28%	209	35%	186	40%
Social media like Facebook	206	19%	39	17%	115	19%	87	19%
Television	343	31%	62	27%	185	31%	147	31%

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How likely are you to use this method to get information on services to stay healthy and get the help you need?

Response choice analyzed: Very Likely

All **High Risk**

| | 0% | 10% | 20% | 30% | 40% | 50% |

2-1-1 Idaho Careline
Area Agency on Aging
Church
Commission on Aging website
Health fair or community event
Individuals (family, friends, neighbors)
Internet search like Google
Library
Newspaper
Radio
Senior Center
Social media like Facebook
Television

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Question 5

How likely are you to use this method to get information on services to stay healthy and get the help you need?
Please choose one response in each row.

Response choice analyzed: Very Likely

Legend: Urban, Rural

Categories (top to bottom):
- 2-1-1 Idaho Careline
- Area Agency on Aging
- Church
- Commission on Aging website
- Health fair or community event
- Individuals (family, friends, neighbors)
- Internet search like Google
- Library
- Newspaper
- Radio
- Senior Center
- Social media like Facebook
- Television

X-axis: 0%, 10%, 20%, 30%, 40%, 50%

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Question 6

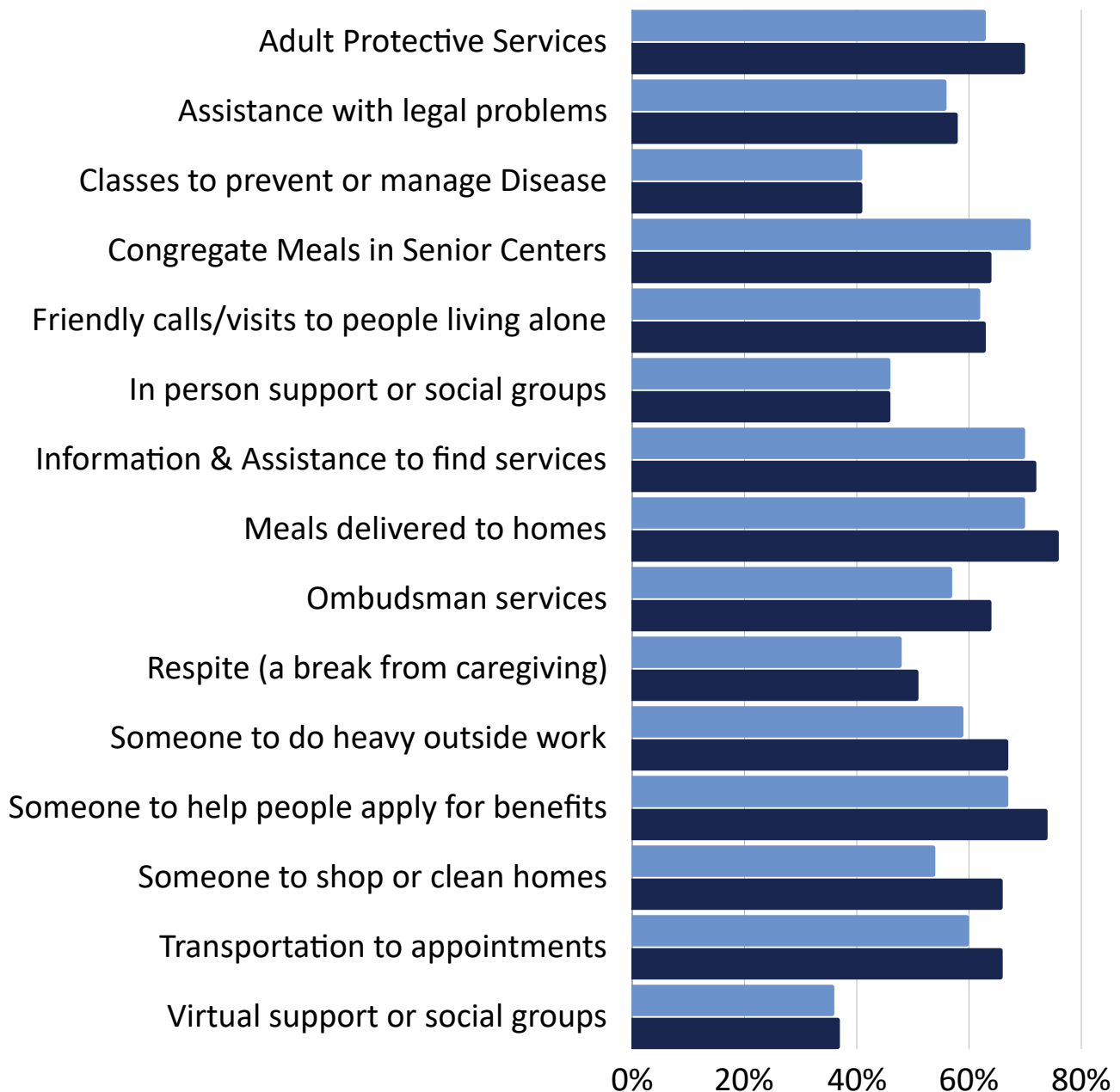Please choose how important you believe this service is to older Idahoans in your community. Please choose one response in each row.

|	Very Important		Somewhat Important		Not Important	
	#	%	#	%	#	%
Adult Protective Services	695	63%	211	19%	86	8%
Assistance with legal problems	617	56%	302	27%	74	7%
Classes to prevent or manage disease	451	41%	406	37%	132	12%
Congregate meals in senior centers	788	71%	172	16%	48	4%
Friendly calls/visits to people living alone or lonely	686	62%	262	24%	52	5%
In person support groups	510	46%	362	33%	109	10%
Information & Assistance	776	70%	181	16%	38	3%
Meals delivered to homes	771	70%	151	14%	78	7%
Ombudsman services	636	57%	239	22%	110	10%
Respite	533	48%	266	24%	176	16%
Someone to do heavy outside work	657	59%	257	23%	89	8%
Someone to help people apply for benefits	744	67%	193	17%	59	5%
Someone to shop or clean homes	597	54%	298	27%	107	10%
Transportation to appts	663	60%	217	20%	122	11%
Virtual support groups	401	36%	385	35%	189	17%

Question 6

Please choose how important you believe this service is to older Idahoans in your community.

Response choice analyzed: Very Important

	All		High Risk		Urban		Rural	
	#	%	#	%	#	%	#	%
Adult Protective Services	695	63%	160	70%	412	69%	271	58%
Assistance w/ legal problems	617	56%	133	58%	352	59%	258	55%
Classes to prevent or manage disease	451	41%	93	41%	250	42%	194	41%
Congregate meals in senior centers	788	71%	146	64%	428	72%	348	74%
Friendly calls/visits to people living alone	686	62%	144	63%	382	64%	293	62%
In person support groups	510	46%	105	46%	284	48%	216	46%
Information & Assistance	776	70%	165	72%	441	74%	323	69%
Meals delivered to homes	771	70%	173	76%	419	71%	342	73%
Ombudsman services	636	57%	146	64%	375	63%	252	54%
Respite	533	48%	117	51%	310	52%	214	46%
Someone to do heavy outside work	657	59%	154	67%	370	62%	277	59%
Someone to help people apply for benefits	744	67%	169	74%	432	73%	302	64%
Someone to shop or clean homes	597	54%	151	66%	347	58%	242	51%
Transportation to appts	663	60%	150	66%	374	63%	278	59%
Virtual support groups	401	36%	84	37%	219	37%	172	37%

Question 6

Please choose how important you believe this service is to older Idahoans in your community.

Response choice analyzed: Very Important

Legend: ■ All ■ High Risk

A horizontal bar chart comparing "All" and "High Risk" responses (Very Important) for each service:

- Adult Protective Services
- Assistance with legal problems
- Classes to prevent or manage Disease
- Congregate Meals in Senior Centers
- Friendly calls/visits to people living alone
- In person support or social groups
- Information & Assistance to find services
- Meals delivered to homes
- Ombudsman services
- Respite (a break from caregiving)
- Someone to do heavy outside work
- Someone to help people apply for benefits
- Someone to shop or clean homes
- Transportation to appointments
- Virtual support or social groups

X-axis: 0%, 20%, 40%, 60%, 80%

23

Please choose how important you believe this service is to older Idahoans in your community.

Response choice analyzed: Very Important

Urban   Rural
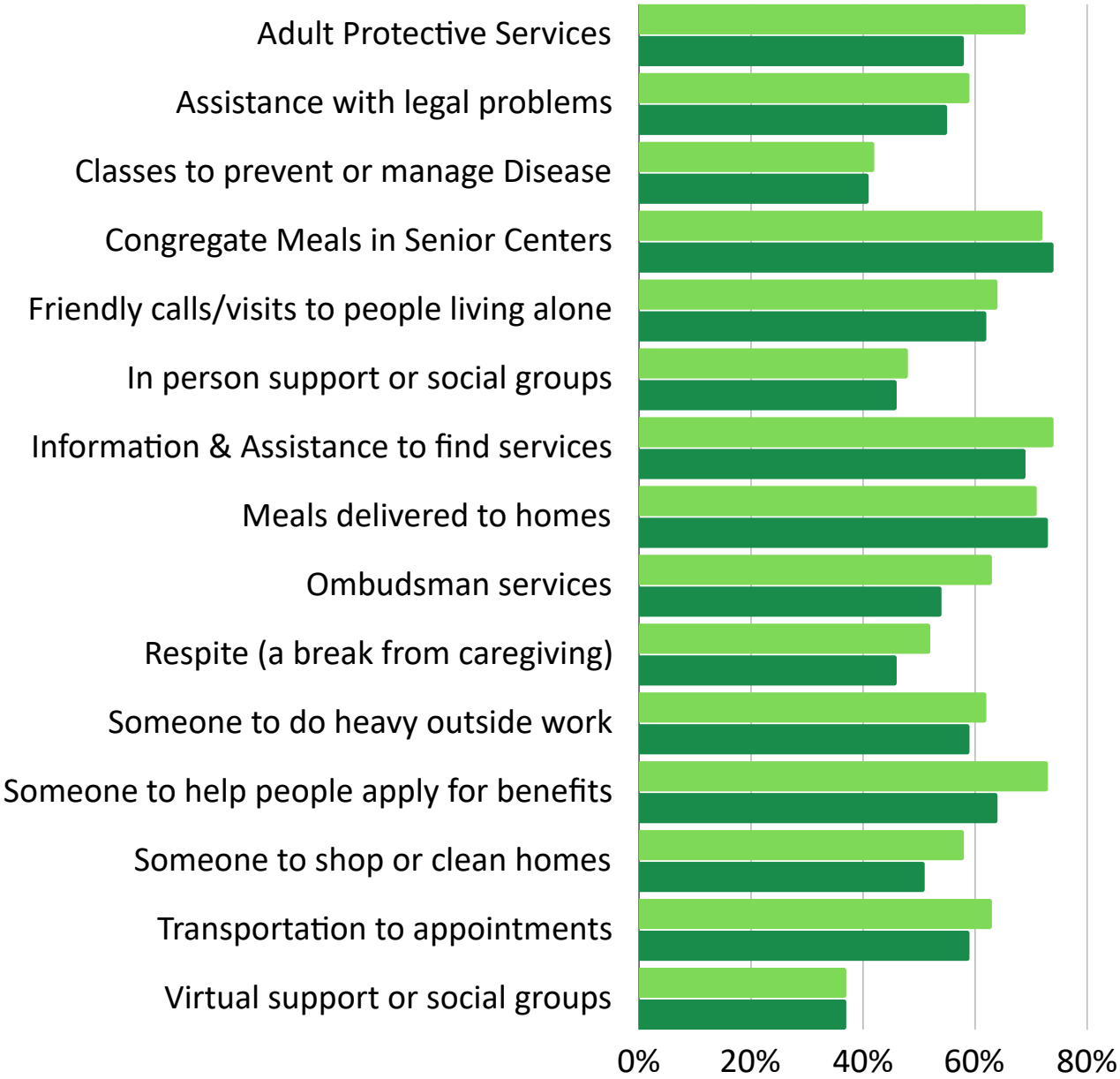
Age
Data Based on All 1,109 Responses
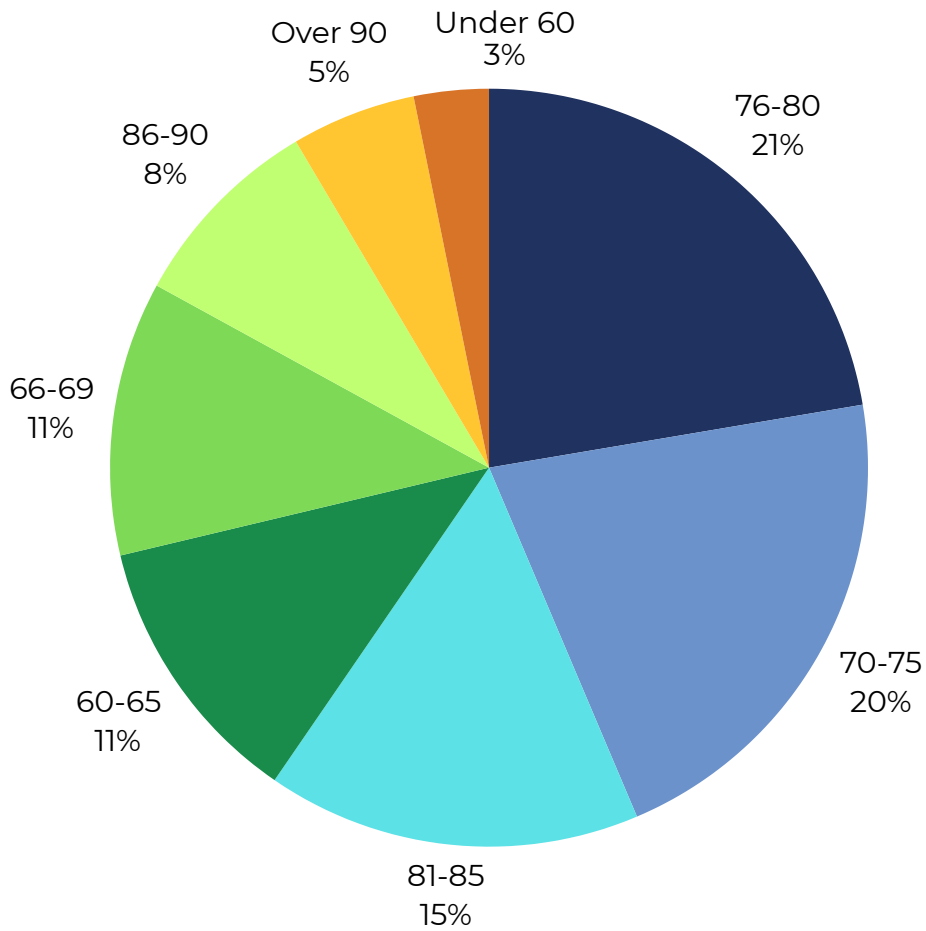
Age Category	#		Age Category	#
Under 60	32		76-80	232
60-65	123		81-85	168
66-69	117		86-90	84
70-75	219		Over 90	55

25

Demographics

Gender

Male
32%

Female
59%

Veteran Status

Yes
17%

No
73%
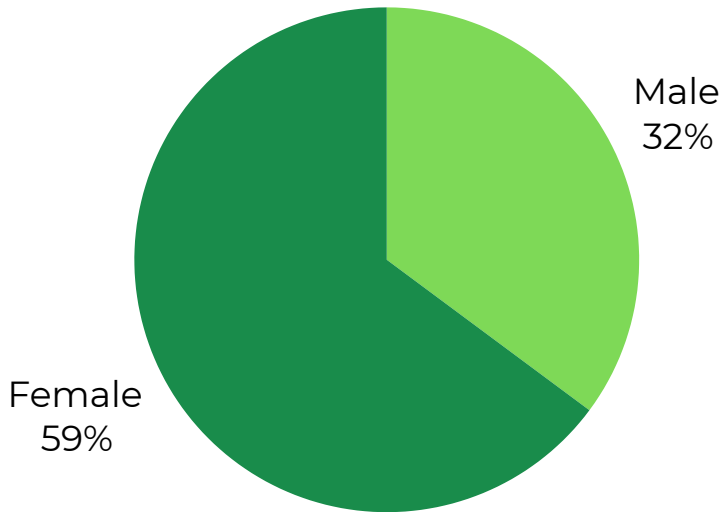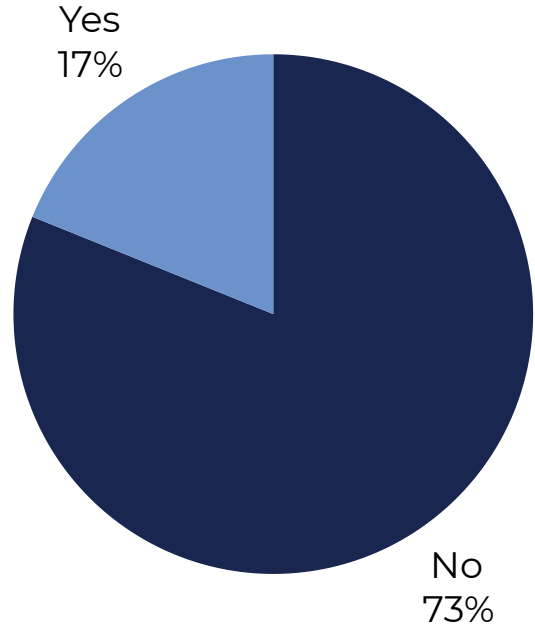
Data Based on All 1,109 Responses

Gender	#
Female	653
Male	358

Veteran	#
No	808
Yes	193

High Risk

Data Based on 229 Responses

Gender	#	%
Female	134	59%
Male	78	34%

Veteran	#	%
No	178	78%
Yes	34	15%

Demographics

Racial Background
Data Based on All 1,109 Responses

White/Caucasian
885

48	American Indian or Alaska Native
46	Hispanic or Latino
8	Asian
5	Native Hawaiian or Other Pacific Islander
3	Black or African American
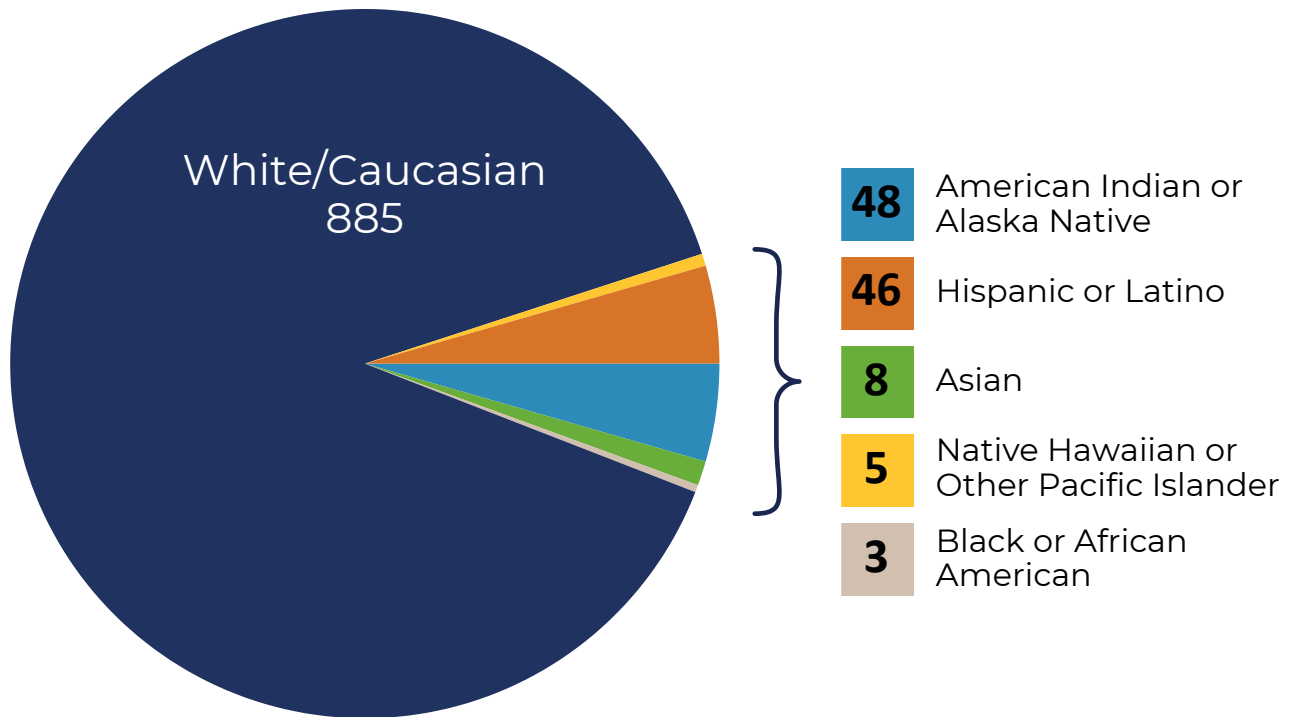
High Risk
Data Based on 229 Responses

Race	#	%
White/Caucasian	188	82%
American Indian or Alaska Native	16	7%
Hispanic or Latino	12	5%
Asian	1	0.4%
Black or African American	0	0%
Native Hawaiian or other Pacific Islander	0	0%

27

Location of Survey Respondents
Data Based on All 1,109 Responses

AAA VI 6%

AAA II 3%

AAA I 6%

AAA IV 44%
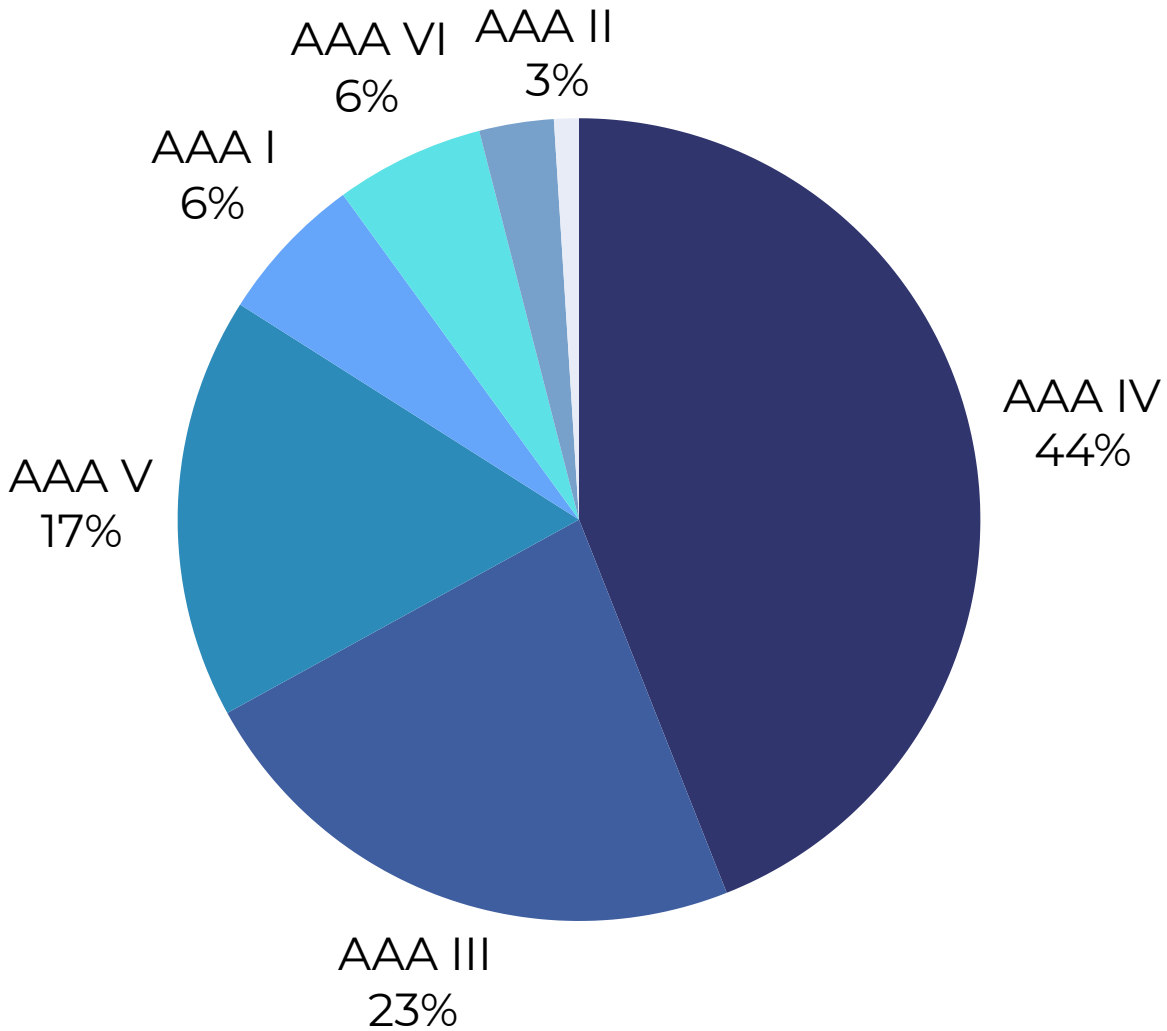
AAA V 17%

AAA III 23%

AAA	#
AAA I	65
AAA II	34
AAA III	243
AAA IV	473

AAA	#
AAA V	185
AAA VI	64
Not Valid	12
Total	**1064**

Location

Location of Survey Respondents
Data Based on All 1,109 Responses

Rural
44%

470

594

Urban
56%

High Risk
Data Based on 229 Responses

Urban
66%

151

76

Rural
34%

29
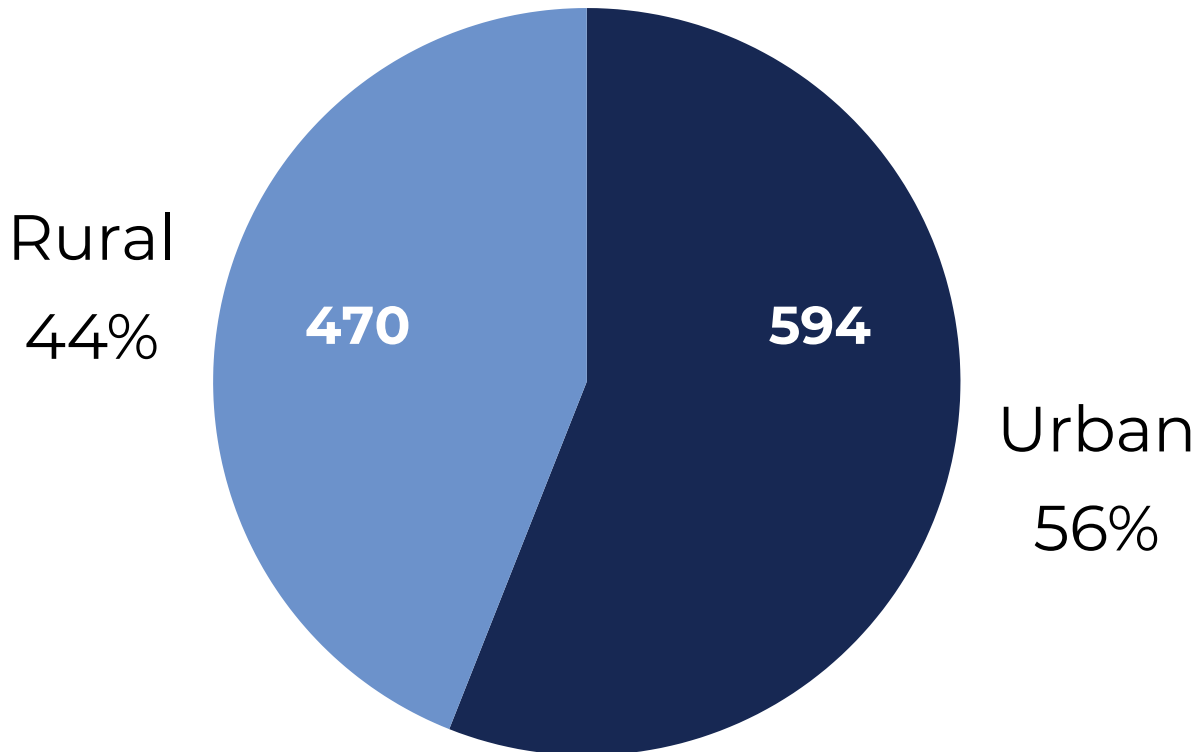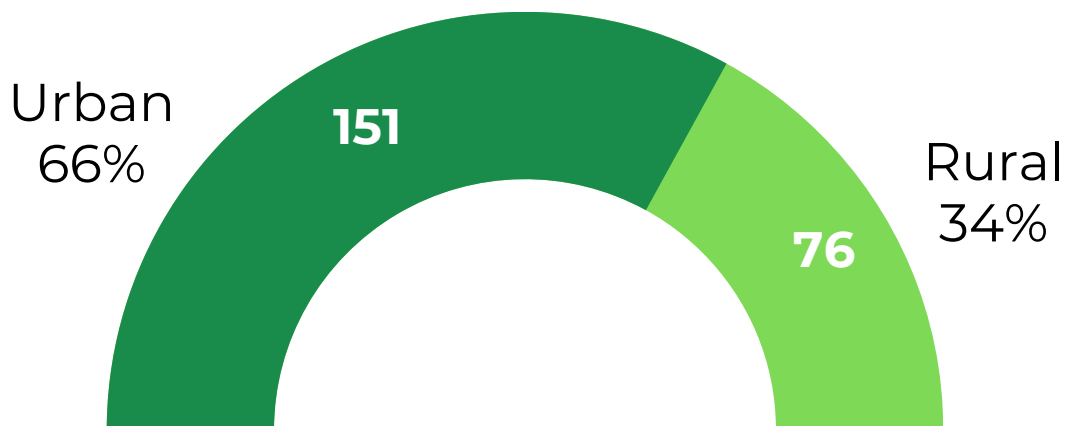
Location of Survey Respondents
37 of 44 Idaho Counties Represented

Counties			
Twin Falls	223	Madison	12
Ada	94	Nez Perce	10
Canyon	89	Camas	6
Bannock	87	Boise	5
Gooding	85	Latah	5
Cassia	67	Idaho	4
Jerome	58	Caribou	2
Bingham	54	Custer	2
Kootenai	34	Franklin	2
Benewah	30	Jefferson	2
Payette	26	Lemhi	2
Washington	26	Owyhee	2
Fremont	23	Teton	2
Power	21	Butte	1
Bonneville	20	Clearwater	1
Minidoka	20	Gem	1
Bear Lake	19	Lincoln	1
Lewis	14	Shoshone	1
Blaine	13		

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Location

Location of Survey Respondents
Zipcodes

Zip Code	#	Zip Code	#	Zip Code	#	Zip Code	#	Zip Code	#	Zip Code	#
83301	128	83858	17	83440	9	83716	3	83353	1	83645	1
83318	51	83274	15	83333	8	83616	3	83320	1	83816	1
83341	44	83854	15	83687	8	83404	3	83629	1	83714	1
83201	38	83328	15	83866	7	83401	3	83213	1	83703	1
83221	36	83346	14	83325	7	83607	3	83323	1	83701	1
83332	32	83543	14	83327	6	83448	3	83311	1	83245	1
83338	31	83334	14	83336	6	83236	2	83553	1	83205	1
83686	30	83661	13	83705	6	83631	2	83420	1	83644	1
83330	28	83204	13	83641	6	83622	2	83617	1		
83355	24	83350	12	83861	5	83276	2	83314	1		
83202	24	83709	11	83814	5	83226	2	83549	1		
83672	23	83706	11	83713	5	83263	2	83539	1		
83316	22	83651	11	83406	5	83522	2	83442	1		
83211	21	83655	10	83843	5	83347	2	83431	1		
83335	20	83702	10	83712	4	83610	2	83467	1		
83445	19	83203	10	83642	4	83628	2	83253	1		
83830	18	83501	10	83676	4	83669	2	83352	1		
83704	17	83646	9	83340	3	83261	2	83839	1		
83254	17	83402	9	83438	3	83835	2	83455	1		
83605	17	83660	9	83619	3	83218	1	83422	1		

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SUPPORTING WELL-BEING FOR AGING IDAHOANS

KEEP LEARNING
Successful people never quit learning.

STAY HEALTHY
Maximize your ablity to enjoy life.

STAY CONNECTED
Plans and decisions for successful aging.

STAY HOME
Fortify your ability to remain independent at home.

STAY SAFE
Enhance your security now and later.

www.aging.idaho.gov

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Attachment G:
ICOA Program Table & ADRC Partnerships

ICOA serves as the lead state agency in providing community-based programs and services to Idaho's aging population. As the State Unit on Aging (SUA), ICOA administers OAA programs, discretionary and competitive grants, and services funded from ACL federal dollars and state general funds. This document describes the OAA core, state, and discretionary programs organized by our strategic pillars and goals. The strategic pillars are color coded based on the level of prevention that the program provides.

Blue Medallion represents ICOA as the state unit/planning agency

Green Pillar programs providing universal access and primary prevention

Yellow Pillar programs are targeted to high-risk Idahoans and are designed to keep people in their homes despite loss of function or frailty

Red Pillar programs represent a crisis level of services and are designed around tertiary prevention or stabilization
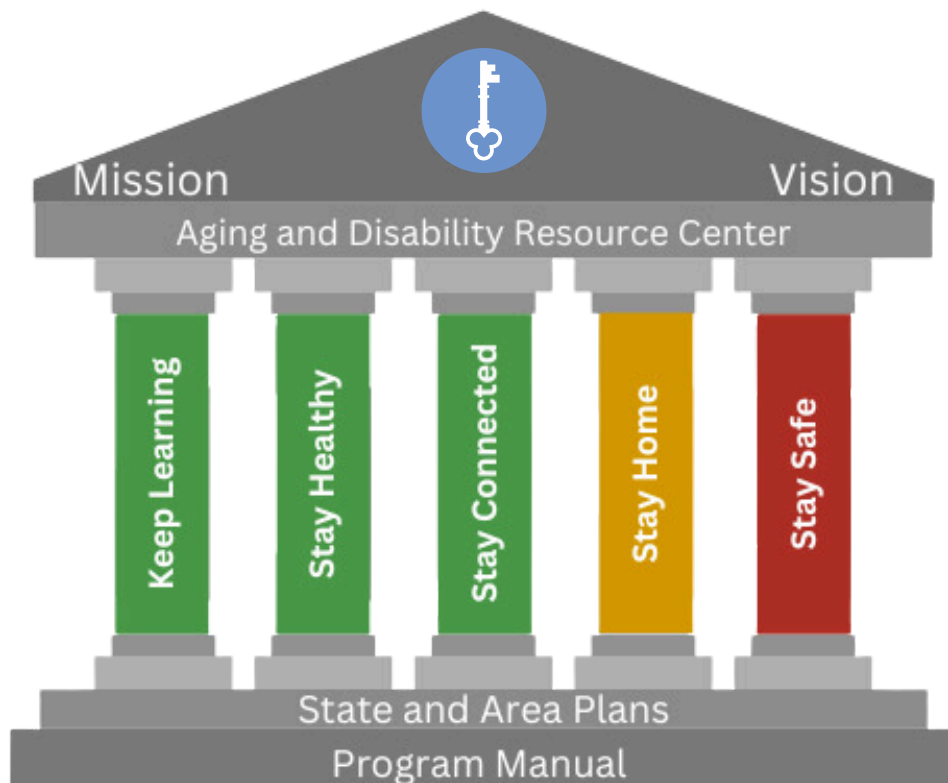
All programs sit on a foundation of explicit standards and expectations as outlined in the program manual.

Strategic Pillar: Administrative Excellence

Strategic Goal:
Promote excellence and innovation throughout the aging network to meet the diverse needs of older Idahoans and our caregivers.

Program: *State Outreach and Planning*

Description: Ongoing efforts to engage and educate Idaho citizens

Delivery Method: Outreach events, daily social media, monthly national campaigns, participation in community events, vendor tables at applicable conferences around the state.

Key Partnerships:
- AARP Idaho
- USDA extensions
- Scan Jam Alliance
- Department of Finance
- AAAs
- Department of Insurance
- Idaho Universities
- Office of Drug Policy
- Alzheimer's Association of Idaho
- Idaho Care Giver Alliance
- Department of Health &Welfare

Comments: ICOA conducts a statewide roadshow during the planning year for each new state plan, with two in person outreach/listening events held in each PSA. ICOA and the AAAs lead a statewide Older American's Month campaign every May.

Program: *State Plan Administration*

Description: Planning, evaluation, and oversight of statewide activities designed to promote healthy aging and prevent vulnerable adult maltreatment and early institutionalization.

Delivery Method: Oversite and evaluation of state and local plans by staff and leadership of ICOA and reported to the 7-member commissioner board.

Key Partnerships:

- AAAs
- Advancing States
- Division of Public Health
- AARP Idaho
- Alzheimer's Association of Idaho

Comments: Under the direction and input of the Governor appointed 7-member board of Commissioners, ICOA implements the 4-year state plan that has been designed to close gaps identified by stakeholders input and needs assessment.

Program: *Quality Assurance*

Description: Quality improvement functions are performed as part of HCBS administration. Monitoring is ongoing, and improvements are made through analyzing reports and feedback from stakeholders

Delivery Method: Staff and ICOA leadership

Key Partnerships: RTZ IT support and AAAs

Comments: Performance based contracts with the AAAs obligate them to meet all standards in the Program manual and applicable state and federal law.

Strategic Pillar: Keep Learning

Strategic Goal:
Idahoans are empowered with the confidence and tools to thrive through the journey of aging.

Program: *Dementia Skills and Capability*

Description: Drive dementia capability through implementation of the Idaho's Alzheimer's and Related Dementias State Plan; Brain Health Education, and collaboration with other state agencies and partners to create a robust dementia-capable service delivery network.

Delivery Method: Free Dementia Skills education Hosted on ICOA website

Key Partnerships:
- Dementia Society of America
- Jannus/Legacy Corps
- BEAM Memory Clinic
- Idaho Universities
- AAAs
- Idaho Crisis & Suicide Prevention Hotline
- IDHW ADRD
- Alzheimer's Association of Idaho
- SAGE CARE
- Title VI Program Directors

Comments: ICOA is an active and foundational member of the Dementia state planning and implementation group, housed at the Department of Health and Welfare, public health bureau. Each January ICOA leads the state in a campaign to demystify ADRD and promote early diagnosis.

Program: *Planning Methodology for the Aging Network*

Description: Ongoing education, tools, and standards of the official Idaho six phase planning methodology

Delivery Method: Hosted on ICOA website
Key Partnerships: AAAs, ICOA Commissioners, IDHW
Comments: This course is mandatory for all ICOA and AAA staff involved in planning activities.

Program: *Caregiver Skills and Resiliency*

Description: Online learning modules to promote caregiver skill and resiliency and prevent or decrease burnout.

Delivery Method: Free online modules hosted on ICOA website.

Key Partnerships:
- AARP Idaho
- Boise State University
- Idaho Caregiver Alliance
- Idaho Family Caregiver Navigator program

Comments: We are pursuing discretionary grant funds to facilitate and develop live in-person, hands on caregiver skills training.

Strategic Pillar: Stay Healthy

Strategic Goal:
Idahoans are inspired to choose lifestyles that promote health and well-being.

Program: *OAA Title III-C Congregate Meals*

Description: The Congregate Nutrition Program serves individuals aged 60 and older, and in some cases, their caregivers, spouses, and/or persons with disabilities. Nutritious meals are provided to an eligible participant at a nutrition site, senior center, or other group setting. Congregate meal programs provide opportunities for social engagement, information on healthy aging, and meaningful volunteer roles, all of which contribute to an older individual's overall health and well-being.

Delivery Method: Direct Planning and Oversight from ICOA with service implementation in each AAA through contracted providers.

Key Partnerships:
- Nutrition & Aging Resource Center
- Idaho Senior Centers
- Metro Meals on Wheels
- AAAs
- ACL
- Housing Complex
- Advancing States
- National Association of Nutrition & Aging Services (NANASP)
- National Council on Aging (NCOA)

Comments: The State of Idaho allows flexibility for carry out, shelf stable and grab and go meals only under an emergency situation such as pandemic, fire, snow, or extended loss of needed infrastructure. Funds expended must not exceed 25% of total percent of C -1 funding at the State or AAA level. ICOA conducts an annual campaign in March to prevent malnutrition and celebrate the accomplishment of the senior nutrition program.

Program: *OAA Title III-D Disease Prevention/Health Promotion*

Description: The program provides health promotion educational opportunities to assist consumers, families, and caregivers in the prevention of chronic conditions and/or the reduction in symptoms and complications of chronic conditions. It also addresses the risk of falls and works to promote awareness and education related to falls prevention at home and in the workplace.
Activities include routine health screening, nutritional counseling and education services, health promotion programs, physical fitness, group exercise, music, art, dance-therapy programs, home injury control services, fall prevention awareness and balance training, mental health screenings, preventive health services, medication management screening and education, diagnosis, prevention, treatment, and rehabilitation information.

Delivery Method: Planning, oversight, and evaluation from ICOA with direct or contracted service implementation in each AAA including: group, and one-to-one opportunities in communities or in a person's home. In-person, virtual and via telephone.

Key Partnerships:
- AARP Idaho
- AAAs
- Idaho Libraries
- Emergency Response Providers
- Senior Centers
- IDHW
- Idaho Healthcare Providers
- SILC

Strategic Pillar: Stay Healthy

Strategic Goal:
Idahoans are inspired to choose lifestyles that promote health and well-being.

Program: *Falls Prevention Coalition of Idaho*

Description: The Falls Prevention Coalition of Idaho (FPC-ID) brings awareness of the incidence and impact of falls to individuals, caregivers, communities and the state. The coalition provides educational opportunities to at-risk Idahoans and the professionals that serve them. The coalition promotes falls risk assessment and referral to appropriate interventions, including home safety audits and remediation.

Delivery Method: The coalition currently exists as an ICOA program but is exploring options as an independent organization. The coalition supports the provision of evidence-based falls prevention workshops by AAAs and communities.

Key Partnerships:

- State Agencies
- Non- profit Advocates
- Health Insurers
- Policymakers
- ICOA Programs

- EMS and Fire Departments
- Health Systems
- Clinics
- Pharmacies

- Healthcare Schools
- Community Health Workers
- AARP Idaho
- SILC
- Habitat for Humanity

Comments: The coalition supports a state-wide falls awareness and education campaign each September.

Strategic Pillar: Stay Connected

Strategic Goal:
Idahoans are connected to the people, programs, and services they need to facilitate the highest quality of life.

Program: *OAA Title III-B Information and Assistance*

Description: Information, assistance, and referral services provide information about services available to seniors (health care, social, legal, financial, counseling, and other home-based and community-based services) for continued independent living or for locating appropriate long-term care and include follow-up to the maximum extent possible.

Delivery Method: Planning, oversight, and evaluation from ICOA with direct service implementation in each AAA.

Key Partnerships: AAAs' and ADRC Partnerships (see list at end of document)

Comments: Information and Assistance services are crucial to implementation of all Programs provided by ICOA and AAAs.

Program: *Aging and Disability Resource Center (ADRC)*

Description: Aging and Disability Resource Centers serve as a centralized resource for information and assistance related to long-term services and supports to seniors, people with disabilities, and their caregivers and families accessing public and private long-term care services.

Delivery Method: Housed statewide by ICOA, implemented on the AAA level through I&A staff and ADRC partners.

Key Partnerships: ADRC Partnership list is included at the end of this document

Comments: ADRC Idaho is a member of Inform USA and extends this professional membership to local AAA staff and leadership. Inform USA provides training and professional development materials to ensure standards and support Information and Assistance staff.

Program: *Idaho Connects*

Description: Idaho Connects addresses social isolation and loneliness prevention through multiple programs including letter writing, friendly caller, social media and holiday campaigns.

Delivery Method: Planning, oversight, and evaluation from ICOA with direct service implementation in each AAA. This includes virtual, telephone and in-person events as well as an awareness month. Online education series hosted on ICOA website.

Key Partnerships:
- Alzheimer's Association of Idaho
- Idaho Hospitals
- AAA's
- Idaho Universities
- IDHW
- Interlink
- SEWA (SE Washington Alliance for Health
- Idaho Health Districts

Comments: AAA V has been nationally recognized for their comprehensive and multi-generational Pro-Age Connections program. ICOA and the AAA's lead two loneliness reduction campaigns each year. A holiday letter writing campaign in December and February.

Strategic Pillar: Stay Home

Strategic Goal:
Idahoans are supported to live independent and healthy lives in the communities of their choice.

Program: *OAA Title III-B Transportation*

Description: Assists individuals 60 years of age or older and/or individuals with disabilities to maintain their independence by providing access to services, prioritizing those of the greatest economic and social need. This may also include the transport of eligible groups of individuals to recreational, educational or community events.

Delivery Method: Planning, oversight, and evaluation from ICOA with direct service implementation in each AAA through contracted providers. Can be provided in a consumer directed format.

Key Partnerships:
- Idaho Senior Centers
- Idaho Transportation Department
- Native Indian Tribes
- Idaho Transportation Companies

Program:

Senior Community Service Employment Program (SCSEP)

Description: SCSEP is a community service and work-based job training program for older Americans. Authorized by the Older Americans Act, the program provides training for low-income, unemployed seniors.

Delivery Method: ICOA oversees the Idaho State SCSEP grant. ICOA subcontracts SCSEP services to Easter Seals Goodwill, a local community services organization that provides essential services, including employment services, to the public.

Key Partnerships: Idaho Department of Labor, Easter Seals Goodwill, WIOWA Council

Comments: Serves unemployed low-income persons who (age 55 and older) who have poor employment prospects by training them in part-time community service assignments and by helping them learn skills to facilitate their transition to unsubsidized employment. ICOA recognizes the last week of September as Older workers week and promotes the employment of older workers across the state.

Program:

Medicare Improvement for Patients and Providers Act (MIPPA)

Description: The primary goal is to assist Medicare eligible individuals with application for the Low-Income Subsidy Program and the Medicare Savings Plan, Medicare Part D counseling, and Medicare Part D enrollment assistance.

Delivery Method: Planning, oversight, and evaluation from ICOA with direct service implementation in each AAA.

Key Partnerships: Senior Health Insurance Benefits Advisors (SHIBA), Idaho's State Health Insurance Assistance Program (SHIP)

Comments: ICOA and the AAAs lead a Boost your Budget campaign across the state in April of each year.

Strategic Pillar: Stay Home

Strategic Goal:

Idahoans are supported to live independent and healthy lives in the communities of their choice.

Program: *Home Delivered Meals (HDM)*

Description: Provides a nutritious meal to an eligible individual at their residence. While the program serves frail, homebound, or isolated individuals who are age 60 and over, in some cases it also provides meals for their caregivers and/or persons with disabilities. Volunteers and paid staff deliver these meals and spend additional time with the individuals, helping to decrease their feelings of isolation.

Delivery Method: Direct planning and oversight from the State Office with service implementation in each AAA, and coordinated with Idaho's tribes.

Key Partnerships:

- Idaho Senior Centers
- AAA's
- ACL
- Idaho Hospitals
- Idaho Hunger Task Force
- Five Native Tribes in Idaho
- Nutrition and Aging Resource Center
- Metro Meals on Wheels
- Advancing States
- National Association of Nutrition and Aging Services Programs (NANASP)

Comments: ICOA, the AAAs and contracted meal providers celebrate National Nutrition month each March. Each are responsible for establishing a consultation policy that includes Title VI programs and addresses the following:

- Provide outreach to Tribal Elders regarding nutrition services
- Provide technical assistance on how to apply for the nutrition program, nutrition opportunities, meetings, and email distribution list
- Provide presentations and public hearings
- Provide methods for the collaboration and sharing of program information and changes, including coordinating with AAAs and services providers where applicable
- Provide opportunities to serve on advisory councils, workgroups, and boards
- Coordinate for emergency and disaster preparedness planning, response and recovery must be in place through procedures, developed with the relevant Title VI program director

Program: *Commodity Supplemental Food Program (CSFP)*

Description: The Commodity Supplemental Food Program provides low-income seniors, age 60 and older, with extra food each month. This program improves the health of eligible participants by supplementing diets with nutritious USDA foods. Nutrition education is provided monthly in addition to the food box.

Delivery Method: Planning and oversight through the State Office with direct administration by the Idaho Foodbank (IFB) through contracted distribution agencies monthly. The IFB determines the eligibility of applicants and distributes the food boxes.

Key Partnerships:

- Idaho Foodbank
- USDA
- AAA Information & Assistance
- ADRC

Strategic Pillar: Stay Home

Strategic Goal:
Idahoans are supported to live independent and healthy lives in the communities of their choice.

Program: *Nutrition Services Incentive Program (NSIP)*

Description: The purpose of this program is to provide incentives to encourage and reward effective performance by States in the efficient delivery of nutritious meals to older individuals. NSIP allocations may only be used to purchase domestically produced food.

Delivery Method: Program and fiscal oversight from the State Office, with money equitably distributed to all non-profit contracted meal providers.

Key Partnerships: AAA's, Contracted Meal Providers, and ACL

Program: *Chore*

Description: Chore services assist the client with keeping a safe and clean environment to enable them to live independently in their own home. Prioritizing those of greatest social and economic need. Chore help includes safety and accessibility modifications, heavy house or yard work, and sidewalk maintenance.

Delivery Method: Planning, oversight, and evaluation from ICOA with direct service implementation in each AAA through contracted providers and volunteers.

Key Partnerships:

- USDA - Rural Development
- Interlink
- Idaho Veterans Affairs
- Habitat for Humanity
- Five Native Tribes in Idaho

Comments: Private pay referrals given to appropriate clients.

Program: *Homemaker*

Description: Homemaker service may include meal preparation, shopping, light housekeeping, assisting with paperwork for financial, health care, insurance, or other needs, making telephone calls on the senior's behalf, or assisting with using the telephone, escorting and assisting the senior to medical appointments, shopping, and other errands. This program must prioritize the population with the greatest economic and social need.

Delivery Method: Planning, oversight, and evaluation from ICOA with direct service implementation in each AAA through contracted providers. Can be provided in a consumer directed format.

Key Partnerships: AAAs, Service Providers, and Five Native Tribes in Idaho

Comments: Private pay referrals given to appropriate clients.

Strategic Pillar: Stay Home

Strategic Goal:
Idahoans are supported to live independent and healthy lives in the communities of their choice.

Program: *Idaho Community CARE*
(*C*ase Management - *A*dvocacy - *R*espite - *E*ducation)

Description: Telephonic case management and support services supplemented with in-person support for high-risk caregivers, including caregivers taking care of an individual with memory concerns, dementia, or Alzheimer's.

Delivery Method: Planning, oversight, and evaluation from ICOA with services supplied through a single statewide contract, currently awarded to AAA III. Can be provided in a consumer directed format.

Key Partnerships:

- Alzheimer's Association of Idaho
- Blue Cross of Idaho
- Dementia Society of America
- ISU- CHW Program
- IDHW ADRD
- Idaho Crisis & Suicide Hotline
- Jannus - Aging Strong Program
- Molina Healthcare
- On-Site-for-Seniors
- St. Als Community Health Workers
- Title VI Program Directors
- St Luke's McCall & Adams County Health District

Program: *Title III-E National Family Caregiver Support Program*

Description: The Family Caregiver Support program aims to empower and assist caregivers by providing a range of supports, including information and assistance, counseling and training, support groups, respite care, and supplemental services. These services are designed to benefit caregivers of older adults, as well as older relative caregivers (e.g., grandparents). Caregivers of individuals of any age with Alzheimer's disease or related disorders can also access services through this program.

Delivery Method: Planning, oversight, and evaluation from ICOA with direct service implementation in each AAA, with respite delivered through contracted providers. Respite can be provided in a Consumer Directed manner.

Key Partnerships:

- Alzheimer's Association of Idaho
- Blue Cross of Idaho
- Dementia Society of America
- ISU- CHW Program
- IDHW ADRD
- Family Caregiver Navigator
- Idaho Crisis & Suicide Hotline
- Jannus - Aging Strong Program
- Molina
- On-Site-for-Seniors
- St. Als CHW's
- LEARN Idaho
- Title VI Program Directors
- St Luke's McCall & Adams County Health District
- Contracted Respite Providers
- Idaho Caregiver Alliance

Comments: Best practices identified in the RAISE Act are utilized as a template for implementation and evaluation. ICOA, the AAAs, and community partners collaborate to celebrate Family Caregiver month each November.

Strategic Pillar: Stay Safe

Strategic Goal:
Idahoans promote resiliency, self-determination, and dignity for older and vulnerable adults.

Program: *Adult Protective Services (APS)*

Description: Idaho's Adult Protective Services (APS) system assists 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. APS serves adults (18+ years) who are the alleged victim of an APS report and are vulnerable to adult maltreatment or are at high risk of adult maltreatment. APS also aids caregiving families experiencing difficulties in maintaining the health or safety of a person who is vulnerable to adult maltreatment.

Delivery Method: Planning, oversight, and evaluation from ICOA with direct service implementation in each AAA.

Key Partnerships:
- AAAs
- Idaho Dept of Finance
- Idaho Law Enforcement
- Alzheimer's Association of Idaho
- Idaho Council on Developmental Disabilities
- Idaho Legal Aid
- IDHW- Bureau of Licensing & Certification
- AARP Idaho
- Idaho Office of Attorney General

Comments: ICOA, the AAAs, the Department of Health and Welfare, and community partners collaborate on a campaign each June to promote Elder Abuse Prevention.

Program: *State Office of the Long-Term Care Ombudsmen*

Description: The Long-term Care Ombudsman Program is mandated by the Older Americans Act and state law to provide resident centered advocacy designed to protect the rights, health, safety, and welfare of residents in nursing facilities and assisted living homes.

Delivery Method: Direct Planning and oversight from the State Office with service implementation in each AAA.

Key Partnerships:
- Disability Rights Idaho
- Idaho Assistive Technology Center
- Idaho Adult Protective Services
- Idaho Legal Aid
- IDHW- Bureau of Licensing & Certification
- Idaho Healthcare Association
- Intermountain Fair Housing

Comments: The Ombudsmen network plans and implements a statewide campaign to educate on and promote residents rights each October.

Strategic Pillar: Stay Safe

Strategic Goal:
Idahoans promote resiliency, self-determination, and dignity for older and vulnerable adults.

Program: *Legal Assistance and State Legal Assistance Developer*

Description: Legal assistance is provided statewide through with Idaho Legal Aid Services, Inc (ILAS) a nonprofit statewide organization with seven regional offices. Legal services, funded by the OAA are provided for persons 60 years and older with priority given to protecting the rights of people in long-term care, and who seek alternatives to institutionalization, guardianship and alternatives to guardianship issues. ILAS is the subject matter expert on matters related to all priority case type areas under the OAA, including income, healthcare, long-term care, nutrition, housing, utilities, protective services, abuse, neglect, age discrimination and defense against guardianship, and consumer law. ICOA designates the position of the Idaho Legal Assistance Developer (LAD) through a single source contract with ILAS. Idaho LAD assists ICOA to advance Legal Assistance education, outreach, and service delivery to meet the OAA requirements. LAD has entered a memorandum of understanding and coordinates with the Ombudsman, collaborates with other programs that address and protect elder rights, and provides training and technical assistance statewide to AAA, APS, and legal assistance providers.

Delivery Method: Single source statewide contract.

Key Partnerships:

- AAAs
- Idaho Volunteer Lawyers Program
- Boise Senior Center
- Idaho Scam Jam Alliance
- IDHW
- APS

Comments: ICOA leads a statewide campaign each July that educates and promotes the adoption of alternatives to guardianships including supported decision making.

Program: *Senior Medicare Patrol (SMP)*

Description: Provide a statewide effort to fight fraud and abuse in the Medicare and Medicaid healthcare systems.

Delivery Method: Administered through the AAA network. AAAs have at least one (1) SMP volunteer coordinator and recruit volunteers to assist with SMP activities.

Key Partnerships: Senior Health Insurance Benefits Advisors (SHIBA) and Idaho Scam Jam Alliance (ISJA)

Comments: Each June ICOA and the Scam Jam network leads a statewide campaign to prevent Medicare and related frauds.

Program: *Emergency Preparedness*

Description: Efforts to ensure the safety and wellbeing of older and vulnerable Idahoans during times of emergency including natural disasters, public health emergencies, and loss of normal infrastructure.

Delivery Method: Emergency preparedness and continuity of operations are addressed as a part of each state and local planning cycle, including participation with local planning and exercise efforts.

Key Partnerships: Idaho Office of Emergency Management, FEMA, AAAs

Comments: ICOA and the AAAs lead an emergency preparedness campaign each August.

Aging & Disability Resource Center (ADRC) Partnerships

- AAA I Brain Education & Assessment Model (BEAM) Memory Clinic
- AAAs
- AARP Idaho
- ACL
- Adams County Health District
- Advancing States
- Advancing States Generations United
- Alzheimer's Association
- Alzheimer's Association of Idaho
- Blue Cross of Idaho
- Boise State University
- Coeur D`Alene Tribe
- Dementia Society of America
- Fair Housing
- Hospitals
- Housing Complex
- Idaho Council on Developmental Disabilities
- Idaho Crisis & Suicide Prevention Hotline
- Idaho Department of Finance
- Idaho Department of Health & Welfare
- Idaho Department of Health & Welfare - ADRD
- Idaho Department of Health and Welfare- Bureau of Licensing and Certification
- Idaho Foodbank
- Idaho Hunger Task Force
- Idaho Legal Aid
- Idaho Office of Attorney General
- Idaho Office of Emergency Management
- Idaho Scam Jam Alliance (ISJA)
- Idaho Senior Centers
- Idaho State University
- Idaho State University – CHW Program
- Idaho Transportation Companies
- Idaho Transportation Department
- Idaho's State Health Insurance Assistance Program (SHIP)
- Interlink
- Jannus/Legacy Corps
- Jannus-Aging Strong Programs
- Kootenai-Tribe
- Legal Aid
- Lewis and Clark State College
- Metro Meals On Wheels
- Molina
- National Association of Nutrition and Aging Services Programs (NANASP)
- National Council on Aging (NCOA)
- Nez-Perce Tribe
- Northwest Idaho Central Health Department
- On-Site-for-Seniors
- SAGE CARE
- Senior Health Insurance Benefits Advisors (SHIBA)
- SEWA – Alliance for Health
- Shoshone- Bannock Tribe
- Shoshone- Paiute Tribe
- St. Alphonsus
- St. Alphonsus CHWs
- St. Luke's
- St. Luke's McCall
- The Nutrition and Aging Resource Center
- Title VI Program Directors

Attachment H:

Education & Training Resources
(below resources are active website links)

Consumer Choice and Control
- Supported Decision making
- Supported Decision making tools
- The National Consumer Voice for LTC
- Disability Rights Idaho
- Idaho Council on Developmental Disabilities

Person Centered Planning
- Person Centered Options Counseling
- ACL's Person Center Planning
- National Center on Advancing Person-Centered Practices and Systems

Trauma Informed Care
- Foundations of Trauma informed Care
- Guidance for Aging Services
- Tips and tools
- Supporting Family Caregivers of Older Adults with Dementia and a History of Trauma: Unique Challenges and Trauma-Informed Approaches
- Limb loss resource center
- Traumatic Brain Injury

Competency with Social Risk Populations
- Toolkit for serving diverse communities
- National Center for Cultural competence
- SAGE CARE

Grandparents Raising Grandchildren
- Generations United
- Grand Resource Help guide

Cultural Competency in Senior Centers
- The National Resource Center on Nutrition and Aging
- CDC's Cultural Food Preferences in Food Service
- Modernizing Senior Centers Resource Center for Professionals
- Embrace Technology to Innovate
- Supporting the Mental Health Needs of Older Adults
- Nutrition in Disguise
- No Wrong Door: Serving Veterans and Caregivers

Native American/Tribes
- National Resource Center on Native American Aging
- Understanding and Honoring Health Needs
- Supporting Indigenous Elders
- Native Elder Caregiver Curriculum
- Native Health Resources

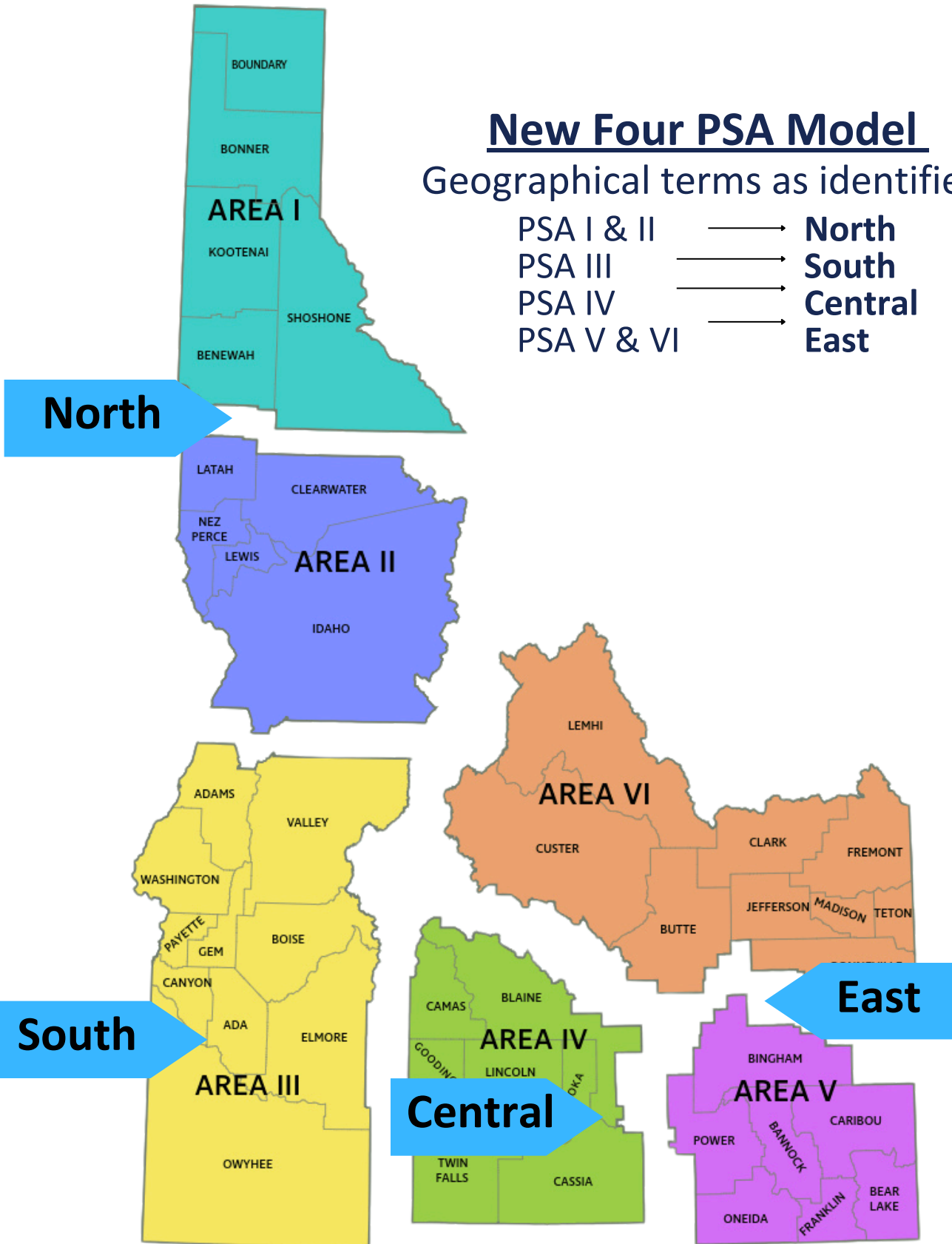### COVID -19 Learnings and Supports
- National Vaccine Initiatives
- You've Got This campaign
- Yes, I'll Be There campaign
- Vaccination Program Resources
- COVID-19 pandemic

Attachment I:
PSA Boundary Changes

New Four PSA Model
Geographical terms as identifiers

PSA I & II → **North**
PSA III → **South**
PSA IV → **Central**
PSA V & VI → **East**

North

South

Central

East

AREA I
- BOUNDARY
- BONNER
- KOOTENAI
- SHOSHONE
- BENEWAH

AREA II
- LATAH
- CLEARWATER
- NEZ PERCE
- LEWIS
- IDAHO

AREA III
- ADAMS
- VALLEY
- WASHINGTON
- PAYETTE
- GEM
- BOISE
- CANYON
- ADA
- ELMORE
- OWYHEE

AREA IV
- CAMAS
- BLAINE
- GOODING
- LINCOLN
- OKA
- TWIN FALLS
- CASSIA

AREA V
- BINGHAM
- POWER
- BANNOCK
- CARIBOU
- ONEIDA
- FRANKLIN
- BEAR LAKE

AREA VI
- LEMHI
- CUSTER
- CLARK
- FREMONT
- BUTTE
- JEFFERSON
- MADISON
- TETON

Attachment J:
Emergency Operations Plan

STATE OF IDAHO

IDAHO COMMISSION ON AGING

EMERGENCY OPERATIONS PLAN

** DOCUMENT CLASSIFICATION NOTICE **

The information in this document, while not confidential, is sensitive in nature. All distribution and discussion of this Idaho Commission on Aging plan is under the authority of the Director, Judy B Taylor, or any individual authorized to grant permission on his or her behalf. Functional plans that outline specific emergency response operations and procedures are exempt from public disclosure in accordance with Section 9-340B Idaho State Statute.

STATE OF IDAHO

IDAHO COMMISSION ON AGING

EMERGENCY OPERATIONS PLAN

PROMULGATION

The State of Idaho is required to plan and prepare for disasters and emergencies that may result from a wide variety of threats/hazards. This Idaho Commission on Aging (ICOA), Emergency Operations Plan (EOP) is an all-hazards plan that establishes a single, comprehensive framework for the coordination of support from the Idaho Commission on Aging. When directed, we will take the appropriate actions to mobilize and deploy resources to assist in life, safety, and property protection efforts in accordance with the State of Idaho's Emergency Operations Plan (IDEOP).

All department personnel are expected to be familiar with the contents of this plan and for ensuring their personal and family disaster readiness to ensure availability for emergency work. Staff members tasked with specific duties under this plan must ensure procedures and resources are in place to successfully execute these functions, and participate in training and exercises to ensure they have the knowledge and experience to perform their role.

This plan will continue to evolve, incorporating lessons learned from actual disaster and emergency experiences, ongoing planning efforts, training and exercise activities and senior leader guidance.

Therefore, in recognition of the emergency management responsibilities of the Commission and with the authority vested in me, I hereby promulgate the Idaho Commission on Aging Emergency Operations Plan.

Approved: _Judy Taylor_   Date May 6, 2024

Judy B. Taylor, Director

STATE OF IDAHO
IDAHO COMMISSION ON AGING
EMERGENCY OPERATIONS PLAN

Contents

STATE OF IDAHO
Idaho Commission on Aging
EMERGENCY OPERATIONS PLAN

EXECUTIVE SUMMARY

The Idaho Commission on Aging (ICOA) Emergency Operations Plan (EOP) provides an overview of the emergency management systems used by the Commission to coordinate both small scale emergencies affecting the department's operations and larger scale emergency and disasters requiring the department's participation in state efforts, coordinated by the Idaho Office of Emergency Management, to support affected jurisdictions. This plan is consistent with the State of Idaho's Emergency Operations Plan (IDEOP) and addresses roles and responsibilities that plan assigns to the department, along with anticipated support the Commission is expected to provide state emergency operations.

I. PURPOSE, SCOPE, SITUATION OVERVIEW, AND ASSUMPTION

A. Purpose

The purpose of the Idaho Commission on Aging Emergency Operations Plan (EOP) is to support the IDEOP (pursuant to Governor's Executive Order 2019-15) and establish a framework for the effective departmental coordination of response and initial recovery activities following large-scale emergencies or disasters affecting the State or smaller-scale emergencies that impact the department's operations.

The Idaho Commission on Aging EOP refines the roles and responsibilities established by the IDEOP, identifies specific units that will execute these duties and provides guidance on how the Commission will fulfill its obligations within the IDEOP.

This EOP reflects an all-hazards approach to planning, meaning a similar concept of operations can be applied to all types of emergency situations, regardless of the exact nature of the incident.

An all-hazards approach allows for the fact that some hazards have unique planning and response considerations that require special attention. Incident Annexes will provide additional direction and guidance for specific types of emergencies.

The procedures outlined in this plan represent a flexible and scalable approach to emergency management. All or part of this plan may be implemented based on the needs of the situation.

B. Scope and Applicability

The EOP plan is applicable to all Commission divisions, bureaus, units, and personnel.

The Idaho Commission on Aging EOP addresses a broad range of naturally occurring hazards, technological and human caused incidents, both accidental and intentional, that could adversely impact Idaho's people, property, environment, or economy.

This plan may be implemented whenever emergency conditions exist, and immediate coordination action is required by the Commission for any of the following:

- Prevent or respond to damage or significant damage to the department's facilities or equipment or threats to the safety of personnel.
- Prevent or restore disruptions to essential operations.
- Temporarily assign staff to perform emergency work.
- Assist local governments during a threatened or actual emergency or disaster, as directed by the Idaho Emergency Operations Center (IDEOC) or required by statute or regulation.
- To prepare for, respond to, or assist in a planned event.
- To respond to an emergency or unusual situation that requires a high degree of immediate, non-routine coordinated action by the Commission.

The principal concern of the Commission is the emergency response phase, from the onset of threat or emergency conditions, through the initial transition to the recovery period. Though long-term recovery, mitigation, and preparedness are referenced, these activities are outside the scope of this plan.

The Idaho Commission on Aging EOP applies to all offices and employees within the Commission.

C. Situation and Assumptions

1. Hazard Analysis:

The State of Idaho Hazard Mitigation Plan contains a detailed profile of the various hazards that may impact Idaho and is considered the hazard assessment section of the EOP and can be referenced on the Idaho Office of Emergency Management's website for additional information.

2. Vulnerability Analysis:

The IDEOP provides an overview of key geographic and demographic vulnerabilities that may have significant consequences for how the state is affected by, responds to, and recovers from a major disaster.

The Commission has identified the following specific vulnerabilities applicable to the Commission:

- Severe Weather
- Pandemic
- Cyber Disruption

3. **Capability Assessment:**

The Commissions capabilities to support emergency duties are described below:

- The Commission has access to State and Federal funding sources.
- The Commission is capable of decentralized operations for extended periods of time.

The Commission resource shortfalls include the following:

- No access to new funding without legislative approval.
- Limited spare IT assets in the event of an initial total loss of equipment.

D. Planning Assumptions

1. IDEOP Planning Assumptions

The IDEOP was developed with the following assumptions:

i.   Any incident that results in a large number of casualties and/or significant damage to property may result in a request for state assistance to supplement the local jurisdiction's response.

ii. At any time, one or more natural or man-caused hazards can threaten lives and/or property within the state. The first response will most likely originate from the local jurisdiction impacted by the incident. The local jurisdiction providing the first response may be overwhelmed by the magnitude of the incident. Municipal governments and special districts will coordinate disaster operations through their County Emergency Operations Centers. Counties will issue disaster proclamations and requests for supplemental resources when events overwhelm their capabilities.

iii. Notification received by the IOEM of a potential or actual incident that threatens lives and/or property, or a request for state assistance, may result in the activation of the IDEOP and IDEOC.

iv. Any incident that results in a significant loss of local infrastructure will degrade communications of all types in the area.

v.   Catastrophic disaster emergencies within any of the adjacent states, and/or the Canadian provinces of British Columbia or Alberta, may have an impact on Idaho's critical infrastructure assets and the economy.

vi. State resources may be made available to state agencies, local, and tribal governments to cope with disasters affecting any area of the state. Local and tribal governments must fully commit their resources and have declared a disaster emergency before requesting state assistance.

vii. Federal assistance will be requested when it is determined that a response to a disaster emergency exceeds state and local government resources.

viii. Various disaster emergency conditions may result in a state response prior to any involvement of local jurisdictions.

ix. The activation and use of any part of the Idaho National Guard (IDNG) to provide assistance, respond, or recover from a disaster emergency requires a Governor's Proclamation of Disaster Emergency. Requests for IDNG assistance are routed through the IDEOC.

x. Federal agencies may provide unilateral assistance under their statutory authority to Idaho when it is affected by a disaster emergency, in lieu of a Presidential declaration of disaster emergency.

xi. Any catastrophic disaster emergency causing a state declaration of emergency may result in an implementation of mutual aid assistance.

xii. The escalating threat of terrorism and the use of Weapons of Mass Destruction (WMD) may create a disaster emergency condition where federal assistance is needed, or even injected into the state. A counter-terrorism operation implemented by federal authorities will be coordinated with the IOEM and Idaho State Police. Any terrorist incident within Idaho will require notification and involvement of the Federal Bureau of Investigation, as well as other federal agencies, to support the local and state government response and recovery operations.

2. **Idaho Commission on Aging Planning Assumptions**

i. Any incident that results in a significant loss of local infrastructure will degrade communications of all types in the area.

ii. Notifications received from the IOEM of a potential or actual incident that threatens lives and/or property, or a request for Commission assistance, may result in the activation of the EOP.

II. CONCEPT OF OPERATIONS

A. General:

This section describes the Commissions overall approach to organizing its internal emergency operations, including plan activation and incident notification protocols, and coordination with state operations.

The extent to which this plan is activated will depend on the scope and scale of the emergency.

The response to larger scale emergencies that require state resources to support the affected jurisdiction(s) will be coordinated by the Idaho Office of Emergency Management (IOEM) and supported by the Commission. IOEM is designated under state law to coordinate the state's emergency response and provision of support to counties when an incident has exhausted their local resources or requires a capability that does not exist at the local level.

IOEM maintains a working group, consisting of representatives from state departments, non-governmental organizations and private sector partners who are assigned as the following:

> • STATE EMERGENCY SUPPORT FUNCTION (ESF) REPRESENTATIVES: ESFs are groupings of agencies from the state, private, and non-profit sectors into the key functional areas that reflect common types of assistance most frequently needed during disasters or emergencies. When activated during an emergency, agencies assigned to the ESFs work together to provide needed resources and support related to their functional area.

The Idaho Emergency Operations Center (IDEOC) is the physical location from which state response activities are coordinated. It is activated and staffed with select ESF representatives based on the needs of the event. Requests for resources and information are channeled through the IDEOC and assigned to state departments and agencies through the ESF structure.

The Commission maintains a Departmental Operations Center (DOC) from which it coordinates emergency response activities in support of the IDEOC and IOEM. The Emergency Management Officer (EMO) for the Commission works in the DOC and serves as a liaison between the DOC and the IDEOC. The department's ESF representatives not assigned to work in the IDEOC will also be present to coordinate support requested of the department.

The Commissions key departmental functions that must be maintained throughout a disaster include the following:

> • Senior services delivery coordination
> • Fiscal management

B. Plan Activation

The Commission implements this EOP when immediate coordinated action is needed to:

- Address an emergency situation that threatens the safety of department staff or results in damage to essential facilities or equipment.

- Coordinate the provision of state resources to a local jurisdiction whose emergency response needs exceed local resources.

- Prevent or restore disruptions to essential department operations.

- Activate and staff the Idaho Emergency Operations Center (IDEOC).

The extent to which the Commission activates this EOP is based on the scope and scale of the emergency event and the level of coordination and resources required to mount an effective response.

1. **Authority for Emergency Activation**

   The Commission Director or his/her designee may activate this EOP as needed. In the event this person is not available, the authority to activate is delegated to the following positions in the order listed:

   i. Project Manager
   ii. Administrative Services Manager
   iii. Project Coordinator/EMO

C. Activation Levels

The Commission uses a flexible response scheme that allows the organization to activate response personnel and resources as the emergency situation dictates. Plans and standard operating guidelines provide that certain actions are taken at each response level based upon the specific hazard anticipated or encountered. The activation levels are based on those used in the IDEOP but are expanded to address department considerations and staffing:

Level One – Full Activation	Description	An actual or threatening incident is of such magnitude that it requires, or may require, extensive response and recovery efforts and significant state resources. The IDEOC is fully staffed with representatives from all ESFs and is coordinating as needed with department EMOs via WebEOC.
	Staffing	Agency Director Project Manager Administrative Services Manager Project Coordinator/EMO Financial Specialist Senior Other Program Staff as required
	Notification	Required Commission staff will be notified in priority, via office email, SMS Text Message, office phone, or personal phone, until positive communication is achieved. Any Commission staff authorized to implement this EOP may also initiate the notification process.

	Potential Triggers	Any event that prevents or limits the delivery of contracted senior services on a large scale for 72-hours, or more. Any event that significantly disrupts the use of the Commissions primary office space.

Level Two – Partial Activation	Description	A situation or threat has developed that requires state coordination and support extending beyond the normal workday and may require 24/7 monitoring. The IDEOC may be partially staffed with representatives from select ESFs and is coordinating as needed with department EMOs via department DOCs or WebEOC.
	Staffing	Agency Director Project Manager Administrative Services Manager Project Coordinator/EMO
	Notification	Required Commission staff will be notified in priority, via office email, SMS Text Message, office phone, or personal phone, until positive communication is achieved. Any Commission staff authorized to implement this EOP may also initiate the notification process.
	Potential Triggers	Any event that prevents or limits the delivery of contracted senior services on a large scale for 72-hours, or more. Any event that significantly disrupts the use of the Commissions primary office.

Level Three – Enhanced Steady State	Description	A situation or threat has developed that requires enhanced monitoring and coordination between jurisdictions and coordination between jurisdictions and agencies. The IDEOC is only staffed with IOEM personnel. Situation information will be shared with departments via ESFs and posted to WebEOC.
	Staffing	Agency Director Project Manager Administrative Services Manager Project Coordinator/EMO
	Notification	Required Commission staff will be notified in priority, via office email, SMS Text Message, office phone, or

		personal phone, until positive communication is achieved. Any Commission staff authorized to implement this EOP may also initiate the notification process.
	Potential Triggers	Any event that prevents or limits the delivery of contracted senior services on a large scale for 72-hours, or more. Any event that significantly disrupts the use of the Commissions primary office

Monitoring – Normal Operations	**Description**	Routine monitoring of a situation. No event or incident is anticipated. Monitoring of email and WebEOC as appropriate.
	Staffing	Project Coordinator/EMO

D. Considerations for Determining Activation Levels

The Department EOP may be activated in response to a statewide disaster for which the Idaho Office of Emergency Management has activated the IDEOP or the IDEOC.

The department may also activate its EOP independently of a statewide activation to address emergency situations or operational disruptions that do not require a statewide response.

For events that don't involve an activation of the IDEOC, the following considerations will be weighed to determine whether to activate the department EOP and Department Operations Center (DOC).

- An incident is occurring with the potential for escalation.
- Large-scale planned events.
- The emergency will be of a long duration.
- Major policy decisions will or may be required.
- Managing the situation requires urgent, high-level, non-routine coordination among multiple divisions, worksites, vendors, or other stakeholders.
- Activation of the DOC will be advantageous to the successful management of the emergency.

E. Alert and Notification

1. Initial Alert of a Departmental Emergency

This section describes alert protocols to be followed when the department is impacted by an emergency or is the first agency aware of an emergency that may require a response from other departments or levels of government.

Any worksite that experiences an operational irregularity, emergency, or developing situation that meets the following criteria should notify the Commission Director.

The following are examples of incidents that should be reported immediately:

- Serious on-duty injury or death to an employee
- Potential or actual disruption to infrastructure, facilities, or resources necessary for department operations. These include utility or IT system outages at facilities
- Threats to department equipment, facilities, or personnel

2. **Notification to the Idaho State Emergency Operations Center (IDEOC) of Activation**

Situational awareness of incidents that require situational awareness or involvement of multiple state agencies is maintained by the IDEOC. The IDEOC Emergency Contact Numbers are continually monitored twenty-four (24) hours a day, seven (7) days a week to monitor broadcast and online media, weather forecasts, and other warning systems to identify emerging threats.

In accordance with the IDEOP, the IDEOC shall be notified by any county emergency management agency, state department or private sector or NGO partner identified in this plan when any of the following occurs:

- Activation or deactivation of county EOCs
- Activation of a state department's DOC
- A disaster results in multiple casualties
- Opening or closing of airports, harbors, or major highways
- Opening and closing of emergency shelters
- Degradation and restoration of critical infrastructure capabilities and systems (power, water, transportation, supply chain, IT, and communications)
- Death, serious injury or hospitalization of any IOEM staff member, a county emergency management administrator or SERT member
- Any accident involving IOEM vehicles, equipment, or facilities that results in the loss of, or serious damage to, that equipment or property
- Any event, not captured above, that poses a significant and imminent threat to public health and safety, property, or the environment

Note: Life threatening situations should first be reported to emergency services. Notification to the IDEOC is in addition to, and does not replace, other notifications required by established agency SOPs or regulation.

Notifications to the IDEOC regarding incidents involving the department will be made by the EMO or Commission Director.

During a large scale emergency, the Commission EMO ensures additional notifications are carried out to the department head and other employees as described within this EOP.

3. **Notification of Idaho State Emergency Operations Center (IDEOC) Activation**

   IOEM will notify department EMOs when an emergency is threatening or has occurred that requires monitoring or response by multiple state agencies. IOEM will stipulate which departments and positions are required to be physically present in the IDEOC.

   The EMO is responsible for notifying the Commission Director and following the department activation plan as described in the next section.

4. **Department Notifications of Emergency Activations**

   When the department is activating its EOP, the Commission Director or EMO will issue email or telephonic messages to the following, if appropriate:

   - North Idaho Area Agency on Aging
   - North Central Idaho Area Agency on Aging
   - Southwest Idaho Area Agency on Aging
   - South Central Idaho Area Agency on Aging
   - Southeast Idaho Area Agency on Aging
   - Eastern Idaho Area Agency on Aging
   - ICOA Board of Commissioners

   The alert message will normally indicate that a detailed email has been broadcasted with further instructions. The emailed instructions may announce a scheduled Conference Call, and/or instructions on how to communicate with Commission staff.

5. **Notification of Department Leadership**

   The Commission Leadership Team will be notified via office email, SMS Text Message, office phone, or personal phone, until positive communication is achieved.

6. **Notification of Staff with Emergency Duties**

   The Commission Project Coordinator/EMO will be notified via office email, SMS Text Message, office phone, or personal phone, until positive communication is achieved.

7. **All-Staff Notification**

   Commission staff, as required, will be notified in priority, via office email, SMS Text Message, office phone, or personal phone, until positive communication is achieved.

F. Emergency Facilities

1. **DOC Location**

   The primary Commission DOC is located at 6305 West Overland Road Suite 110, Boise, Idaho 83709.

   Alternate DOC locations may be established as required, or a virtual DOC may be utilized.

2. **IDEOC Location**

   The Idaho State Emergency Operations Center (IDEOC), located at the State of Idaho Chinden Campus, is a central physical location where agency/department representatives and designated NGOs and private sector agencies, report during emergencies to gather and disseminate event information, respond to requests for assistance from local jurisdictions, identify and coordinate priority actions, and allocate resources.

G. **Key Response Actions By Phase**

PRE IMPACT: ELEVATED THREAT – Initial readiness actions focus on threat evaluation, situational awareness and readying resources for emergency use or deployment. Specific activities may include, but are not limited to: • Review of plans and procedures • Anticipating requirements and validating available resources • Alerting the public to the threat and emphasizing preparedness measures • Testing systems such as backup communications and generators • Sharing emergency information with employees or clients	**Actions to be Taken to Prepare the Department** • Brief Commission staff on the current threat evaluation and potential changes to operational posture. • Prepare spare IT assets for deployment. **Actions to be Taken to Prepare for ESF # 6** • Obtain situation reports (sitrep) from the Commissions six regional Area Agencies on Aging contractors.
CREDIBLE THREAT: IMPACT IS LIKELY - The issuances of a watch, warning or other official advisory usually serves as notice that there is significant probability the threatened hazard will occur and triggers the 'Credible Threat' phase. Actions taken may include: • Activating the DOC • Evacuating or closing worksites, or altering hours of operation.	**Actions to be Taken to Prepare the Department** • Determine if DOC activation is needed for the event, and which format/platform is appropriate. • Determine if alternate work facilities are appropriate for the event. • Obtain updated sitreps from the six regional Area Agencies on Aging, with an emphasis on

• Suspending non-essential operations, canceling flights or shutting down all operations. • Repositioning or deploying resources, equipment • Issuing public information about the status of airline operations.	the status, capacity, and availability of senior citizen centers/meal sites.
IMMEDIATE RESPONSE/LIFE SAFETY PHASE During the immediate response phase, emphasis is placed on controlling and stabilizing the situation, protecting lives and property and minimizing the effects of the emergency. Immediate response actions may include: • Impact assessments • Continuation of protective measures • Search and rescue operations • Resource mobilization and deployment	**Actions to be Taken to Address Emergency Impacts on the Department** • Commission staff will work from alternate locations as appropriate. **Anticipated Actions to be Taken to Support ESF # 6** • Obtain updated sitreps from the six regional Area Agencies on Aging, with an emphasis on the status, capacity, and availability of senior citizen centers/meal sites. • Update the Area Agencies on Aging on the Commissions current operational posture.
LIFE SUSTAINING RESPONSE As an incident begins to stabilize, operations focus on getting a detailed picture of the impacts and preventing an exacerbation of emergency conditions and secondary impacts. Priorities may include: • Mass care operations • Public information • Detailed damage assessments • Situational awareness • Critical infrastructure repairs and restoration	**Actions to be Taken to Address Emergency Impacts on the Department** • Determine the status and usability of the Commissions primary facility and property. • Notify the Commissions facility management company of any structural, environmental or infrastructure damage that has occurred. **Anticipated Actions to be Taken to Support ESF # 6** • Assess the need for senior citizen centers to operate as shelter, mass feeding, and rest sites if not already tasked by County or local authorities.
SUSTAINED RESPONSE AND TRANSITION TO RECOVERY Activities during this period may include a continuation of activities initiated during the life	**Actions to be Taken to Address Emergency Impacts on the Department**

sustaining response phase, such as detailed damage assessments and the restoration of critical infrastructure, systems and services.	• Commission staff will continue to work remotely until returning to the primary facility is appropriate.
Government agencies execute CONTINUITY OF OPERATIONS PLANS or BUSINESS CONTINUITY PLANS to direct the restoration of their regular operations.	**Anticipated Actions to be Taken to Support ESF # 6** • Coordinate the use of available senior citizen centers as shelter, mass feeding, and rest centers.
Following a major disaster the state and FEMA will deliver programs and services as part of the DISASTER RECOVERY FRAMEWORK to support community and economic recovery.	

H. De-Escalation Protocol

The IOEM Director will determine when the IDEOC activation level is being downgraded. ESFs may be deactivated prior to IDEOC deactivation if IDEOC leadership determines the ESF is no longer needed to manage emergency operations.

The Commission Director may de-escalate the DOC activation level when appropriate.

Note: De-escalation of the DOC does not mean an end to all activities for an incident. Recovery operations may continue for months or years following an incident.

III. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

This section establishes units within the department that will be relied upon for emergency operations (divisions; branches; positions). It includes the roles of key external partners/vendors, as well as stakeholders as appropriate.

A. Roles and Responsibilities

1. General Department Responsibilities

The department has the following responsibilities for emergency management, which are tasked by the IDEOP and shared by all state agencies and include actions both before and during an event.

2. Ongoing Duties

On an ongoing basis the department will:

a. Each state department shall develop and maintain a plan for emergency operations that supports the IDEOP (pursuant to Executive Order No. 2019-15).

b. Address the execution of emergency duties assigned by the IDEOP, to include the following:
    i. Assign emergency responsibilities and authorities for emergency duties by division, branch, and position.
    ii. Identify a physical or virtual Department Operations Center (DOC) from which assigned emergency duties are coordinated.
    iii. Develop personnel notification procedures.
    iv. Develop attachments that support EOP implementation including internal policies, procedures, and tools such as checklists.

c. Develop and maintain a worksite Emergency Action Plan (EAP)

d. Maintain current all-hazards Continuity of Operations Plans (COOP) (pursuant to Executive Order No. 2019-15).

3. During An Event

As required during a disaster or emergency the department will:

a. Implement the department's EOP and COOP.
b. Activate the DOC to organize internal emergency operations to support IDEOC requests and sustain or restore essential business functions.
c. Assign department resources to provide support requested through the IDEOC.
d. Channel department requests for assistance, operational status, and situation updates to the IDEOC through the ESF Liaison.
e. Log emergency actions and expenses incurred, including personnel time, and report costs in a timely manner to the IDEOC for possible reimbursement.
f. Coordinate the release of departmental emergency public information through ESF 15 – External relations at the IDEOC or the Joint Information Center (JIC) if one is established for the event.
g. Assist in assessing damage to state owned facilities or properties under departmental control and provide reports to the IDEOC.

B. Department Director

Overall responsibility for ensuring the participation of state agencies in preparedness activities and their readiness support emergency operations and continue essential functions rests with each state Department Director.

Following a large disaster, the Governor may establish a Policy Group in the IDEOC that includes the Directors of agencies needed to provide strategic direction for response and recovery efforts and give input into major policy decisions.

C. Emergency Management Officer

Emergency Management Officers (EMOs) are IOEMs primary liaison to the department for all emergency management issues during both normal and emergency operations.

1. **Ongoing Duties**

   On an ongoing basis, the department's EMO will:

   b. Support the development, maintenance, and review of state emergency plans, as requested.
   c. Disseminate information from IOEM (e.g. advisories; updates; training offerings) to the department's leadership and staff.
   d. Respond to questions or provide technical input requested by IOEM on department capabilities and plans. This requirement may involve representing the department at formal workshops, planning meetings, or on special committees.
   e. Coordinate the department's participation in emergency management training and exercises.
   f. Familiarize the department with state emergency plans and department responsibilities.
   g. Ensure the department has a current departmental-level EOP, along with support policies, checklists, and processes that addresses the performance of duties assigned by the IDEOP.
   h. Ensure representatives are assigned to all state Emergency Support Functions (ESFs) for which the department is a Coordinating, Primary, or Support Agency.

2. **During an Event**

   As required during disasters or emergencies, the department's EMO will:

   a. Serve as the liaison between the DOC and the IDEOC. Share updates on the department's progress towards incident objectives and assignments and submit resource requests via the online WebEOC platform.
   b. Help coordinate the department's emergency operations, including implementation of the department's EOP and activation of the DOC.
   c. Ensure the department's ESF representatives are activated. Coordinate with the department's ESF representatives to fulfill requests assigned by the IDEOC.

D. **State Emergency Support Function (ESF) Duties**

   The department also has specific responsibilities under the following Emergency Support Functions (ESFs).

   The department assigns representatives to participate in ESF planning and response duties.

ESF	Department Role (e.g. Coordinator, Primary Agency, Support Agency)	Description of responsibilities

| 6 | Support Agency | Coordinate for the utilization of senior citizen centers for shelter, mass feeding, and rest centers. |

1. **Ongoing Duties**

    On an ongoing basis, department representatives assigned to the above ESFs will work with other ESF agencies to do the following:

    a. Maintain the ESF Annex, develop related tactical plans and identify resource requirements for executing anticipated ESF responsibilities and address resource gaps.
    b. Plan and participate in state exercises and address corrective actions related to the ESF identified during exercises or real world events.
    c. Provide input into the annual state Threat and Hazard Identification and Risk Assessment (THIRA)
    d. Help identify mitigation initiatives to increase disaster resiliency
    e. Complete training required for ESF members and identify ESF training requirements.
    f. Work with the department EMO to promote awareness of state emergency plans, and ensure ESF responsibilities are addressed in the department's Emergency Operations Plan.

2. **During An Event**

    When an ESF to which the department is assigned is activated during an event, the department's ESF representative will provide the following support, as requested:

    a. Provide staff to the IDEOC and other incident sites, if requested.
    b. Receive, track, and coordinate department resources to support missions assigned to the ESF.
    c. Ensure financial and property accountability for ESF activities.
    d. Coordinate actions with counties, other ESFs, or federal ESFs as applicable.

E. **DEPARTMENT OFFICES**

    The table below outlines units within the Commission that have responsibilities during an emergency. These responsibilities may include executing emergency duties assigned by the IDEOP, or these duties may involve the continuation of essential day-to-day services and functions.

Division/Branch/Office	Positions (if applicable)	Description of Responsibilities
Leadership	Director	Department Leadership

| Projects	Project Manager	Contracts and Legal Support
Human Resources	Administrative Services Manager	Human Resources and Administrative Operations
Emergency Management	Project Coordinator/EMO	IT/Data and IOEM/ESF Liaison
Finance	Financial Specialist Senior	Fiscal Operations

F. ORGANIZATION

During an emergency, the Commission will establish a temporary emergency response structure to coordinate the department's emergency activities. This structure will use Incident Command System (ICS) principles and terminology.

The organizational structure is intended to be flexible and scalable and the positions that are activated and staffed will be based on the needs of the event at hand.

The figure below shows the emergency organizational structure during a full activation of the department.

Idaho Commission on Aging Organizational Chart
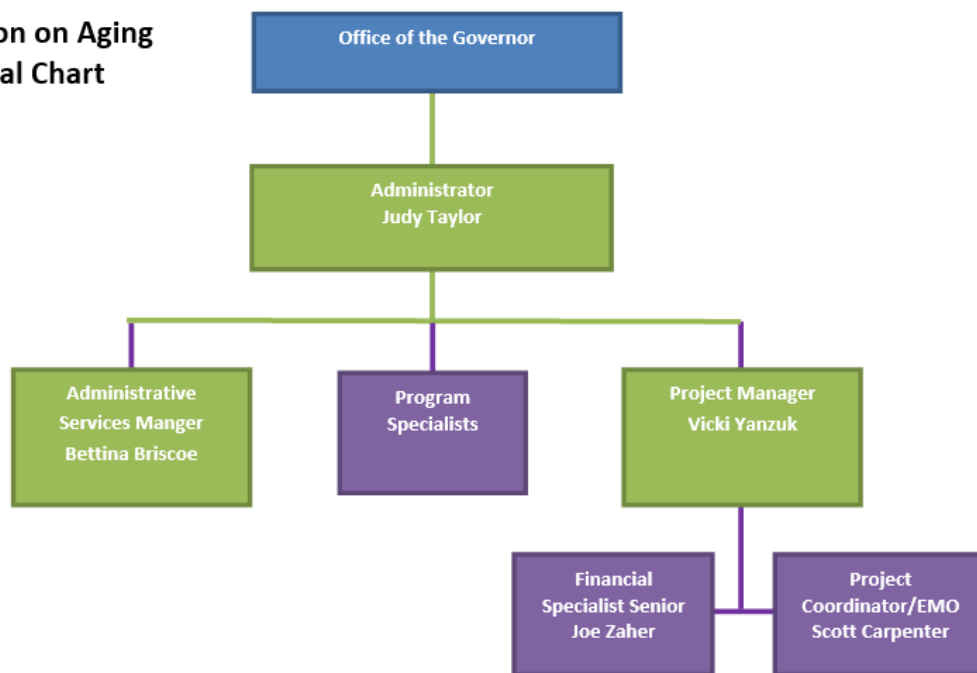
ICS Section, Branch or Unit	Office, Division, or Branch of Agency and Position Assigned
Incident Commander	Director

Liaison – Emergency Management Officer (EMO)	Project Coordinator
PIO (ESF 15 Representative)	Administrative Services Manager
Legal Support	Project Manager
Operations Section	Commission Director
Planning Section	Project Manager
Logistics Section	Project Manager/Project Coordinator
Finance/Admin Section	Financial Specialist Senior

IV. DIRECTION, CONTROL, AND COORDINATION

A. AUTHORITY TO INITIATE ACTIONS

- The Commission Director is responsible for activation the EOP.
- The Emergency Management Officer is responsible for implementation of the EOP.

B. DIRECTION OF DEPARTMENT EMERGNECY OPERATIONS

The Commission Director is responsible for the Commission's emergency operations and will serve as the Department Commander. This position works from the Department Operations Center (DOC) when the DOC is activated.

V. INFORMATION COLLECTION, ANALYSIS, AND DISSEMINATION

A. DEPARTMENTAL SITUATIONAL AWARENESS

The department uses the following tools or reports to maintain internal situational awareness during an event:

- WebEOC
- Microsoft Teams/Zoom
- Office email

B. INFORMATION SHARING WITH THE IDEOC

The State of Idaho uses WebEOC as its primary tool for internal communications and situational awareness during disasters. WebEOC is an online system that allows authorized users to view and update current incident information and request assistance.

Disaster information will primarily be shared between the department and the IDEOC via the ESF Liaison via WebEOC. The ESF Liaison shall record important updates regarding the department's status or operations in the WebEOC event log.

Updates on ESF activities will primarily be shared with the IDEOC by the ESF Coordinating or Primary Agency using WebEOC as the main communication channel.

Additional detail on procedures for information sharing by the department, including reporting times and format, will be communicated to the ESF Liaison by the IDEOC.

C. CRITICAL INFORMATION REPORTING REQUIREMENTS (CIRRS)

Critical information Reporting Requirements (CIRRs) are essential pieces of information that must be promptly reported to decision-makers. The collection and reporting of CCIR facilitate timely coordination decisions during response operations by providing important details that response personnel need to know to effectively manage and execute their mission assignments.

The Commission may identify its own CIRRs that must be reported to the DOC. The DOC may require CIRRs on the following categories based on the emergency/situations:

- Senior citizen center/meal site status, capacity, and availability.

D. COMMUNICATIONS

The Logistics Section, Communications Unit is assigned general emergency communications responsibility for the Commission. The Communications Unit provides technical and maintenance support for DOC communications equipment.

1. PRIMARY COMMUNICATIONS CAPABILITIES

Office telephones, Microsoft Teams, email

2. ALTERNATE COMMUNICATIONS CAPABILITIES

Cellular phones, SMS text message, Zoom

IV. ADMINISTRATION, FINANCE, AND LOGISTICS

A. ADMINISTRATION

For additional details on personnel administrative management responsibilities, see the appropriate state laws and administrative rules, and the IDEOP.

The Commission shall –

- Ensure that all employees are notified at least three times per year that all state and county officials, officers, and employees are considered "emergency workers" and shall perform functions as determined by their respective state or county department director during emergencies or disasters.

- Follow established agency policies for personnel augmentation in accordance with statutes, regulations and authorities; Memoranda of Understanding (MOUs), Emergency Management Assistance Compact (EMAC), and Mutual Aid Agreements.

- Ensure employees engaged in incident response activities complete all training required by IOEM or the department and have the necessary skills and abilities required to fulfill emergency duties.

- Ensure employee compliance with travel policies and procedures for travel and travel reimbursement while in support of disaster response operations.

B. FINANCE

The Commission is responsible for collecting, analyzing, and reporting the costs associated with response operations and with damages incurred during the incident. The Commission will begin collecting and recording time (regular and overtime) for all personnel working on incident activities. In the field or in operations centers, all time worked in preparation for, and in response to an incident needs to be captured.

1. Employee Hours

The Commission Director has the authority for approving overtime related to disaster operations.

The Commission's specific processes that will be used to track staff hours are listed below.

- The Administrative Service Manager will disseminate hours tracking procedures to all staff at the start of emergency operations.

2. Emergency Procurement and Expenditures

The Commission Director has the authority for approving emergency expenditures related to disaster operations.

The Commissions' specific processes that will be used for emergency expenditures are listed below.

- Complete the "Request for Emergency Purchasing Authority" form available from the Commission Fiscal Officer, and submit it to the Commission.

If an emergency is declared by the Governor, certain aspects of state procurement rules may be waived. The Commission Director will disseminate any emergency procurement and expenditure tracking guidance to appropriate staff at the start of the emergency.

3. Reporting Finance Information to the IDEOC

When an emergency is declared by the Governor, all department expenses related to the event must be reported to the IDEOC Finance/Admin Section according to deadlines that will be established at the time of the event.

The Commission Fiscal Officer is responsible to provide expenditures to the Commission EMO who will in turn report costs to the IDEOC Finance/Admin Section.

C. LOGISTICS

Commission specific logistics procedures include the following:

Logistics support for Essential Staff during Emergency Operations will be coordinated by the Project Coordinator/EMO. This will include support to DOC staff.

V. PLAN DEVELOPMENT AND MAINTENANCE

The Emergency Management Officer is responsible for coordinating the development and maintenance of the Idaho Commission on Aging EOP.

The following department positions are required to participate in plan development and maintenance activities as part of the planning team:

- Emergency Management Officer
- State Emergency Support Function (ESF) representative(s)
- Director
- Project Manager
- Administrative Services Manager

Other staff may be invited to serve on planning committees as required in addition to those positions listed above.

Plan maintenance responsibilities include:

- Maintaining a plan review and revision schedule
- Reviewing all plan components and proposed changes for consistency
- Obtaining approvals for changes from the appropriate approving authority
- Ensuring notifications of approved changes are made and disseminated
- The Commission will provide input on the development and maintenance of plan components involving the Commission.

A. PLAN UPDATES

Plan updates are coordinated and conducted biannually by the Commission EMO.

A plan update is the inspection of a plan to identify and make minor revisions without the need to input from a larger stakeholder group or an extended review process.

Plan updates may involve the following:

- Administrative changes, such as the change of an agency or sub-agency/office name or position title, which does not impact the plan or change responsibilities for actions within the plan.
- Addressing changes in departmental or federal policies, gubernatorial directives or legislation relevant to emergency planning and response, and ensuring those changes have not resulted in inconsistencies or conflicts within the plan.
- Incorporation of lessons learned from exercises or actual events.
- In the event the plan review finds a significant policy conflict or changes to the operational environment has made the plan obsolete, a more detailed revision of the plan may be required.

ii. Approval for Plan Updates

Plan updates that are largely administrative in nature may be approved by the Emergency Management Officer.

B. PLAN REVISIONS

A revision is a thorough and systematic examination of a plan to determine the degree to which stated policies and procedures need to be re-written.

The revision process attempts to:

- Ensure risk and vulnerability analysis, planning assumptions, and situations reflect current realities.
- Address relevant changes in departmental, federal, or state laws, policies, structures, capabilities, or other changes to emergency management standards or best practices.
- Incorporate substantive lessons learned from exercises, incident analysis or program evaluations.

Input from stakeholders will be sought as part of the revision process. A typical revision process includes preplanning and review meetings with stakeholder groups.

1. APPROVAL FOR PLAN REVISIONS

Plan revisions are approved and promulgated by the Commission Director.

Major changes or full updates to the plan will be sent to the Director for review and concurrence prior to submitting the final revision of the plan.

Final versions of department plans must be submitted to IOEM, who will review the plan to ensure consistency with the state EOP and keep the current version on file.

C. AUTHORITIES AND REFERENCES

1. Authorities

The EOP plan has been developed with the full endorsement of the Commission's Director and senior management.

The EOP plan complies with the following state regulations and Executive Order(s):

- Executive Order 2019-15

2. References

References used to develop this template include:

- National Planning Frameworks
- Robert T. Stafford Disaster Relief and Emergency Assistance Act
- National Incident Management System

Other references that have supported the development of this plan include the following:

- State of Idaho Hazard Mitigation Plan, 2018
- State of Idaho Emergency Operations Plan, 2019
- Idaho Governor's Executive Order 2019-15