Idaho Commission on Aging

Senior Services State Plan for Idaho

October 1, 2020—September 30, 2024

IDAHO
Idaho Commission on Aging

VERIFICATION OF INTENT

This Idaho Senior Services State Plan (Plan) is submitted to the Administration for Community Living (ACL) for the period October 1, 2020 through September 30, 2024. 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.

Judy B Taylor

Judy Taylor, Director
Idaho Commission on Aging

June 10, 2020
Date

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Attachments and Appendix

Executive Summary

Idaho Senior Services State Plan

Every four years, the Idaho Commission on Aging (ICOA) submits Idaho's Senior Services State Plan (Plan) to the Administration for Community Living (ACL). In addition to ensuring the continuation of Older Americans Act (OAA) funding, this Plan advances Idaho's legislative intent to help seniors and people with disabilities remain independent and avoid institutionalization.

Vision

ICOA's Vision is for, "Idahoans to have an informative, visible, reliable and accessible support system as they age". Along with this Vision, the following values were used in developing this Plan to strengthen community living:

- Consumer Focus – responsive, self-determination
- Best Business Decision – cost effective, sustainable
- Integrity – transparency, courage, accountability
- Continual Improvement – proactive, evidence based
- Teamwork and Partnerships – advocacy, optimism
- Respect – culturally appropriate, voice and choice

Need

As the senior population in Idaho continues to increase, so does the need to support caregiving, increase dementia capability, manage chronic pain, provide chore and transportation services, address loneliness and ensure people have access to reliable and trustworthy information. These needs intensify for those Idahoans living in rural settings, in poverty, living alone, those who are Hispanic, or of a racial minority or have reached the age where they need additional assistance to maintain their independence.

Comparing the population from the State Plan submitted four-years ago, Idaho's total population increased by 7%. However, Idaho's senior population increased by 21%. For those demographic areas that are known contributors impacting social or economic independence, seniors living in rural counties had the highest population increase, 17,250,

State Fiscal Year (SFY) Population

Demographic Categories	SFY2017 State Plan Submittal	SFY2020 State Plan Submittal	Population Increase	% Increased
State Population	1,599,464	1,715,943	116,479	7%
60+	305,607	368,742	63,135	21%
75+	89,312	104,049	14,737	17%
85+	25,556	28,607	3,051	12%
65+ living in poverty	17,492	21,102	3,610	21%
60+ living alone	54,280	61,577	7,297	13%
60+ living in Rural County	104,570	121,820	17,250	16%
60+ Hispanic	12,585	15,894	3,309	26%
60+ racial minority	9,551	13,082	3,531	37%

Post-Census estimates (the 2017 American Community Survey Estimates)

followed by those 75 years and older, 14,737, and those seniors living alone, 7,297. The two largest percentage increases were "Minorities and Hispanics" 37% and 26% respectively. The growth in Idaho is projected to continue and it is estimated that approximately 43 Idahoans will turn 60 years old per day, or approximately 15,700 annually.

To address the growing population, increasing needs, and community focus, ICOA identified the following three key Goals and supporting Objectives:

1. Universal Services – Investing in Healthy Aging:
    - To access reliable and trustworthy information, services and supports
    - To stay active in the community
    - To plan for our own independent living needs

2. Targeted Services – Preventing Institutionalization:
    - To live as independently as possible
    - To choose our own caregiver
    - To provide caregiver training and resources

3. Crisis Services – Preserving Rights and Safety:
    - To live without abuse, neglect and exploitation
    - To live with dignity
    - To make our own choices

Planning Process

ICOA utilized the following performance management methodology as a blueprint to build continuous aging service and community improvements.

This methodology advances ICOA's Vision, Values, Goals, and Objectives through planning, coordinating, collaborating, and delivering Older Americans Act and Idaho's Senior Services Act programs in conjunction with Idaho's Aging and Disability Resource Center (ADRC) network partners.

In Phase 1, Assess & Organize:
ICOA identified the underlining requirements and initial critical issues to be addressed:

- Planning and Service Area boundaries
- Intrastate Funding Formula (IFF) allocation
- Funding Parameters built into the previous state plan

In addition, stakeholders and decision makers were identified and a detailed planning schedule developed.

In Phase 2, **Environmental Assessment:**
ICOA staff prepared internal and external environmental scans and identified system strengths, weakness, opportunities and threats for each Program, Operational process and Strategic planning area. Part of the scan was to review the six Area Agencies on Aging's (AAAs) financial and service delivery systems.

An outreach team made up of ICOA's Director, Program Manager, State Ombudsman, Administrative Service Manager, Financial and Nutrition Specialists held twelve Town Hall meetings across Idaho: two in each of the six Planning and Service Areas: one in a rural area and one in an urban area. In addition, ICOA contracted with Idaho State University for a statewide service and provider needs assessment (Appendix B), and contracted with Idaho Legal Aid, a Legal Services Corporation project grantee, to prepare a statewide legal assessment. (Appendix D).

In Phase 3, Strategy Formulation:
Actions were identified to address weaknesses, reduce threats, to replicate strengths and build opportunities. ICOA used a SMART methodology to ensure actions were specific, measurable, achievable, relevant and were time related.

State level ADRC partners were convened as an on-going steering committee to identify development and coordination opportunities around Strategic Planning in March/April of each year and program improvement assessments in July/August after the end of the State Fiscal Year (Appendix C).

In Phase 4, Strategic Planning:
Actions were prioritized and built into the Plan for final public comment (Appendix H).

- ICOA Commissioner approved the Plan at the May 28th Commissioners meeting.

In Phase 5, Strategy Execution:
ICOA submitted the Plan to ACL for approval.

In Phase 6, Performance Management:
In the outcome section of this Plan, ICOA built in a quality management process to measure performance, make adjustments and continue the annual Program, Operational and Strategic Improvement Plan development:

- July 2021 – June 2022
- July 2022 – June 2023
- July 2023 – June 2024

Introduction

History

The Idaho Office on Aging (Office) was established in 1968. The Office operated as a separate entity until 1970, when it became a division of the Department of Special Services. The Governor abolished that Department in 1975, and the Idaho Office on Aging was transferred to the Office of the Governor. Legislation in 1976 formally created the Office on Aging and advisory council. In 1995, the legislation was amended to create the current Idaho Commission on Aging (ICOA) and provided for a director and a seven-member council appointed by the Governor. The director is subject to confirmation by the Senate. The seven board members serve four-year terms, but may not serve more than two terms consecutively, and oversee the duties, powers, and authorities of ICOA.

Purpose and Statutory Authority

ICOA administers state and federal programs for seniors and persons with disabilities in accordance with Idaho Code, Title 67, Chapter 50, Idaho Senior Services Act (SSA); Title 39, Chapter 53, Adult Abuse, Neglect, and Exploitation Act; Idaho Administrative Procedures Act, (IDAPA) 15.01; and the Older Americans Act (OAA) of 1965, as amended (Attachments A & B).

ICOA plans, coordinates, and promotes a statewide network designed to support aging Idahoans to live healthy and dignified lives in the communities of their choice. Services are targeted to those who have the greatest social and economic needs and are at risk of early institutionalization. ICOA also leads the effort to keep aging Idahoans safe through Adult Protective Services (APS), Ombudsmen, and senior Legal Assistance Programs and is actively involved in the emergency management planning and operations of the State of Idaho as a supporting agency (Appendix F).

- ICOA: https://aging.idaho.gov/
- Facebook: https://www.facebook.com/IdahoCommissiononAging/
- Twitter: https://twitter.com/commissionaging

Direct services are provided through six AAAs and are guided by local area plans specifically developed to advance ICOA's State Plan and address the needs in each of their respective Planning and Service Areas.

- AAA I: http://www.aaani.org/ North Idaho, Counties – Benewah, Boundary, Bonner, Kootenai, Shoshone
- AAA II: https://www.cap4action.org/program/area-agency-on-aging/ North Central Idaho, Counties – Clearwater, Idaho, Latah, Lewis, Nez Perce
- AAA III: http://www.a3ssa.com/ Southwest Idaho, Counties – Ada, Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Valley, Washington
- AAA IV: https://sites.google.com/site/csiofficeonaging/ Southcentral Idaho, Counties – Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, Twin Falls

- AAA V: http://www.sicog.org/index.html Southeast, Idaho, Counties – Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, Power
- AAA VI: http://www.eicap.org/ Eastern Idaho, Counties – Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton

Funding

ICOA is funded by Idaho General Fund appropriation and grants from three federal agencies: the U.S. Department of Health and Human Services through the ACL, the U.S. Department of Labor, and the U.S. Department of Agriculture. ACL provides the majority of federal funding in the form of Title grants authorized by the Older Americans Act (OAA) of 1965, as amended.

- ACL's Title III-B funds Supportive Services including the Ombudsman program
- ACL's Title III-C-1 funds Congregate Meal services
- ACL's Title III-C-2 funds Home-Delivered Meal services
- ACL's Title III-D funds Disease Prevention and Health Promotion services
- ACL's Title III-E funds the National Family Caregiver Support Program
- ACL's Title VII funds Elder Abuse Prevention
- ACL's Title VII funds Ombudsman (additional Ombudsman support)
- Department of Labor, Title V funds the Senior Employment Community Services Program
- ACL's Discretionary grants fund Dementia Capable, Life Span Respite, Senior Medicare Patrol (fraud prevention), APS Services and Medicare for Patients and Providers Act projects
- ACL funds Nutrition Services Incentive Program (NSIP)
- Department of Agriculture funds Commodity Supplement Food Program

Intrastate Funding Formula (IFF)

ICOA allocates Federal Title III funds and required match through an ACL approved IFF methodology. This methodology was adopted April 30, 2013 and will continue as part of the new State Plan. (Attachment C) In addition to this methodology, ICOA will allocate state only funds for APS program and additional state funds through separate policy allocations starting State Fiscal Year 2023 (July 1, 2022 – June 30, 2023) and each year thereafter.

Cost Sharing for those above Poverty

For those consumers who are above the federal poverty level (Appendix H), ICOA developed a sliding fee scale to calculate the cost share authorized by State Law, Title 67-5008, Programs for Older Persons. If only state funds are used for a service, the share of cost is based upon the household income. For eligible services using federal funds or a combination, the individual's income is used in the calculation. The Reauthorized OAA permits cost sharing for all services funded by this Act, with certain restrictions [OAA, Title III, Section 315 (a) Cost Sharing]. ICOA created a standard sliding fee scale calculation form used by the AAAs to determine the cost share by using the following income definition: gross income from the previous year, including, but not limited to, Social Security, SSI, Old Age Assistance, interest, dividends, wages, salaries, pensions, and property income, less non-covered

medical and prescription drug costs. Cost share is determined annually during reassessment. (Appendix I).

Critical Issues

Following are ICOA's Goals and identified critical issues that have been incorporated into the strategy and outcome section:

Universal Goal – Investing in Healthy Aging

Lack of available Home and Community Based Service providers

- Lack of direct care workers in all areas of the State is exacerbated in rural areas.
  Opportunities:
  A combination of statewide contracts and consumer-directed services would help fill the shortage.
- Current workers lack training in elder and dementia care.
  Opportunities:
  Coordinated training to formal and informal direct care workers in rural areas, could save Medicaid funding for institutional placement.

Access to and knowledge of services and supports

- At Town Hall meetings around the state, participants stated they did not know or have access to the following:
  1. Assistance affording housing, taxes, and/or living expenses (63% of respondents stated this was not adequate)
  2. Assistance with affordable health care and drug prescription costs (57% of respondents stated this was not adequate)
  3. Mental health including suicide prevention (56% of respondents stated this was not adequate)
  4. Opioid education and services (51% stated this was not adequate)
  5. Transportation options (50% stated this was not adequate)
  6. Senior employment opportunities (49% of respondents stated this was not adequate)
  7. Grandparents raising grandchildren (47% stated this was not adequate)
  8. Legal assistance services (46% stated this was not adequate)

  Opportunities:
  Coordinate and collaborate with ADRC partners to provide outreach and education activities.

Targeted Goal – Preventing Institutionalization

Social Isolation

- No Friendly Caller or Friendly Visitor program at the State level.
  Opportunity:

1. Formalize and expand the Community Paramedic program to volunteer EMS programs
2. Expand the Community Health Worker program to visit homebound seniors.
3. Add a friendly caller program to State universities as approved work/study duties.
4. House a friendly caller program in the current 2-1-1 Careline program.

Support informal or family caregivers

- There is a lack of contracted respite providers in the rural areas.
  Opportunity:
  1. Rural critical access hospitals could provide respite.
  2. A combination of statewide contracts and consumer-directed services would help fill the shortage.
  3. State, AAAs, and community-based agencies could be trained to identify and refer caregivers to support services.
  4. A single eligibility assessment and person-centered planning tool, representing all State, AAAs, and community-based respite/support programs and potential clients, could be developed and housed on multiple agency websites
- Loss of time from work or exit from the workforce negatively impact employers and their employees.
  Opportunity:
  Support employers through identifying caregiver options that support an employer's business needs and employee's caregiving needs.
- Many State agencies and health systems and providers do not formally recognize caregivers, only clients.
  Opportunity:
  Identify the caregiver burden and through the ADRC network develop caregiver focus resources.

Increase in Dementia cases/Local Dementia Capability

- Idaho State Alzheimer's plan is outdated.
  Opportunity:
  1. Collaborate with State Alzheimer's Chapter and coordinate with other state and local agencies.
- Formal and informal providers lack dementia capability.
  Opportunity:
  1. Incorporate Dementia capability curriculum as part of all health care/human service professionals' program of study at State universities.
  2. Promote ICOA's website as a source of evidence-based training

Crisis Goal – Preserving Rights and Safety

Maintenance of Rights and Safety

- Differing definitions of abuse across state agencies.
  Opportunity:
  Submit aligned definitions to legislature in (2021/2022) session
- Lack of Adult Abuse registry to track abusers of vulnerable adults.
  Opportunity:
  Submit enabling legislation for adult registry for the (2021/2022) session
- School systems not promoting alternatives to full guardianships.
  Opportunity:
  Build capacity through coordination and collaboration with network partners to provide education on supported decision making to all special education team members.

In addition to the critical issues, the following section identifies the services associated with each of ICOA's three key Goals and identifies the strategies and outcomes to meet the objectives. This section is intended to educate the public of available services, set baselines for quality management purposes, and is the blueprint to coordinate and collaborate with ICOA's ARDC partners.

Each program has the following structure:

- Program Name
- General Eligibility
- Service Description
- SFY2019 Service Delivery data used to track tangible outcomes
- Opportunities for Coordination/Collaboration with ADRC partners for capacity building
- Contact
- Action items: Strategies and Outcomes to improve Program, Operational Processes and Strategic Planning. The Outcomes correspond to the following ACL requirements listed in Table A below.

In addition, the following Strategies and Outcomes identify the Quality Management component for each universal, targeted and crisis service in this Plan:

Quality Management

Strategies	Outcomes
a. Perform annual program evaluation based on environmental scanning, participation on national, state, and local affinity groups and stakeholder led gap analysis including Strengths, Weaknesses, Opportunities and Threats to identify priority issues including • Increasing consumer direction and participation in programing	1. Prepare a quality management report to ICOA Commissioners at November meeting identifying best practices, any corrective actions and potential improvements to the program. *ACL-Focus Area A2*

• Reducing loneliness • Forging new partnerships and collaborations	2. Incorporate objectives and performance measures in ICOA's annual strategic plan, and AAA local plans. *ACL-Focus Area A2*

Table A: ACL State Plan Focus Areas and Requirements

ACL Focus Areas	ACL State Plan Requirement
A-1: Core	Coordinating Title III programs with Title VI Native American programs
A-2: Core	Strengthening and/or expanding Title III & VII services
A-3: Core	*Supporting families and caregivers
A-4: Core	Improving coordination between the Senior Community Services Employment Program (SCSEP) and other Older Americans Act programs
A-5: Core	*Expanding Employment Opportunities
A-6: Core	*Increasing the business acumen of aging network partners
A-7: Core	*Working towards the integration of health, health care and social services systems, including efforts through contractual arrangements
A-8: Core	Integrating core programs with ACL's Discretionary Grants
B-1: Discretionary	Integrate ACL Discretionary Grants with OAA Core programs
B-2: Discretionary	Age and Dementia friendly efforts
B-3: Discretionary	Social determinants of health efforts
B-4: Discretionary	Incorporating aging network services with other Home-and-community-based services
C-1: Participant-Directed/Person-Centered	Support participant-directed/person-centered planning for older adults and their caregivers across the spectrum of long-term-care services, including home, community and institutional settings
C-2: Participant-Directed/Person-Centered	*Connecting People to Resources
D-1: Elder Justice	Preventing, detecting, assessing, intervening, and/or investigating elder abuse, neglect, and financial exploitation
D-2: Elder Justice	*Protecting Rights and Preventing Abuse
D-3: Elder Justice	Supporting and enhancing multi-disciplinary responses to elder abuse, neglect and exploitation involving adult protective services, LTC ombudsman programs, legal assistance programs, law enforcement, health care professionals, financial institutions, and other essential partners across the state.

*Administration for Community Living's Pillars

Universal Services

Goal: Investing in Healthy Aging

Objectives:

- To access reliable and trustworthy information, services and supports
- To stay active in the community
- To plan for our own independent living needs

Congregate Meals

General Elligibility:

- Senior 60 years old and over and their spouses
- Adult with a disability under 60 living with an eligible person

Service Description:

- Prepare and serve meals in a congregate settings, which provide older persons with assistance in maintaining a well-balanced diet. The purpose is to reduce hunger and promote socialization.

Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019

- Expenditures: $1,729,315
- 94 Meal Sites
- 492,440 Meals served
- 14,223 Clients

Area Agencies on Aging (AAA)	AAA I	AAA II	AAA III	AAA IV	AAA V	AAA VI
AAA Office	Coeur d'Alene	Lewiston	Meridian	Twin Falls	Pocatello	Idaho Falls
Reimbursement Rate	$4.20	$3.15	$4.00	$3.10	$3.00	$2.30
Estimated: Additional ACL funds: Nutrition Services Incentive Program	.75	.75	.75	.75	.75	.75
Total Estimated Meal Reimbursment:	$4.95	$3.90	$4.75	$3.85	$3.75	$3.05

Opportunities for Coordination & Collaboration:

- Idaho Foodbank
- The Emergency Food Assistance Program (TEFAP)

Contact: Local AAAs

Strategies	Outcomes
a. Strengthen service delivery through formal education. 1. Meal-site Coordinator, 2. Sign in Clerk, 3. Kitchen Staff, 4. Home Delivered Meal drivers, 5. Dietician, and 6 AAA Staff.	1. Develop 3 modules the first year SFY2021 (July 1, 2020 – June 30 -2021) Develop 3 second year SFY2022 (July 1, 2021 – June 30, 2022) In 3rd and 4th year make revision and make available to other State Unit on Aging Nutrition Programs. *ACL-Focus Area A6*

b. Develop materials focused on rural, minority, and culturally diverse populations for distribution.	1. Increased congregate participation through direct client interactions and distribution of program materials, especially with rural and minority populations. Distribute program materials at least twice a year to provide a basis for consumers to make informed choices regarding their in-home services. *ACL-Focus Area A7*
c. Collaborate with Health and Welfare's The Emergency Food Assistance Program (TEFAP) to share resources and provide access to the program through the meal-site focal points.	1. Invite TEFAP personnel to at least 1 AAA quarterly nutrition meeting for collaborative training. *ACL-Focus Area A7*
d. Develop a standard meal cost calculation template considering different meal site operational needs: fulltime, part-time, volunteer, rural or urban.	1. Provide a standard meal cost calculation template to AAAs to gather information for the development of their local Area Plans due to ICOA June 30, 2021. *ACL-Focus Area A2* 2. Review and update annually as part of AAA Area Plan update due to ICOA year by October 15th. *ACL-Focus Area A6*
e. Coordinate with Title IIIE National Family Caregiver Program, Legal Assistance, Ombudsman and APS to inform participants at congregate meal-sites of participant directed and person-centered planning services.	1. At least semi-annually, provide participant-directed and person-centered planning information to the meal-sites in coordinated effort to educate people about available services. *ACL-Focus Area C1*
f. Collaborate with the Tribes to include meal-sites as a focal point to distribute supportive services, nutrition, health promotion, caregiving and elder justice information.	1. Initially in SFY2021 (July 1, 2020 – June 30, 2021) collaborate with Idaho's Tribe to identify opportunities to share OAA and State program information through meal-site focal points. *ACL-Focus Area A1* 2. Annually, distribute performance report to the Tribes, ICOA Commissioners and AAA Advisory Committees in November identifying activities/coordination completed for the year. *ACL-Focus Area A1*
g. Increase capacity through working with the Senior Community Service Employment Program (SCSEP).	1. Facilitate Host Agency participation between SCSEP Director and meal sites. *ACL-Focus Area A4* 2. Provide guidance on the integration of SCSEP participants into the congregate meal service. *ACL-Focus Area A4*
h. Collaborate with AAAs to develop a standard nutrition satisfaction survey for the AAAs to use during their Area Plan development.	1. Released in October 2020 and results identified in Area Plans along with any program improvements as a result. *ACL-Focus Area A2* 2. Follow up survey would be in October 2022 and used to assess service mid-way through Area Plan. *ACL-Focus Area A2*

Information and Assistance

General Elligibility:
- General public needing long-term care and/or Caregiver information

Service Description:
- Provides individuals with Long-term Care information
- Prepares initial and annual eligibility assessments
- Links people to available services
- Ensures individuals receive services through follow up
- Manages registered clients

Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019

Service	Expenditures	Units
Total I&A General & Caregiver Staff		21.43 Staff
Total Registered Clients Managed		20,272 Clients
General I&A	$ 891,209	23,073 contacts
Caregiver I&A	$ 217,459	3,918 contacts
Total	$ 1,108,668	26,991 contacts

Opportunities for Coordination & Collaboration:
- Council for the Deaf and Hard of Hearing,
- 211 (non-standing meeting)

Contact: Local AAAs

Strategies	Outcomes
a. Implement statewide caregiver assessment in SFY2021 and build performance tracking/monitoring.	1. Build a caregiver assessment in the State's Management Information System, provide education and support to AAAs and evaluate outcomes annually. *ACL-Focus Area B2*
b. Increase number of participants who plan and direct their own service delivery.	1. Complete statewide senior service resource database and formalize an on-going resource management process in SFY2021. *ACL-Focus Area C1* 2. Create resource database and work with the National Family Caregiver Support Program to include participant directed and person- centered planning resources and data collection. Develop on-going resource management criteria to maintain the most up-to-data resources. *ACL-Focus Areas A2 & C1*

Outreach and Education

General Elligibility:
- General public needing supportive services and/or Caregiver information

Service Description:

- Public Information
  - Events, publications, campaigns, and other mass media activities targeting Supportive Services
- One-on-one Outreach
  - Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers)
- Caregiver Information Services
  - Events, publications, campaigns, and other mass media activities targeting Caregivers

Opportunities for Coordination & Collaboration:

- Medicaid, - Public Health, - Behavioral Health, - 211 Careline, - Rural Health, - State Health Insurance Benefits Advisors, - Council on Developmental Disability, - State Independent Living Council, - Veterans Administration Medical Center-Behavioral Health, - Shoshone Bannock Tribe, - Idaho Legal Aid, - Saint Luke's Regional Medical Center, - Idaho Foodbank, - Jannus, - Metro Community Service, - AAAs, - Department of Labor, - Workforce Innovation and Opportunity Act Committee

Contact: ICOA and Local AAAs

Strategies	Outcomes
a. In coordination with AAAs and ADRC network partners, create an Outreach and Education implementation plan.	1. Annually, in April/May develop a national campaign schedule for upcoming State Fiscal Year. Prior to the campaign month coordinate with AAAs and network partners to participate at state and local levels. *ACL-Focus Area A7*
b. Utilize social media to inform the community and aging network partners of upcoming events through ICOA's website, calendar, social media and email blasts to network partners.	1. Written procedures to track the social media methods and units. *ACL-Focus Area A2*
c. Create education/training modules for core Older Americans Act and Idaho State services.	1. Annually, identify funding to develop two new education/training modules. Develop usage report of all education/training efforts to the targeted audience. *ACL-Focus Area A6*
d. Develop aging network campaigns promoting ICOA, AAAs and network ADRC partners to increase public perception.	1. Coordinate two education and outreach events with the six AAAs promoting their services and aging issues in their local area. *ACL-Focus Area A7*

Disease Prevention and Health Promotions

General Elligibility:

- Senior 60 years old and over and their caregivers

Service Description:

- Workshops available that can provide us with the tools to:
  - Establish our own support network
  - Create our personalized action plan
  - Learn relaxation and strategies to deal with pain, fatigue, and frustration
  - Discover how nutrition can improve our health
  - Develop an exercise program that works for us
  - Understand new treatment choices

• Communicate effectively with our doctors and families about our health	
Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019	
- Expenditures: $89,835 • AAA 1: Care Transitions • AAA 2: Chronic Disease Self-Management • AAA 3: Diabetes Self-Mgmt. Chronic Disease Self Management Education • AAA 4: Over 60 and Getting Fit • AAA 5: Diabetes Self-Mgmt. • AAA 6: Chronic Disease Self-Management	
Opportunities for Coordination & Collaboration: - Idaho Regional Health Districts, Statewide Health Care Systems (major hospitals) Service Organizations (e.g. Lions)	
Contact: Local AAAs	
Strategies	Outcomes
a. Provide increased opportunities to attend classes/activities/programs that help prevent diseases and promote healthy aging. Encourage opportunities for remote participation.	1. Each year in March/April/May finalize Disease Prevention and Health Promotions class schedules for the State Fiscal Year starting July 1st. There should be at least two rural and two urban class in each Planning and Service Area every six-months. *ACL-Focus Area A2*
b. Develop materials focused on rural, minority, and culturally diverse populations for distribution.	1. Increased Disease Prevention Health Promotion participation through direct client interactions and distribution of program materials, especially with rural and minority populations. Distribute program materials at least twice a year to provide a basis for consumers to make informed choices regarding their in-home services. *ACL-Focus Area A7*
c. Capitalize on established campaign materials to inform people about available Disease Prevention and Health Promotions services and resources.	1. Annually, select at least one Disease Prevention, Health Promotion campaign and coordinate the implementation 60 to 90 days prior to the campaign with ADRC network partners. *ACL-Focus Area A2*
d. Actively pursue interested host agency as venues and interested master trainers/lay leaders to teach classes within the AAAs planning and service area.	1. Hold classes in at least 40% of the counties in the Planning and Service Area during each fiscal year and develop a rotation plan to cover all counties within a 2-year period. *ACL-Focus Area A2*
e. Increase ADRC partner knowledge of available evidence-based programs.	1. Annually, provide at least one evidence-based education event to ADRC network. *ACL-Focus Area A6* 2. Develop and maintain a matrix cross-walking regional chronic disease data with evidence-based programs. *ACL-Focus Area A7*

Elder Rights/Legal Assistance Developer (LAD)

General Elligibility: - Statewide Plan Compliance

Service Description: - To develop and implement improvements to legal service delivery for seniors in Idaho	
Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019	
- Expenditures: $21,590 • Environmental scan • Utilized federal and state stakeholder group • Standardize data collection process • Identify improvements to service delivery model • Collaborate on successful Legal Assistance grant	
Opportunities for Coordination & Collaboration:	
Contact: ICOA and Idaho Legal Aid	
Strategies	Outcomes
a. Work with ADRC network partners and revise or develop new improvement plan for the new State Fiscal Year.	1. Each year in March/April/May finalize new improvement plan to be funded and implemented during the new State Fiscal Year starting July 1st. *ACL-Focus Area A6*
b. Maintain a stakeholder group that annually identifies programs to address gaps or issues in service. Make these projects available for AAAs to build into their legal assistance service. (Appendix D1)	1. Annually, April/May the legal improvement project list will be provided to the AAAs for incorporation into their State Fiscal Year (SFY) budget and list provided to ICOA's Commissioners at the May meeting for networking. *ACL-Focus Area A6*

Discretionary Grant – Senior Medicare Patrol

General Elligibility: - Medicare beneficiaries and their caregivers	
Service Description: - Education for Medicare and Medicaid beneficiaries to detect, report, and prevent health care fraud. - Train SMP staff and volunteers to conduct group education sessions, provide one-to-one counseling with Medicare beneficiaries, and hold regional Scam Jams.	
Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019	
- Expenditures: $252,823 - Volunteers Recruited: 13 - Group Presentations: 242 - Community Events: 425 - One-to-one Counseling: 1,083	
Opportunities for Coordination & Collaboration: - Idaho Department of Finance, - AARP Idaho, Idaho Department of Insurance (State Health Insurance Benefits Advisors), - Idaho Legal Aid, - Better Business Bureau, - Idaho Attorney General's Office, - Idaho Tax Commission, - ICOA, - Boise Police Department, - Boise State University	
Contact: ICOA and Local AAAs	
Strategies	Outcomes
a. Work with ADRC network partners and revise or develop new improvement plan for	1. Each year in March/April finalize new improvement plan to be funded and implemented during the new grant program year. Coordinate with the Department

the new program year. First year is focused on increasing and maintaining volunteers.	of Insurance's State Health Insurance Benefits Advisors. *ACL-Focus Area B1*
b. Increase awareness of and opportunities for participation in Medicare and Medicaid fraud prevention.	1. Each year in March/April/May finalize outreach schedules for the new grant period to engage community. There should be at least two rural and two urban events/activities in each Planning and Service Area per quarter. 2. Increase "Awareness = number of followers" and "Engagement = number of total likes, comments, replies, retweets/repost". *ACL-Focus Area B4*

Discretionary Grant – Dementia Capable

General Elligibility:
- Competitive Three-year Grant: $649,093
- Persons with Alzheimer's disease and their caregivers

Service Description:
- Improving awareness, education, and direct services for people with dementia and their families.

Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019

- Expenditures: SFY19: $135,184 federal funds
  - Expand Powerful Tools for Caregivers (6-week workshop)
  - Developed 11 Dementia Training modules
  - Implemented Consumer directed respite service pilot project with southwest AAA.
  - Created Dementia Capable I&A Training
  - Developing Caregiver Assessment Tool
  - Alzheimer's Association expanding "Knowing the 10 Signs and 5 Health Habits" education in southern Idaho
  - Boise State University evaluating activities

Opportunities for Coordination & Collaboration:
- Greater Idaho Chapter of Alzheimer's Association: 208-206-0041, - Alzheimer's Association Washington: 1-800-272-3900, - Legacy Corps at Jannus, - Area 3 Senior Services Agency (southwest Idaho), - Orchard Ridge: Coeur d'Alene, - Boise State University for the Study of Aging, - Idaho Department of Health and Welfare: Divisions of Medicaid, Licensing and Certification, Idaho Division of Veteran's Services, Idaho Health Care Association

Contact: ICOA

Strategies	Outcomes
a. Create and maintain dementia capable materials for AAA and ADRC partner education.	1. Update dementia capable materials on ICOA's website annually. *ACL-Focus Area A6* 2. Distribute information about how to access ICOA's free online Dementia Skill Training Modules to ADRC partners annually. *ACL-Focus Area B2*
b. Capitalize on established campaign materials to inform people about dementia related resources and supports.	1. Annually, as a partner of the ADRC, ICOA will support Idaho Caregiver Alliance and the Idaho Alzheimer's Association for the November National Family Caregivers and National Alzheimer's Disease Awareness campaigns. *ACL-Focus Area B2*

c. Work with the Alzheimer's Association, BSU Center for the Study of Aging, to hold an education event to learn about each network partner's current status and future plans to improve dementia capability.	1. Update Idaho's State Plan for Alzheimer's Disease, addressing needs associated with an increasing number of people with Alzheimer's disease and related dementias. *ACL-Focus Area B4*
d. Create a caregiver assessment and assessment process (guidance and planning) and evaluate for effectiveness with the AAAs and other community-based organizations. Integrate the assessment into GetCare.	1. Implement statewide caregiver assessment in SFY2021 and build performance tracking/monitoring for annual quality management report. *ACL-Focus Area B2*
e. Prepare replication materials based on AAA III's consumer directed respite pilot project.	1. Implement consumer directed respite statewide in SFY2023 (Jul 1, 2022 – June 30, 2023). *ACL-Focus Area C1*
f. Establish educational classes statewide to increase skills of informal caregivers.	1. Implement and sustain Powerful Tools for Caregivers (PTC) in Title IIIE workshops statewide. *ACL-Focus Area B1*

Program Development and Coordination

General Elligibility:

- Program Improvement Plans - Operating Improvement Plans - Strategic Improvement Plans

Service Description:

- Enhance service to the most at-risk population:
  - At Risk of institutional placement
  - Greatest economic need
  - Greatest social need
- Improve service delivery and coordination
  - Phase 1: Assess and Organize
  - Phase 2: Environmental Assessment
  - Phase 3: Strategic Formulation
  - Phase 4: Strategic Planning
  - Phase 5: Strategic Execution
  - Phase 6: Performance Management

Opportunities for Coordination & Collaboration:

- Medicaid, - Public Health, - Behavioral Health, - 211 Careline, - Rural Health, - State Health Insurance Benefits Advisors, - Council on Developmental Disability, - State Independent Living Council, - Veterans Administration Medical Center-Behavioral Health, - Shoshone Bannock Tribe, - Idaho Legal Aid, - Saint Luke's Regional Medical Center, - Idaho Foodbank, - Jannus, - Metro Community Service, - AAAs, - Department of Labor, - Workforce Innovation and Opportunity Act Committee, - U of I Assistive Technology Project, - BSU Center for the Study of Aging, - Alzheimer's Association, - Idaho Caregiver Alliance, - Division of Public Health, - Idaho Kincare Project.

Contact: ICOA

Strategies	Outcomes
a. Research and implement successful youth volunteer programs.	1. Create a youth volunteer program to expand OAA supportive, nutritional, disease prevention, health

	promotions, and caregiving services to seniors. *ACL-Focus Area A2*
b. Increase opportunity for multi-generational socialization and service delivery.	1. Develop a local pilot project in SFY2021 to link students with projects to help seniors. Replicate best practices in other parts of the state. *ACL-Focus Area A2*
c. Eliminating service delivery variability across the state.	1. Work with ADRC partners to identify feasibility of developing a combination of participant-directed and standard provider contract rate for Home and Community Based Services. *ACL-Focus Area A7* 2. Present findings to Commissioners at the November SFY2022 meeting and develop an implementation plan and report back to Commissioners SFY2023. *ACL-Focus Area A7*
d. Strategic collaboration and state advocacy for emerging senior issues; i.e. affordable housing, taxes, living expenses, affordable health care and drug prescription.	1. In SFY2021, incorporate links, contacts, and educational resources addressing housing, taxes, living expenses, etc. on ICOA's website and work with AAAs to add to theirs. *ACL-Focus Area A6* 2. Work with ADRC partners to develop/update literature annually. *ACL-Focus Area A2* 3. Additionally, look for discretionary grant opportunities that address social determinants of health. *ACL-Focus Area B3*
e. Identify ADRC partners to develop programs to reduce social isolation.	1. In SFY2021, develop and pilot a program/s and replicate in other parts of the state during the state plan performance years. i.e. a formal/informal (volunteer) supportive service friendly calling and/or friendly visiting program. *ACL-Focus Area A3*
f. Identify options to strengthen informal caregivers especially in rural areas and actively search for potential discretionary grants.	1. Identify an employer "best practice" that supports their employees who are caregivers and develop literature/resources and education for other employers showing the benefits of supporting caregivers. *ACL-Focus Area A3* 2. Success is expanding best practice to additional employers. *ACL-Focus Area A3*
g. Solicit new ADRC partners to build a dementia capable curriculum for health care/human service professionals.	1. Collaborate with education institutes to identify feasibility of adding dementia education into their health programs. *ACL-Focus Area A6* 2. Add promising practices into annual Program Improvement Plans. Look for potential discretionary grants. *ACL-Focus Area B2*
h. Identify options and advocate for alternatives to full guardianship.	1. Develop "supportive decision-making" education materials with partners and develop implementation plan to promote alternatives to full guardianships. Look for potential discretionary grants. *ACL-Focus Area D2*

i. Revise current Program Manual to reflect new Program Development & Coordination budget parameters.	1. ICOA will formalize a Program Development & Coordination funding policy following 45 CFR section 1321.17(f)(14) that will be implemented in SFY22 (July 1, 2021 – June 30, 2022). This policy will include annual public notification prior to AAA budget submittal and program improvement success presented to ICOA's Commissioners. *ACL-Focus Area A2*
j. Formalize state, regional and local Governance roles.	1. During the state plan performance years, develop guidance and best practices to increase visibility and support of AAA Area Plan priorities within their multi-purpose organization. *ACL-Focus Area A2*

Discretionary Grant – Chronic Disease Self-Management Education

General Elligibility:

- Adults 18 years and older, and their families and caregivers

Service Description:

- Workshops available that can provide us with the tools to:
  - Build infrastructure and sustainability in rural areas
  - Establish our own support network
  - Create our personalized action plan
  - Learn relaxation and strategies to deal with pain, fatigue, and frustration
  - Discover how nutrition can improve our health
  - Develop an exercise program that works for us
  - Understand new treatment choices
  - Communicate effectively with our doctors and families about our health

Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019

- Rural county focus (unit counts rural and urban)
  - Number of workshops
  - Number of participants
  - Number of completers
  - Number of host agencies
  - Number of trained lay/leaders/master trainers
  - Business Plan/Replication manual

Opportunities for Coordination & Collaboration:

- Idaho Regional Health Districts, - Statewide Health Care Systems (major hospitals) - Service Organizations (e.g. Lions)

Contact: AAA (Southwest Idaho) Pilot Project

Strategies	Outcomes
a. Prepare replication materials based on AAA III's consumer Chronic Disease Self-Management Education pilot project.	1. Make an implementation, replication plan available for the AAAs and other ADRC network partners to establish Chronic Disease Self-Management programs in rural counties: SFY2023 (Jul 1, 2022 – June 30, 2023). *ACL-Focus Area B1*

b. Capitalize on established campaign materials to inform people about available Chronic Disease Self-Management services and resources.	1. Annually, select at least one Chronic Disease Self-Management Education campaign and coordinate the implementation 60 to 90 days prior to the campaign with ADRC network partners. *ACL-Focus Area A2*

Targeted Services

Goal: Preventing Institutionalization

Objectives:
- To live as independently as possible
- To choose our own caregiver
- To provide caregiver training and resources

Home Delivered Meals

General Elligibility:
- Assessment Required
  - Senior 60 years and older
  - Homebound
  - Frail
  - Unable to safely prepare a meal

Service Description:
- Provide a home delivered meal 5 or more days a week: may consist of hot, cold, frozen, dried, canned, fresh or supplemental foods.

Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019

- Expenditures: $2,341,255
- 94 Meal Sites
- 583,520 meals served
- 4,213 Clients

Area Agencies on Aging (AAA)	AAA I	AAA II	AAA III	AAA IV	AAA V	AAA VI
AAA Office	Coeur d'Alene	Lewiston	Meridian	Twin Falls	Pocatello	Idaho Falls
Reimbursement Rate	$4.50	$3.56	$4.50	$3.50	$3.75	$3.25
Estimated: Additional ACL funds: Nutrition Services Incentive Program	.75	.75	.75	.75	.75	.75
Total Estimated Meal Reimbursment:	$5.25	$4.31	$5.25	$4.25	$4.50	$4.00

Opportunities for Coordination & Collaboration:
- Idaho Foodbank - The Emergency Food Assistance Program (TEFAP)

Contact: Local AAAs	
Strategies	Outcomes
a. Standardize Home Delivered Meal planning, development and service assessment.	1. Implement semi-annual meetings to set budget projections, identify best practices or gaps and issues. Use this as a planning and development meeting: April/May to prepare for new budget year and July/August to analyze year ending data. *ACL-Focus Area A2*
b. Develop materials focused on rural, minority, and culturally diverse populations for distribution.	1. Increased Home Delivered Meal participation through direct client interactions and distribution of program materials, especially with rural and minority populations. Distribute program materials at least twice a year to provide a basis for consumers to make informed choices regarding their in-home services. *ACL-Focus Area A7*
c. Develop nutrition service delivery performance measures to gain synergies through meal delivery.	1. In SFY2021 update Program Manual to include timely client assessment, service initiation, and build performance tracking/monitoring tool for annual quality management report. *ACL-Focus Area A2* 2. In SFY2021 develop and implement a practice with home delivered meal providers to check client's well-being and build performance tracking/monitoring tool for annual quality management report. *ACL-Focus Area A2* 3. In SFY2021, develop a Home Delivered Meal implementation plan that identifies resource types to be distributed during specific times of the year. Set a schedule and coordinate with health care and social service systems to distribute information. *ACL-Focus Area A7*

Nutrition Services Incentive Program (NSIP)

General Elligibility: - Participate in a Home Delivered/Congregate Meal Program - Purchase domestically grown food
Service Description: - This is an incentive program and funds are distributed based on the meals a site provided during the previous year.
Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019
- 94 Meal Sites in Idaho - Home Delivered Meals Served: 583,520 - Congregate Meals Served: 492,440 - Meals Served: 1,075,960 - Average: .75 per meal - Projected Funding: $806,970

Opportunities for Coordination & Collaboration: - Idaho Meal Sites	
Contact: Local AAAs	
Strategies	Outcomes
a. Capitalize on established campaign materials to inform people about available nutrition and food insecurity services and resources.	1. Annually, prior to the campaign month, utilize national campaign materials (National Nutrition Month), and distribute to network partners. Follow six activity areas on ICOA handout and work with AAAs and network partners to participate at state and local levels. *ACL-Focus Area A7*
b. Revise Program Manual to provide guidance on client registration.	1. Annually, in coordination with the AAAs develop an education and outreach schedule informing each meal site the benefits of registering congregate meal clients. *ACL-Focus Area A2*

Homemaker

General Elligibility: - Seniors 60 years and older that have physical barriers preventing them from maintaining a clean home environment - Required assessment: • IADLs - Instruments of Activities of Daily Living: preparing a meal, able to drive, managing money, managing medication, shopping for food, doing laundry, housekeeping and using the telephone. • ADLs – Activities of Daily Living: help needed with eating, bathing, dressing, transferring, toileting, and walking or moving around	
Service Description: - Provides housekeeping, meal planning and preparation, personal errands, bill paying and medication management	
Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019	
- Expenditures: $700,329 - 45,777 hours = average cost: $15.30 per hour - 1,313 Clients = Annual average: 35 hours per client - 59.3% are 75 and older - 77.9% have 2 or more ADLs - Annual average: $533 per client	
Opportunities for Coordination & Collaboration: - Medicaid - Council on Developmental Disabilities, - State Independent Living Council	
Contact: Local AAAs	
Strategies	Outcomes
a. Create a subcommittee stakeholder workgroup to develop materials focused on rural communities and culturally diverse populations, for distribution to (1) medical professionals and (2) targeted consumers.	1. Increased participation of medical professionals through direct client interactions and distribution of program materials, especially with rural and minority populations. Distribute program materials at least twice a year to provide a basis for consumers to make informed choices regarding their in-home services. *ACL-Focus Area A7*

b. Develop and coordinate one annual event to provide professional development to medical professionals.	1. Increase both the number of medical professionals solicited and those committed to include in-home service information and materials as part of client interactions. *ACL-Focus Area A6*
c. Create a stakeholder workgroup to develop consumer-directed tools and guidance.	1. Incorporate consumer-directed Homemaker service statewide. *ACL-Focus Area C1*
d. Build statewide infrastructure to support consumer-direction.	1. Revise the Management Information System to efficiently support consumer-direction: i.e. maintaining a current list of formal and informal resources who are capable of providing in-home services. *ACL-Focus Area A7*
e. Expand representation of In-home service stakeholder group.	1. Ensure planning, implementation and evaluation of in-home service programs includes inclusive representation of all populations including but not limited to for-profit, not-for-profit, service-based, faith-based, ethnic and cultural groups. *ACL-Focus Area A7*

Chore

General Elligibility:

- Senior 60 years and older that have physical barriers preventing them to keep their home safe.
- Required assessment:
  - IADLs - Instruments of Activities of Daily Living: preparing a meal, able to drive, managing money, managing medication, shopping for food, doing laundry, housekeeping and using the telephone.
  - ADLs – Activities of Daily Living: help needed with eating, bathing, dressing, transferring, toileting, and walking or moving around

Service Description:

- Improve client's safety at home through one-time or intermittent service:
  - assistance with yard work,
  - sidewalk maintenance,
  - heavy cleaning and
  - household maintenance
  - grab bars
  - wheelchair ramps

Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019

- All AAAs are able to link people with chore services, but some AAAs may also provide funding.

Opportunities for Coordination & Collaboration:

- Medicaid - Council on Developmental Disabilities, - State Independent Living Council

Contact: Local AAAs

Strategies	Outcomes
a. Capitalize on established campaign materials to inform people about in-home resources and supports.	1. Annually, prior to the campaign month, utilize national campaign materials (National Energy Awareness Month in October) and distribute to network partners. Follow six activity areas on ICOA handout and work with AAAs and network partners

	to participate at state and local levels. *ACL-Focus Area A7*
b. Increase senior's capacity to provide their own home maintenance.	1. Provide maintenance and repair tips and techniques quarterly via social media and website, that enable consumers to perform basic home maintenance and repair. *ACL-Focus Area A2* 2. Coordinate with local community to provide donations of labor, materials, etc. *ACL-Focus Area A2*

Case Management

General Elligibility:
- Seniors 60 years and older
- Unable to manage multiple services to meet their long-term-care needs
- Comprehensive assessment required:
  - Assesses physical, psychological and social needs
  - Considers available family members and friends who are able to assist before looking for paid options

Service Description:
- Develops and implements a supportive service plan
- Oversees progress until client is able to manage services on own

Opportunities for Coordination & Collaboration:
- Medicaid - Council on Developmental Disabilities, - State Independent Living Council

Contact: Local AAAs

Strategies	Outcomes
a. Prepare an environmental scan specifically looking at Case Management service and determine if it can be or has been absorbed into other direct or referral type of services.	1. Make changes to State Statute to align with actual service delivery model. *ACL-Focus Area A7*

Senior Transportation

General Elligibility:
- Seniors 60 years old and over who not have personal transportation

Service Description:
- Service is in conjunction with local transportation providers
- Target: reduces isolation, and promotes independent living by providing transportation to:
  - Medical and health care services
  - Meal programs
  - Employment locations
  - Shopping and community functions
  - Adult day care facilities
  - Social service agencies

Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019

- Expenditures: $550,618
- Boardings: 162,087
- Average Cost per boarding: $3.40

Opportunities for Coordination & Collaboration: - Idaho Transportation Department, - Idaho Department of Health & Welfare, - Division of Medicaid, - Department of Education, - Community Transportation Association, - Idaho Council on Developmental Disabilities, - Division of Vocational Rehabilitation, - Idaho Department of Labor and - Idaho Head Start Association	
Contact: Local AAAs	
Strategies	Outcomes
a. Capitalize on established campaign materials to inform people about senior transportation resources and supports.	1. Annually, prior to the campaign month, utilize campaign materials (May in Motion) and distribute to network partners. Follow six activity areas on ICOA handout and work with AAAs and network partners to participate at state and local levels. *ACL-Focus Area A7*

Family Caregiver Support Program

General Elligibility: - Caregivers and relatives as caregivers who are 55 or under 55 caregiving for an older person.
Service Description: - Support and train caregivers through the following activities: • Information Services (Outreach & Education) • Access assistance (Information & Assistance-telephone) • Support Group/Training/Counseling • Respite • Supplemental Services (Limited basis)
Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019

Service	Expenditures	Unit
Information Services:	$ 56,656	NA
Access Assistance:	$ 217,459	3,918 Contacts
Support Group/Education	$ 73,778	NA
Respite	$ 358,288	23,093 Hours
Supplemental Services	$ 17,995	NA

Opportunities for Coordination & Collaboration: - Idaho Caregiver Alliance**, -** Medicaid **-** Council on Developmental Disabilities**, -** State Independent Living Council	
Contact: Local AAAs	
Strategies	Outcomes
a. Capitalize on established campaign materials to inform people about caregiver related resources and supports.	1. Annually, prior to the campaign month, utilize campaign materials (November, Family Caregiver Month) and distribute to network partners. Follow six activity areas on ICOA handout and work with

	AAAs and network partners to participate at state and local levels. *ACL-Focus Area A7*
b. Develop materials focused on rural, minority, and culturally diverse populations for distribution.	1. Increased respite participation through direct client interactions and distribution of program materials, especially with rural and minority populations. Distribute program materials at least twice a year to provide a basis for consumers to make informed choices regarding their in-home services. *ACL-Focus Area A7*
c. Craft a business plan that accounts for expenditures related to Information and Assistance caregiver assessment.	1. Formalize plan, identify funding and build into service delivery. *ACL-Focus Area A2*
d. Develop a consumer-directed replication plan. This plan will identify the framework needed for the local AAAs to transition their respite programs to include consumer-direction. The role is to conduct community promotion/education to identify and recruit caregivers and provide training for caregivers to learn how to manage consumer directed respite.	1. Formalize plan and build into service delivery. *ACL-Focus Area C1*
e. All caregivers statewide will have opportunities to take caregiver training through "evidence based" classes called Powerful Tools for Caregivers (PTC). Sustainability of PTC relies on host agencies recruitment and training of class leaders due to attrition and continuous development of caregiver recruitment network.	1. Identify providers in all six of the Planning and Services Areas in Idaho. *ACL-Focus Area A3* 2. Collaborate with local AAAs for implementation and/or identification of other partners available to provide classes. Track each provider, the number of classes, number of participants, outreach efforts, hosts in rural and urban areas, and list of potential and current class leaders. *ACL-Focus Area A7*

Discretionary Grant – Idaho Lifespan Respite Project

General Eligibility: - Competitive Three-year Grant: $733,163 Federal Funds to identify Caregiver needs across the lifespan
Service Description: Partnership with the Idaho Caregiver Alliance • Expand and enhance supports for caregivers across the lifespan • Improving access to respite services for family caregivers of all ages
Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019
- Families Together: Families with special needs children - Hike to Heal: Provides care while caregiver regroups with others in a natural settings - Legacy Corps: provides care allowing caregiver to attend Powerful Tools for Caregiver classes - Rays for Rare: Provides care for children with significant medical needs, allowing caregiver to regroup - Additional: Sandpoint Senior Center Daybreak Program, Senior Connections, Relatives as Parents, AAA III Consumer-Directed Respite Pilot
Opportunities for Coordination & Collaboration: - Idaho Caregiver Alliance - BSU Center for the Study of Aging

Contact: ICOA	
Strategies	Outcomes
a. Enhance access to respite for caregivers across the lifespan in Idaho.	1. Secure funding to pursue the following objectives identified through stakeholder research activities with the Idaho Caregiver Alliance. *ACL-Focus Area B1* 2. Increase the number of organizations providing community respite, including the faith community. *ACL-Focus Area A7* 3. Expand existing respite services. *ACL-Focus Area A2* 4. Expand consumer-directed respite to unserved populations. *ACL-Focus Area C1* 5. Engage the Idaho Caregiver Alliance to: *ACL-Focus Area A2* a. Provide technical assistance to respite providers b. Provide education to employers about caregivers needs and caregiver support policies and practices, including access to respite c. Provide education to caregivers about self-advocacy interventions and services for the care receiver, and resources for self-care d. Increase collaboration with health systems and health e. Insurers to link caregivers to community services, including respite

Senior Community Service Employment Program

General Elligibility: - Annual Grant Application: $420,246 - Required assessment: • Unemployed adults 55 years old and over, whose income are 125% of poverty
Service Description: - Provides employment training to low income older individuals who need to enhance their skills to compete in the job market. Seniors are placed at 501(c)3 nonprofit agencies and are provided with part-time, work-based training opportunities
Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019
- Funding for 43 participants • 55 clients participated in program - Average time in program: 20.5 months • Total hours provided: 34,690 - Minimum wage ($7.25) during training - $289,415 enrollee wages/$5,262 per enrollee - $34,485 enrollee coordination/support - $53,371 administration - Host Agencies: • In-kind $53,665 (Host Agencies)
Opportunities for Coordination & Collaboration:

- Idaho Department of Labor, - Idaho Career and Technical Education, - Idaho Division of Vocational Rehabilitation Services, - Idaho Department of Health and Welfare, and - Idaho Commission for the Blind and Visually Impaired	
Contact: Easterseals-Goodwill: 208-454-8555 or 208-733-9675	
Strategies	Outcomes
a. Coordinate with AAAs' Information and Assistance staff to promote SCSEP host agencies, participation, state level Workforce innovation and Opportunity Act committee, and statewide labor-plan.	1. Annually work with ICOA's coordinator and select one of the WIOA partners to participate in one of the monthly Information and Assistance meetings to inform the AAAs about workforce opportunities, targets and opportunities to coordinate with Idaho Department of labor partners. *ACL-Focus Area A4*
b. Utilize SCSEP program to promote Older Americans Act and Department of Agriculture senior programs that will help seniors maintain financial independence.	1. Build caregiver, dementia capable services, nutrition services and legal assistance outreach and education information to SCSEP participants. *ACL-Focus Area A4*
c. Collaboration with the State WIOA Advisory Group (IDOL, Division of Career-Technical Education, Vocational Rehabilitation, Commission for the Blind and Visually Impaired and ICOA), to promote job training initiatives through ICOA's SCSEP contractor.	1. Annually, report to ICOA Commissioners activities that advanced WIOA's job training initiatives. *ACL-Focus Area A5*

Discretionary Grant: Medicare Improvements for Patients and Providers Act

General Elligibility: - Low income Medicare beneficiaries	
Service Description: - Outreach in partnership with Idaho's Department of Insurance State Health Insurance Benefit Advisors (SHIBA) to signup eligible beneficiaries for: • Medicare Savings Programs (MSP) • Low Income Subsidy (LIS) • Medicare Part D and Prevention and Wellness benefits	
Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019	
- Expended $142,818 • Contracted with SHIBA for open enrollment marketing campaign • Contract with six AAAs to: - Recruit host sites - Develop partnerships with community organizations - Outreach to Tribal community	
Opportunities for Coordination & Collaboration: - State Health Insurance Benefits Advisors (SHIBA), - Pharmacies - Non-profits	
Contact: Local AAAs	
Strategies	Outcomes

a. Capitalize on established campaign materials to inform people about financial independence.	1. Annually, prior to the campaign month, utilize national campaign materials (Boost Your Budget), and distribute to network partners. Follow six activity areas on ICOA handout and work with AAAs and network partners to participate at state and local levels. *ACL-Focus Area A7*
b. Coordinate with Idaho's Tribes and minority groups to develop culture specific materials to help identify beneficiaries.	1. Track outreach and education activities to Tribes and minorities. *ACL-Focus Area A1*
c. Use Facebook to provide SMP/MIPPA related content to inform people of benefits and build awareness of Medicare fraud.	1. Provide SMP/MIPPA related content twice per week. Increase "Awareness = number of followers" and "Engagement = number of total likes, comments, replies, retweets/repost". *ACL-Focus Area B4*

Commodity Supplement Food Program

General Elligibility:

- U.S. Department of Agriculture Grant
  - Individual 60 years of age or older
  - 130% of poverty
  - Resident of Idaho

Service Description:

In partnership with The Idaho Foodbank

- To improve the health of seniors by supplementing their diets with a monthly nutritious food box that includes nutrition information and helpful recipes

Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019

- 57 Distribution Partners
- 2,117 boxes per month = 25,404 annually
- 2,200 seniors served
- Average 32 pounds per box and may contain:

Non-fat milk	Rice	Canned meat
Cheese	Cereal	Poultry
Farina	Pasta	Fish
Juice	Peanut butter	Canned Fruits
Oats	Dry beans	Canned Vegetables

Opportunities for Coordination & Collaboration:

- Department of Agriculture, - Idaho Foodbank (Grant) - The Emergency Food Assistance Program (TEFAP)

Contact: Idaho Foodbank: 208-602-4750

Strategies	Outcomes
a. Increase distribution opportunities through strategic outreach and partnering.	1. Work with Idaho FoodBank and ADRC network to increase distribution and identify other resources

	and partners to assist people who are on program's waiting list. *ACL-Focus Area A7*
b. Increase outreach and education to marginalized and minority groups.	1. Coordinate with Idaho's Tribes and minority groups to develop culture specific education materials on the Commodity Food Supplement Program qualifications and other available nutrition services such as food pantry locations. *ACL-Focus Area A1* 2. Track outreach and education activities with Tribal and minority populations: i.e. Provide Older Americans Act service information in food-boxes. *ACL-Focus Area A1*

Crisis Services

Goal: Preserving Rights & Safety

Objectives:

- To live without abuse, neglect and exploitation
- To live with dignity
- To make our own choices

State and Local Ombudsmen

General Elligibility:

- Seniors 60 years old and older
- Resident in a facility

Service Description:

- Identify, investigate, and resolve complaints
- Protect resident health, safety, welfare and rights
- Assist residents to obtain services
- Represent resident interests before agencies
- Provide technical assistance and monitor laws related to long term care
- Provide training

Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019

- Total Expenditures: $790,669
  - Total Ombudsman: 13
  - Total Volunteers: 56
  - Total Facilities: 362
  - Total Beds: 16,758
  - Unannounced Visits: 3,209
  - Total Complaints: 1,232
- Top 5 Complaints

• 99 - Discharge/Eviction • 96 - Medications • 73 - Dignity, Respect, Staff Attitudes • 60 - Food Service • 47 - Failure to Respond	
Opportunities for Coordination & Collaboration: - Bureau of Facility Standards (H&W) - Licensing & Certification (H&W), - Assistive Technology, - Community Care Advisory Council (H&W), - Guardianship & Conservatorship, - Board: Informal Dispute Resolution, - Idaho Board of Examiners of Nursing Home Administrators, - Board: Long-term Care Workshop	
Contact: Local AAAs	
Strategies	Outcomes
a. Capitalize on established campaign materials to inform people about patients' rights, proper care and prevention of abuse, neglect and exploitation.	1. Annually, prior to the campaign month, utilize national campaign materials (National Residents Rights Month), and distribute to network partners. Follow six activity areas on ICOA handout and work with AAAs and network partners to participate at state and local levels. *ACL-Focus Area D3*
b. Collaborate with the Legal Assistant Developer and AAAs to update service delivery requirements in program manual and contracts.	1. Revised Ombudsman language for AAA/Idaho Legal Aid contract. *ACL-Focus Area A7* 2. Formalize Ombudsman referral process and include scope in AAA/Idaho Legal Aid contract or add to Ombudsman program manual/training manual. *ACL-Focus Area A7* 3. Develop written education materials addressing inappropriate discharges. *ACL-Focus Area A6*
c. Increase Ombudsman advocacy with Native Americans in long-term and residential care.	1. Collaborate with local Ombudsmen and tribal representatives to develop a statewide Native American volunteer-based visitation program. *ACL-Focus Area A1*
d. Increase efficiencies in Ombudsman documentation and service tracking.	1. Review ICOA's Ombudsman management information system (MIS) and make revision, additions to standardize reporting and program management. *ACL-Focus Area A6*
e. Increase capacity through working with the Senior Community Service Employment Program (SCSEP).	1. Facilitate Host Agency participation between the SCSEP and the AAAs. *ACL-Focus Area A4* 2. Provide guidance on the integration of SCSEP participants into the Ombudsman volunteer program. *ACL-Focus Area A4*

Legal Assistance

General Elligibility: - Low Income Seniors 60 years old and over
Service Description: - Legal assistance addresses issues related to:

- Income - Health care - Long-term care – Nutrition – Housing – Utilities - Protective services - Defense of guardianship – Abuse – Neglect - Age discrimination

Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019

- Expenditures: $90,524
- Total Cases: 872
- Top Four Complaints
  - Health Care: 285 cases
  - Income: 191 cases
  - Long-term Care: 189 cases
  - Housing: 157 cases

Opportunities for Coordination & Collaboration:

- Idaho Legal Aid, - Idaho Volunteer Attorneys

Contact: Local AAAs or Idaho Legal Aid: 1-208-746-7541

Strategies	Outcomes
a. Annually identify projects to address gaps or issues in service. Make these projects available for AAAs to build into their local area plans. (Appendix D1)	1. Each AAA will identify legal assistance projects and include with their annual budget request to ICOA by June 20th of each year. *ACL-Focus Area D3*
b. Increase capacity through working with the Senior Community Service Employment Program (SCSEP).	1. Facilitate Host Agency participation between SCSEP Director and local legal aid offices. *ACL-Focus Area A4* 2. Provide guidance on the integration of SCSEP participants into legal assistance offices. *ACL-Focus Area A4*

Adult Protective Services (APS)

General Elligibility:

- Vulnerable adults age 18 and older (State Funded Program)

Service Description:

- Provide safety and protection to vulnerable adults.
  - Investigates allegations of abuse, neglect, exploitation
  - Assists to reduce risk of harm
  - Provide prevention education

Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019

- Expenditures: $985,372
  - Staff: 16.5
  - 3,997 Reports on Abuse, Neglect and Exploitation
  - 2,301 Allegations investigated
  - 102 Presentations
- Types of Maltreatment
  - 740 – Abuse Allegations
    - Substantiated: 86 cases reported to law enforcement
  - 585 – Neglect Allegations
    - Substantiated: 49 cases reported to law enforcement
  - 520 – Exploitation Allegations
    - Substantiated: 43 cases reported to law enforcement

• 456 – Self-neglect Allegations - Substantiated: 45 cases reported to law enforcement	
Opportunities for Coordination & Collaboration: - Council on Developmental Disability - Idaho Scam Jam Alliance - Idaho Guardian and Conservatorship Committee, - FACES Justice Center	
Contact: Local AAAs	
Strategies	Outcomes
a. Increase visibility and use of the APS online reporting tool to mandator reporters, and financial institutions.	1. Track the number of education presentation, outreach activities where "APS on-line reporting tool" information was presented/distributed. *ACL-Focus Area D1* 2. Track usage through website. *ACL-Focus Area D1*
b. Develop materials focused on rural, minority, and culturally diverse populations for distribution.	1. Increased APS education through direct interactions and distribution of program materials, especially with rural and minority populations. Distribute program materials to provide a basis for consumers to make informed choices regarding their in-home services. *ACL-Focus Area A7*
c. Capitalize on established campaign materials to provide training, education, and information about preventing abuse, neglect exploitation.	1. Annually, prior to the campaign month, utilize national campaign materials (Elder Abuse Prevention Month), and distribute to network partners. Follow six activity areas on ICOA handout and work with AAAs and network partners to participate at state and local levels. *ACL-Focus Area D3*
d. Increase APS staff participation in professional and educational activities.	1. Track local AAA staff participation in local, regional and national conferences and development activities. *ACL-Focus Area D1*
e. Develop an equitable APS distribution formula in collaboration with AAAs and ICOA Commissioners.	1. Allocate state only funds for APS program through policy and implement for State Fiscal Year 2023 (July 1, 2022 – June 30, 2023) and each year thereafter. 2. Prepare budget request using allocation method for Idaho's Joint Finance-Appropriations Committee (JFAC) by October 2021. *ACL-Focus Area D1*
f. Increase APS advocacy for vulnerable Native American adults.	1. Collaborate with Idaho's Tribes to determine effective methods supporting APS investigations and prevention activities. *ACL-Focus Areas D2, A1*
g. Develop education and reporting resources for financial institutes to file APS reports. Target both rural and urban institutions.	1. Annually track financial institutions contacted and compare to actual reports filed. Use data to develop outreach plan for up-coming SFY reporting year. *ACL-Focus Areas D1, A7*
h. Decrease variability and confusion in existing state abuse, neglect and exploitation statutes.	1. Continue to participate on the Caregiver Misconduct Registry Workgroup to align abuse, neglect, exploitation and vulnerable adult definitions throughout across agency Statutes. *ACL-Focus Areas D1, A7*

	2. Work with group to incorporate into state law. *ACL-Focus Areas D2, A7*
i. Revise current Program Manual to reflect APS best practices related to substituted decision-making including guardianship and conservatorship.	1. Develop guidelines and incorporate into APS training, operating manual, and ICOA's review tool kit. Review annually, and provide updates if changes are needed. *ACL-Focus Area D3*

Discretionary Grant: Adult Protective Services Preserving Rights and Safety

General Elligibility:
- Competitive Three-year Grant: $446,036 - ICOA was 1 of 14 states awarded the nationwide grant

Service Description:
- Target is to deploy the following:
  - New screening and assessment tool
  - Methods to capture APS case, client and perpetrator data
  - Goal attainment scaling (GAS) intervention:

1. Protective Order/Action	9. Social Support Activities
2. Alternative Housing	10. Accessing Caregiver Resources
3. Medical Care	11. Secure Financials
4. Substitute Decision maker	12. Accessing Communication Tools
5. Guardianship/Conservatorship	13. Accessing Assistive Devices
6. Safety Planning	14. Accessing Benefits/Entitlements
7. Education	15. Natural Supports (family, friends)
8. Access External Resources	Etc.

Performance: State Fiscal Year (SFY) 2019 - July 1, 2018 – June 30, 2019

- Pilot: Implemented by AAA III
  - Deploy Focused Care Coordination = strengthen vulnerable adults support network
  - Care Coordinator sets GAS goals with vulnerable adult
  - Care Coordinator assesses effectiveness of GAS interventions

Opportunities for Coordination & Collaboration:
- Pilot: AAA III, - BSU: Center for the Study of Aging

Contact: AAA III

Strategies	Outcomes
a. Develop standardized follow-up procedures that promote safety of APS clients.	1. Deploy Focused Care Coordination and developed best practice to implement statewide. *ACL-Focus Area D1*
b. Develop standardized client centered planning processes.	1. Develop training around Goal Attainment Scaling and build best practices into new APS service delivery model. *ACL-Focus Area D1*

ATTACHMENT A
STATE PLAN ASSURANCES AND ACTIVITIES

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;

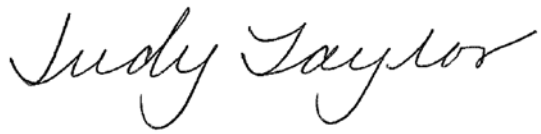
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(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…



July 29, 2020

Signature and Title of Authorized Official *Date*

ATTACHMENT B
INFORMATION REQUIREMENTS

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.

Section 305(a)(2)(E)
Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

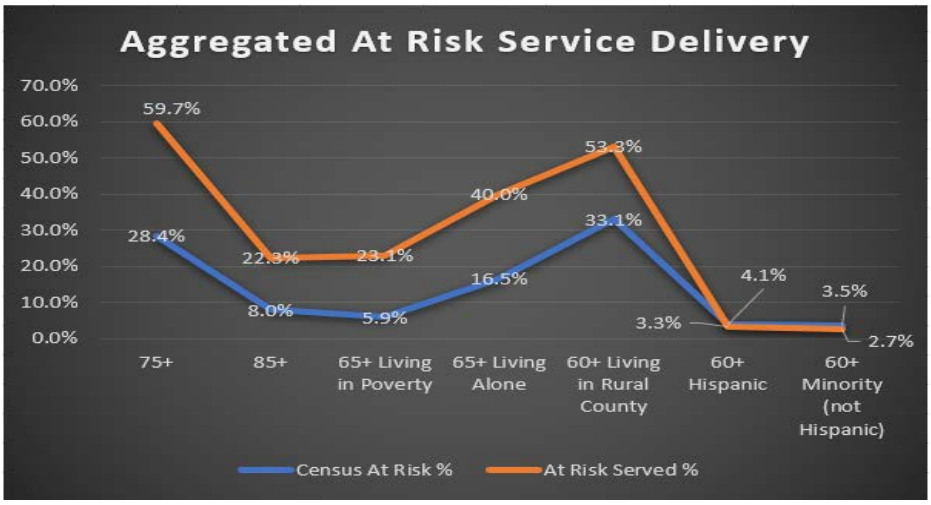
ICOA's Response: The Idaho Commission on Aging (ICOA) in consultation with the Area Agencies on Aging (AAAs) developed the following intrastate funding formula criteria used to allocate funding to the Area Agencies on Aging based on the "At Risk" populations within their respective Planning and Service Area. This methodology was adopted April 30, 2013 and meets "OMB A-133 & OAA Section 305(a)(2)(C)&(E)" requirements.

Federal A-133 & OAA Section 305(a)(2)(C)&(E)	Intrastate Funding Formula Criteria (At Risk Factors)
Greatest Economic Need	65+ living in Poverty
With particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.	60+ Racial Minority (not Hispanic)
	60+ Hispanic (Ethnic Minority)
	60+ living in Rural County
Greatest Social Need	65+ living Alone
At Risk for Institutional Placement	Aged 75+
	Aged 85+

Additionally, the Idaho Administrative Procedures Act (IDAPA 15.01.01.013.03.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. (6-30-19)T"

The ICOA monitors the AAAs' service usage through a standard data collection system called GetCare and utilizes the information to evaluate performance. The Table below, shows the "Census" data from the 2013 - 2017 American Community Survey and represents the percentage of At Risk population for: seniors "75+", "85+", "65+ living in poverty", "65+ living alone", "60+ living in rural county", "60+ Hispanic", and "60+ Minority (not Hispanic)". The chart

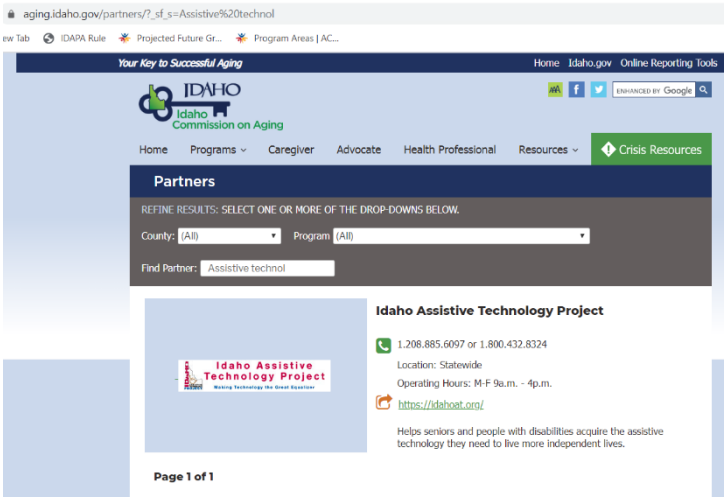
compares the Census to actual percentage of seniors served by each At Risk Category. The goal is to increase the service usage to equal or exceed the Census percentage.



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;

ICOA's Response: ICOA requires each Area Agency on Aging to identify how they coordinate with assistive technology in their area plans. In Idaho, the University of Idaho administers the Assistive Technology Project through four regional offices. ICOA's State Ombudsman is a member of the Assistive Technology's Advisory Council as well as the local AAA n4a Director. Through each AAA's Information and Assistance service client's needs are identified and referrals made to Assistive Technology.



Periodically, Idaho's Assistive Technology Project provides training to the AAA Directors and staff. The most recent one was on June 1, 2020 on how to access the lending library and technology available especially during the Covid-19 pandemic. The State and local Ombudsmen are working with Assistive Technology to help meet resident's communication needs during the pandemic.

Section 306(a)(17)

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

> **ICOA's Response:** As identified in ICOA's Disaster and Emergency Preparedness Plan (Appendix F) 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. Idaho's AAAs are similarly responsible for supporting their respective County Emergency Management Agencies. In addition to this largely supportive role with respect to most types of emergencies, the ICOA and AAAs take a lead role in education, preparedness and response when wildfire, flooding and severe weather emergencies affect Idaho's older population. AAAs are required to include a disaster plan as an addendum to their Area Plans, and work with their provider network and clients to prepare for and respond to emergencies.

Section 307(a)(2)

The plan shall provide that the State agency will --…

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

> **ICOA's Response:** ICOA sets the following Title IIIB federal and state minimum resource allocation to carry out part B:
>
> - **Access to Service:** 45% of Title IIIB: Information and Assistance, Transportation, Outreach and Case Management
> - **In-Home Services:** 15% of Title IIIB: Homemaker and Chore
> - **Legal Assistance:** 3% of Title IIIB.

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

Section 307(a)(3)

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

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

ICOA's Response: The ICOA will continue to expend federal funds above the 2000 funding level. The ICOA utilized the state fiscal year (SFY) 2002 as the baseline year as it was the first year where both detailed financial and service unit data were available. For the baseline year, financial data came from the Governor's Annual Report. The estimated total and rural units were calculated using data from the management information system at that time. The percentage for rural units was then multiplied by the total expenditures for the following services: Transportation, Outreach, Information and Assistance, Case Management, Chore, Congregate Meals, Home Delivered Meals, Homemaker, and National Family Caregiver Support Program.

Federal Funding Comparison: State Fiscal Year (SFY) 2002 and SFY2019

Access Service	***SFY 2002**	****SFY2019**
Transportation (Non-registered)	$ 307,759	$ 191,114
Outreach (Non-registered)	$ 60,171	$ 38,769
Information & Assistance (Non-registered)	$ 272,803	$ 891,209
Case Management (Registered)	$ 296,080	$ -
Total Access Service	$ 936,813	$ 1,121,091
Federal Funds Registered Services	***SFY 2002**	****SFY2019**
Chore	$ -	$ 3,412
Congregate Meals	$ 1,698,210	$ 1,370,227
Home Delivered Meals	$ 876,210	$ 1,724,151
Homemaker	$ -	$ 60,325
National Family Caregiver Support Program	$ 301,604	$ 535,913
Total Registered Services	$ 2,876,024	$ 3,694,028
Total Access and Registered Service Budget	$ 3,812,837	$ 4,815,119

	*****SFY 2002**	******SFY2019**
Total Access and Registered Services	$3,812,837	$ 4,815,119
Total Unduplicated rural clients served		10,808
Total Unduplicated clients served		20,273
**** Percentage of clients served		53%
Total Estimated Rural Funding		$ 2,567,050
Total Rural Service Units	257,285	
Total Service Units	584,802	
Percentage of Rural Units or Participants Served	44%	
Total Estimated funds expended in Rural Areas	$1,677,467	

***Comes from Annual Reports**
****Comes from SFY Expenditure Summary**
*****SAMS (Social Assistance Management System) Database**
******GetCare - New Management Information System**

In 2016, ICOA upgraded the statewide data collection system and uses actual rural clients served to calculate estimated funding for the services listed above. Total rural clients service divided by total clients multiplied by the total expenses. This calculation better aligns with ICOA's clients served performance management methodology.

(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*

ICOA's Response: Over the four-year period of the State Plan, ICOA will continue exceeding the 2002 rural funding levels. During the

Access Service	***SFY 2002**	****SFY2019**	**State Plan SFY2021**	**State Plan SFY2022**	**State Plan SFY 2023**	**State Plan SFY 2024**
Transportation (Non-registered)	$ 307,759	$ 191,114	$196,847	$200,784	$204,800	$208,896
Outreach (Non-registered)	$ 60,171	$ 38,769	$39,932	$40,731	$41,545	$42,376
Information & Assistance (Non-registered)	$ 272,803	$ 891,209	$917,945	$936,304	$955,030	$974,130
Case Management (Registered)	$ 296,080	$ -	$0	$0	$0	$0
Total Access Service	$ 936,813	$ 1,121,091	$1,154,724	$1,177,818	$1,201,375	$1,225,402
Registered Services	***SFY 2002**	****SFY2019**	**State Plan SFY2021**	**State Plan SFY2022**	**State Plan SFY 2023**	**State Plan SFY 2024**
Chore	$ -	$ 3,412	$3,514	$3,584	$3,656	$3,729
Congregate Meals	$ 1,698,210	$ 1,370,227	$1,411,334	$1,439,561	$1,468,352	$1,497,719
Home Delivered Meals	$ 876,210	$ 1,724,151	$1,775,875	$1,811,393	$1,847,621	$1,884,573
Homemaker	$ -	$ 60,325	$62,135	$63,377	$64,645	$65,938
National Family Caregiver Support Program	$ 301,604	$ 535,913	$551,991	$563,030	$574,291	$585,777
Total Registered Services	$ 2,876,024	$ 3,694,028	$3,804,848	$3,880,945	$ 3,958,564	$ 4,037,736
Total Access and Registered Service Budget	$ 3,812,837	$ 4,815,119	$4,959,572	$5,058,764	$ 5,159,939	$ 5,263,138

Financials compared to Service Usage	*****SFY 2002**	******SFY2019**	**State Plan SFY2021**	**State Plan SFY2022**	**State Plan SFY 2023**	**State Plan SFY 2024**
Total Access and Registered Services	$3,812,837	$4,815,119	$4,959,572	$5,058,764	$ 5,159,939	$ 5,263,138
Total Unduplicate rural clients served		10,808				
Total Unduplicate clients served		20,273				
****Percentae of clients served		53%	53%	53%	53%	53%
Total Estimated Rural Funding		$2,567,050	$2,628,573	$2,681,145	$2,734,768	$2,789,463
Total Rural Service Units	257,285					
Total Service Units	584,802					
Percentage of Rural Units	44%					
Total Estimated funds expended in Rural Areas	$1,677,467					

***Comes from Annual Reports**
****Comes from SFY Expenditure Summary**
*****SAMS (Social Assistance Management System) Database**
******GetCare - New Management Information System**

development of this Plan, we have seen OAA reauthorization projections up to 7%. After the Older Americans Act passed on March 26, 2020, we are estimating a more modest increase and are projecting an initial 3% in the first year and 2% each year thereafter.

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

ICOA's Response: As identified in the Intrastate Funding Formula (Attachment C), Idaho has an estimated 121,820 seniors 60 years old and older living in rural communities (which is 16% of the population). To reach these seniors within the large geographical area of the state, ICOA designated six Planning and Service Areas (PSAs) each with an Area Agency on Aging (AAA). The AAAs are the focal points within these multi-county PSAs and contract with 94 senior centers (59 or 63% of which are located in rural areas) as local focal points that reach seniors in rural areas, inform them about long-term care services and supports, as well as providing services such as congregate and home delivered meals.

In addition to the OAA Title III funding, ICOA contracts with the AAAs to provide outreach through the Senior Medicare Patrol (SMP), Medicare Improvements for Patients and Providers Act (MIPPA), Commodity Supplement Food Program, Ombudsman and the State Adult Protective Service programs to enhance services in the rural areas.

As part of the network, each AAA is housed within a larger organization that also provides services and are well known in the rural communities: AAA I is part of North Idaho College; AAA II part of a Community Action Partnership; AAAIII part of a Council of Governments; The AAAIV part of the College of Southern Idaho and AAAV part of the Southeast Council of Local Governments. The sixth AAA is part of the Eastern Idaho Community Action Partnership.

Section 307(a)(10)

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

ICOA's Response: The Census percentage of the rural population 60 years old and over in Idaho is 33.1% (117,927-rural of 355,919-total). Of the 20,273 registered clients in Idaho who received service in SFY2019 (July 1, 2018 – June 30, 2019), 10,808 lived in rural areas, which is 53.3%. ICOA utilizes the Census percentage as the baseline and exceeded the measure for rural participation.

The Idaho Commission on Aging (ICOA) assures the special needs of older individuals residing in rural areas are taken into consideration by including this demographic category as one of the "At Risk Factors" in the funding formula (Attachment C). In Idaho there are 44 counties, 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 supports to the rural populations.

The AAAs also contract with senior centers to provide congregate, home delivered meals and senior activities such as Fit and Fall and other senior healthy living opportunities. Out of the 94 senior centers in Idaho, 59 or 63% are located in rural areas. Additionally, ICOA provides rural outreach through the Senior Medicare Patrol (SMP), Medicare Improvements for Patients and Providers Act (MIPPA), Commodity Supplement Food Program, Ombudsman and the State Adult Protective Service.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared— (A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

ICOA's Response: ICOA used the 2018 American Community Survey (ACS) 5-Year Estimates that includes low-income minority, 60 years old and older population demographics in the racial and ethnic At-Risk categories along with Census specific data to track English proficiency. The chart below compares Census data to actual clients served in State Fiscal Year 2019:

SFY 2020 (July 1, 2019 - June 30, 2020) At Risk Population Categories				Census Data			Actual Clients Served	Data Collection: July 1, 2018 - June 30, 2019	
Area Agency on Aging	Category Explanation	Total Planning & Service Area Population	Total Persons 60+	60+ Hispanic	60+ Racial Minority	Limited English Proficiency Population (aged 65+)	Category Explanation	Actual Clients Served: Low-income Hispanic	Actual Clients Served: Low-Income Minority
State Census Senior 60+ Data Vintage 2018		1,715,943	368,742	15,894	13,082	3,220	Total Clients Served	181	152
Percent of state and demographic populations			21.5%	4.3%	3.5%	0.9%	% of Census Data	1.4%	1.0%
AAA 1	Regional Population	234,845	64,487	1,131	1,954	29	Clients Served	9	27
	% of regional senior population	13.69%	17.49%	1.75%	3.03%	0.04%	% of Hispanic & Minority	0.8%	1.4%
AAA 2	Regional Population	108,520	28,055	341	1,199	37	Clients Served	4	27
	% of regional senior population	6.32%	7.61%	1.22%	4.27%	0.1%	% of Hispanic & Minority	1.2%	2.3%
AAA 3	Regional Population	784,838	159,951	7,924	5,970	2,127	Clients Served	72	48
	% of regional senior population	45.74%	43.38%	4.95%	3.73%	1.3%	% of Hispanic & Minority	0.9%	0.8%
AAA 4	Regional Population	196,712	41,646	3,363	1,261	428	Clients Served	55	23
	% of regional senior population	11.46%	11.29%	8.08%	3.03%	1.0%	% of Hispanic & Minority	1.6%	1.8%
AAA 5	Regional Population	169,849	34,590	1,650	1,683	160	Clients Served	18	14
	% of regional senior population	9.90%	9.38%	4.77%	4.87%	0.5%	% of Hispanic & Minority	1.1%	0.8%
AAA 6	Regional Population	221,179	40,013	1,485	1,015	439	Clients Served	23	13
	% of regional senior population	12.89%	10.85%	3.71%	2.54%	1.1%	% of Hispanic & Minority	1.5%	1.3%
Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2018									
Total Clients Served			20,273	668	552	73			
At Risk client percentage of total clients served				3.30%	2.72%	0.4%			

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

ICOA's Response: ICOA encompasses the low-income, minority, 60+ population within the total racial and ethnicity Census population data as the performance baseline.

Between the State Plan submitted in 2017 and this new Plan, the ethnic senior population for the state of Idaho increased by 3,309 – from 12,585 to 15,894. For the racial minority population, there was a slightly larger increase of 3,531 – from 9,551 to 13,082.

Annually, ICOA uses the Census demographics to evaluate services delivered to the seven at risk categories, two of those being 60+ Hispanics, which is 4.1% of total state senior populations, and 60+ Racial Minorities, which is 3.5% of that population. In addition, ICOA uses Census data to track seniors who are Limited English, which is .9% of the senior population.

ICOA tracks registered clients for the following services: Home Delivered and Congregate Meals, Respite, Caregiver Support Groups, Caregiver Training, Caregiver Relatives as Parents Support Group, Disease Prevention & Health Promotions, Homemaker, and Chore.

Out of the 20,273 registered clients served in State Fiscal Year 2019 (July 1, 2018 – June 30, 2019), 668 or 3.3% were Hispanic and 552 or 2.7% were Racial minority. For limited English speakers, there were 73 or .4% who were registered and received service.

These categories were below the Census baseline percentages and actions are being taken through this Plan and local Area Plans to meet or exceed the performance baseline. The following strategy and outcome will be implemented and tracked for the services listed above through annual Area Plan updates, reports to ICOA Commissioners and any additional actions required through performance reviews:

Strategy	Outcome
Develop materials focused on rural, minority, and culturally diverse populations for distribution.	Increased participation through direct client interactions and distribution of program materials, especially with rural and minority populations. Distribute program materials at least twice a year to provide a basis for consumers to make informed choices regarding their in-home services. *ACL-Focus Area A7*

Following are 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 Food Commodity Supplemental Program, the application is in both English and Spanish accessible through ICOA's and the Idaho Foodbank's website.

Also, ICOA has worked with Idaho Legal Aid to develop an English, Spanish and large print legal guidebook as well as online interactive legal forms in both languages. ICOA along with the AAAs also uses both English and Spanish Senior Medicare Patrol fraud prevention brochures and Personal Health Care Journals throughout the State.

Each AAA has been designated as an Aging and Disability Resource Center (ADRC) and links people to long-term care services and supports as part of the No Wrong Door (NWD) collaborative approach.

Section 307(a)(21)

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

ICOA's 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. The AAAs share information concerning adult protective services, nutrition services, Medicare For Patients and Providers Act and the Senior Medicare Patrol (fraud prevention) programs with the Tribes.

As part of this Plan, representatives from the Shoshone-Bannock Tribe participated as an on-going strategic partner to identify opportunities to coordinate and collaborate on aging issues. In addition, the following programs have been identified as interests of both Tribal and non-tribal entities to share best practices and expanded education and outreach:

- Congregate Meals
- Medicare Improvements for Patients and Providers Act
- Commodity Supplement Food Program grant
- Adult Protective Services
- National Family Caregiver Program
- Ombudsman

Additionally, ICOA works together with Tribal representatives in the following committees: Assistive Technology Committee, the State Independent Living Council and the Idaho Suicide Prevention Council.

Section 307(a)(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

ICOA's Response: Although Idaho's senior population is growing, the overall numbers of seniors is relatively low. ICOA did not include an assessment for anticipated change in the number of older individuals during the 10-year period follow this submittal. In relationship to the State Plan submitted four-year ago, the statewide senior population increased from 305,607 in State Fiscal Year 2017 to 368,742 in State Fiscal Year 2020, which was an increase of 63,135 in a four-year period.

Section 307(a)(28) and Section 307(a)(29) - Section 307(a)(30)

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.

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

ICOA's Response: Emergency Preparedness Plan (Appendix F)

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

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

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

In Idaho, the standard Incident Command Structures flows from the Federal Emergency Management Agency to the Idaho 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. Idaho

AAAs are similarly responsible for supporting their respective County Emergency Management Agencies.

In addition to this largely supportive role with respect to most types of emergencies, the ICOA and AAAs take a lead role in education, preparedness and response when wildfire, flooding and severe weather emergencies affect Idaho's older population. AAAs are required to include a basic disaster plan as an addendum to their Area Plans, and must work with their provider network and clients to prepare for and respond to emergencies.

The ICOA contributes to development of the overall Idaho Emergency Operations Plan and to the completion of the National Incident Management System compliance document. Planning includes readiness for man-made and natural disasters. ICOA also supports the Idaho 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 Appendix F.

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)

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

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

ICOA's Response: ICOA assures that OAA programs are established in accordance with federal and state requirements and has implemented annual operational and financial reviews of the six Area Agencies on Aging (AAAs) to ensure local compliance through local Area Plan updates.

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

This Plan identifies each OAA funded service and categorizes them within the three following statewide goals and corresponding objectives:

Goal 1: Universal Services – Investing in Healthy Aging: Services: Congregate Meals, Information and Assistance, Outreach and Education, Disease Prevention and Health Promotions, Elder Rights/Legal Assistance Developer, Senior Medicare Patrol (Fraud Prevention), Dementia Capable (Discretionary Grant), Program Development and Coordination, and Chronic Disease Self-management Education.

Objectives:

- Access reliable and trustworthy information, services and supports
- Stay active in the community
- Plan for our own independent living need

Goal 2: Targeted Services – Preventing Institutionalization: Services: Home Delivered Meals, Homemaker, Chore, Case Management, Transportation, Family Caregiver Support Program, Idaho Lifespan Respite (Discretionary Grant), Senior Community Service Employment Program, Medicare Improvements for Patients and Providers Act, and the Commodity Supplement Food Program

Objectives:

- Live as independent as possible
- Choose own caregiver
- Provide caregiver training and resources

Goal 3: Crisis Services – Preserving Rights and Safety: Services: Ombudsman, Legal Assistance, Adult Protective Services.

Objectives:

- Live without abuse, neglect and exploitation
- Live with dignity
- Make our own choices

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

ICOA's Response: ICOA assures that it provides the means to obtain the views from older individuals, the AAAs, recipients of grants under title VI and other interested persons and entities regarding programs carried out under this subtitle through the following:

- Quarterly Public Commissioner meetings
- Idaho Code 67-5003 Powers and duties of the commission authorizes ICOA to Conduct public hearings and evaluations to determine the health and social needs of older Idahoans, and determine the public and private resources to meet those needs
- Participant and AAA Appeals Policy: https://aging.idaho.gov/wp-content/uploads/2018/10/Final_PO_AD_01_Appeals_Process-3.pdf

- All ICOA policies, guidance and plans are available for public, provider, AAA access on ICOA's website: https://aging.idaho.gov/resources/icoa-administration/
- Idaho Governor issued an Executive Order to ensure rules are reviewed regularly, which follows Idaho's public comment and hearing process https://gov.idaho.gov/wp-content/uploads/sites/74/2020/01/eo-2020-01.pdf
- Annual Program improvement plans developed with stakeholder input
- AAA desk and on-site reviews, training, and monthly Information and Assistance, Adult Protective Services and Ombudsman meetings with AAA staff
- State Plan Town Hall meetings held in each Planning and Service Area (PSA)
- State Plan public comment opportunities
- Quarterly Ombudsman program visits to residence at assisted living and skilled nursing facilities
- Visible Ombudsman contact information posted in each facility
- The Ombudsmen and Adult Protection staff both provide informative and educational presentations across the state, where comments are accepted
- Medicare for Patients and Provider Act and Senior Medicare Patrol (fraud prevention) outreach activities
- Annual Lifespan Caregiver Conferences and regional Lifespan Caregiver Summits
- Comments can also be submitted to ICOA by email: ICOA@aging.idaho.gov, phone (208) 334-3833, fax (208) 334-3033, mail P.O. Box 83720, Boise Idaho 83720 or walk in at 6305 W. Overland Rd, Suite #110, Boise, Idaho 83709

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

ICOA's Response: Throughout the State Plan development, the Idaho Commission on Aging (ICOA) consulted with the Area Agencies on Aging (AAAs), the ICOA Commissioners, other stakeholders, the public and ICOA's strategic partners to identify those services needed to support seniors in Idaho. ICOA built this Plan around a six-phase development process with annual program, operational and strategic improvement plans and has identified strategic partners to jointly look for opportunities to build capacity and streamline service delivery.

Strategies were directly developed to meet the Administration for Community Living's Core, Discretionary, Participant Directed/Person-Center Planning, and Elder Justice state plan requirements. The AAAs will utilize a similar local planning process to develop their Area Plans due to ICOA June 30, 2021. These local Area Plans mirror the State's Plan but develop local strategies and outcomes to meet needs, gaps and issues identified through their local planning process.

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

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

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

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

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

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

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

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

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

agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

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

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

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

ATTACHMENT C
INTRASTATE FUNDING FORMULA

In accordance with Older Americans Act guidelines (OAA) 305(a)(2)(C) and 45 CFR 1321.37, Idaho's Intrastate Funding Formula allocates all Older Americans Act Title III federal funding ($6,018,393 in Fiscal Year 2020) and the required matching funds to six Area Agencies on Aging. Although Idaho's Adult Protective Services program is for adults 18 years and older, the Idaho Commission on Aging includes those funds and additional state funding in the current Intrastate Funding Formula.

The State of Idaho through the Idaho Commission on Aging provides $3,977,100, which supports:

1. 100% of the Older Americans Act match requirement: approximately $1.6 million
2. 100% of the Adult Protective Services program: approximately $1.1 million
3. Additional state funding designed to help Idaho seniors remain independent and avoid institutionalization: approximately $1.3 million

The current approved Intrastate Funding Formula methodology was adopted April 30, 2013 and was developed in consultation with the six Area Agencies on Aging using Census data from the Idaho Department of Labor and published for review and comment taking into account —

(i) the geographic distribution of older individuals in the State (Planning and Service Areas (PSA) rows I through VI below); and

(ii) the distribution among planning and service areas of older individuals with greatest economic and social needs, with particular attention to low-income minority older individuals (columns 3 through 9 below).

Idaho Intrastate Funding Formula SFY 2020 — **Adopted April 30, 2013** — Updated: 5/10/2019

OAA Title III Funds (not including Title VII) and State of Idaho General Funds — **Effective July 1, 2019**

Total OAA Federal Funds								$ 6,018,393			$ 601,839	$ 397,710	$ 5,416,554	$ 3,579,390	$ 9,995,493
Total State Funds								$ 3,977,100							
Total Funds								$ 9,995,493							
Less 10% Base Amount of Federal and State Funds								$ 999,549							
Balance to be Distributed by Formula:								**$ 8,995,944**							
			Factors used in Weighted Elderly Population (At Risk)													
PSA	2018 TOTAL PSA POPULATION	TOTAL PERSONS AGED 60+ IN PSA	NUMBER OF 65+ LIVING IN POVERTY	65+ LIVING ALONE	60+ RACIAL MINORITY (Not Hispanic)	60+ HISPANIC (ETHNIC MINORITY)	60+ LIVING IN RURAL COUNTY	AGED 75+	AGED 85+	WEIGHTED ELDERLY POPULATION (AT RISK)	**WEIGHTED "At Risk" PERCENTAGE**	**Federal Fund Base**	**State Fund Base**	**Federal Funds Distributed by Formula**	**State Funds Distributed by Formula**	**TOTAL FUND ALLOCATION**
I	234,845	64,487	2,935	10,198	1,954	1,131	24,689	17,856	4,570	63,333	17.30%	$ 100,307	$ 66,285	$ 936,950	$ 619,160	**$ 1,722,702**
II	108,520	28,055	1,546	5,042	1,199	341	10,224	8,785	2,611	29,748	8.12%	$ 100,307	$ 66,285	$ 440,093	$ 290,824	**$ 897,508**
III	784,838	159,951	10,340	26,711	5,970	7,924	29,559	43,502	11,926	135,932	37.13%	$ 100,307	$ 66,285	$ 2,010,982	$ 1,328,906	**$ 3,506,480**
IV	196,712	41,646	2,887	7,275	1,261	3,363	24,154	12,546	3,518	55,004	15.02%	$ 100,307	$ 66,285	$ 813,731	$ 537,733	**$ 1,518,056**
V	169,849	34,590	1,708	5,882	1,683	1,650	17,795	9,911	2,775	41,404	11.31%	$ 100,307	$ 66,285	$ 612,532	$ 404,776	**$ 1,183,900**
VI	221,179	40,013	1,686	6,469	1,015	1,485	15,399	11,449	3,207	40,710	11.12%	$ 100,307	$ 66,285	$ 602,265	$ 397,991	**$ 1,166,848**
TOTAL	**1,715,943**	**368,742**	**21,102**	**61,577**	**13,082**	**15,894**	**121,820**	**104,049**	**28,607**	**366,131**		**$ 601,839**	**$ 397,710**	**$ 5,416,554**	**$ 3,579,390**	**$ 9,995,493**
Column Ref	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Column 1	Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2018 (Columns 1,4-9) • Column used as a reference only.
Column 2	Source: U.S. Bureau of the Census, 2013-2017 American Community Survey 5-Year Estimates - Table B17001 (Column 2). • Column used as a reference only.
Column 3	Source: U.S. Bureau of the Census, 2013-2017 American Community Survey 5-Year Estimates - Table B11010 (Column 3). • Column 3 is used with columns 4 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 4	Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2018 (Columns 1,4-9) • Column 4 is used with columns 3 and 5 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 5	Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2018 (Columns 1,4-9) • Column 5 is used with columns 3 - 4 and 6 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 6	Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2018 (Columns 1,4-9) • Column 6 is used with columns 3 - 5 and 7 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 7	Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2018 (Columns 1,4-9) • Column 7 is used with columns 3 - 6 and 8 - 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 8	Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2018 (Columns 1,4-9)

	• Column 8 is used with columns 3 - 7 and 9 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 9	Source: U.S. Bureau of the Census, Population Estimates - County Characteristics: Vintage 2018 (Columns 1,4-9) • Column 9 is used with columns 3 - 8 to calculate the total "Weighted Elderly Population (At Risk)" in Column 10.
Column 10	Column 10 sums each row for columns 3 - 9 and identify the total "Weighted Elderly Population (At Risk)" per PSA.
Column 11	Weighted At Risk percentage from the Intrastate Funding Formula: Column 11 turns Column 10's totals into percentages. • These percentages are used to calculate federal funds in column 14 and state funds in column 15 for each of the PSAs.
Column 12	Federal "Base" funds are evenly divided amongst the 6 PSAs. • Column 12 is used to record the total federal base funding located at the top of Column 12 into six even amounts for each of the PSAs.
Column 13	State "Base" funds are evenly divided amongst the 6 PSAs. • Column 13 is used to record the total state base funding located at the top of Column 13 into six even amounts for each of the PSAs.
Column 14	Federal Funds multiplied by the Weighted Percentage: • Column 14 shows the distribution of the remaining federal funds after the "base" was distributed. • The remaining federal funding is located at the top of Column 14 and is multiplied by each "Weighted At Risk Percentage" in Column 11 to determine the appropriate distribution.
Column 15	State Funds multiplied by the Weighted Percentage: • Column 15 shows the distribution of the remaining state funds after the "base" was distributed. • The remaining state funding is located at the top of Column 15 and is multiplied by each "Weighted At Risk Percentage" in Column 11 to determine the appropriate distribution.
Column 16	Column 16 shows the total federal and state distribution and is a total of Columns 12, 13, 14 and 15.

To account for the different PSA senior population ranging from 28,055 to 159,951, each Planning and Service Area (PSA) is allotted an equal amount of “base” funding (columns 12 and 13 above). This funding is 10% of the total available State and Federal funding divided equally between each of the six PSAs. The remaining funding is then multiplied by the Weighted “At Risk” Percentage (column 11) and distributed to each of the PSAs (columns 14 and 15) with a total allocation in column 16.

Changes to the IFF during the New State Plan:

The approved IFF methodology will stay the same through the new State Plan. From September 30, 2020, and through State Fiscal Years 2022, the Idaho Commission on Aging will continue to allocate all available Title III federal and state funds including the Adult Protective Services funds and the additional state funds through the existing Intrastate Funding Formula.

As of State Fiscal Year 2023, (July 1, 2022 – June 30, 2023 and each year thereafter), the Idaho Commission on Aging will use the existing Intrastate Funding Formula for all Older Americans Act Title III federal funding and required state/local match, and will allocate state funds for Adult Protective Services (vulnerable adults 18 years old and over) and any additional state funds through separate policy allocations.

APPENDIX A:
ORGANIZATION CHART

Office of the Governor

Director

Idaho Commission on Aging

Board of Commissioners

Commissioner Area I
Commissioner Area II
Commissioner Area III
Commissioner Area IV
Commissioner Area V
Commissioner Area VI
Commissioner At Large

Administrative Services Manager

Administration: Annual Report, HR, Payroll, Internal Policies, SOPs, Fiscal Support, Media and Outreach

Office Specialist II

Customer Service, Social Media, Travel Requests, Fiscal Support

Technical Records Specialist

Program and Customer Service Support

State Ombudsman

State Long Term Care Ombudsman Administer Statewide Ombudsman Program

Contracts with 6 Area Agencies on Aging

Adult Protective Services, APS Grant, Legal Assistance Developer Contract

Program Specialist

National Family Caregiver Support Program, Respite and Dementia Grants

Program Specialist

Program Specialist

Senior Community Service Employment Program, Medicare Improvements for Patients and Providers Act, Senior Medicare Patrol

Program Manager

State Plan Administration: Fiscal, Budget, Operations, and ADRC Management

Program Specialist

Nutrition, Nutrition Services Incentive Program, Commodity Supplemental Food Program

Program Specialist

Disease Prevention/Health Promotions, CDSME, Homemaker, Transportation

Project Manager

Strategic Planning: Fiscal, Rules, Statute Grant, Contract, Procurement, and Data Management

Annual Budget, JFAC, Year-end, Fiscal, Financial Reporting

Senior Financial Specialist

Data Collection, Federal and State Reporting, Information and Assistance, Emergency Preparedness Plan, Safety

Project Coordinator

APPENDIX B: STATEWIDE NEEDS ASSESSMENT

Needs Assessment of Older Adults in Idaho

Prepared for the Idaho Commission on Aging

by

Institute of Rural Health

Idaho State University

4/2/2020

Table of Contents

Executive Summary

The 2019 Senior Services Needs Assessment provided data from a variety of stakeholders across Idaho, including members of the aging community and providers of aging services. This 2019 needs assessment surveyed Idaho residents who were age 50 and over, placing emphasis on lower-income and socially isolated persons who were eligible for Older American Act (OAA) services. The goal of this assessment was to gather information on the current and future needs of the aging population. One thousand forty-five community members completed the survey. A survey of providers of aging services was also developed and administered to providers throughout the state. The survey addressed service capacity and organizational needs for service expansion. Ninety-five providers throughout the state completed the survey.

In addition, existing datasets were also utilized to determine additional needs of the population that were not addressed in the assessment surveys. The responses from the 2015 community survey was similar to those in this updated assessment. With the addition of the provider surveys and other datasets, the needs of the population are more evident.

Community members across the state reported limited use of aging services with 1% to 19% reporting utilization of specific services. Although respondents reported low utilization, few indicated that they currently needed the services, with frequencies ranging from 2% to 10%. Between 11% and 17% reported knowing someone who could benefit from the services. The lowest utilization rates, ranging from 1% to 7%, and lowest unmet needs, ranging from 1% to 6%, were for legal assistance, caregiver services, respite, ombudsman, adult protective services, and case management.

Although community members reported low utilization of services, by comparing needs of the community as identified in the survey with results of the provider survey and analysis of existing datasets, there are specific unmet needs for the aging population that may be mitigated through outreach.

Homemaker and Chore Services. Fifty two percent of community members reported a problem with home maintenance and 45% with housework over the last 12 months, yet between 7% and 9% currently use formal/informal homemaker services and/or formal/informal chore services. Few providers, 6-7%, reported being over capacity and only providers in Planning and Service Areas 3, 5, and 6 reported being over capacity. As the aging population expands, homemaker and chore services may be more in demand.

Nutrition Services. Twenty five percent of community members reported problems with having consistent access to nutritious meals, yet only 16-17% use congregate or home delivered meals. Older Idahoans lack access to food with 3% of those aged 60 and over being food insecure and 1% having very low food security. Food deserts, where availability of a variety of nutritious foods is limited, is a common problem in the state with the USDA reporting that 60% of those aged 65 and over live more than ½ mile and 38% live more than 1 mile from a grocery store. The nutrition services offered by providers throughout the state can improve the accessibility of nutritious foods.

Respite, Caregiver, and Case Management Services. Although 56% to 67% of community respondents reported not needing these services, CMS reports that 56% of Idaho Medicare patients were discharged from the hospital to their own homes and 14% were discharged to home health agencies (2019). This indicates that there may be a need for expanded services for those who need care in the home and improve quality of life.

Emotional Health/Social Isolation. Thirty eight percent of the community respondents reported loneliness, depression, and isolation. They also reported that they were not able to participate in social activities as often as they wanted to or were not interested in participating when compared to those who reported no problems with emotional health/social isolation. Senior Centers, which offer services, such as congregate meals, in

addition to social activities, were reported to be underutilized by respondents with major problems with depression, loneliness, and isolation. Outreach into the aging community and expansion of congregate meals and disease prevention and health promotion programs can improve social isolation/social connectedness.

This assessment provides indications of potential unmet needs in the aging population. Although the conclusions that can be drawn from the surveys are limited due to self-selection of survey respondents, comparisons of survey data to existing datasets allows identification of needs at a population level. Outreach and expansion of services for the aging population can improve quality of life, including improved social connectedness.

Idaho's Older Adults

Demographics of the Aging Population

The US Census Bureau's American Community Survey provides estimates of the population in 5-year age groups. Over 460,000, or 34%, of Idaho residents are ages 55 and older and 253,801, or 19%, are ages 65 and over (US Bureau of the Census, 2018). Planning and Service Area 1 has the highest percentage of residents ages 65 and over at 19%, while Planning and Service Area 5 has the smallest at 12%. Over 53% of residents ages 65 and over are female and 47% are male statewide. The population distribution by gender is similar across all six Planning and Service Areas.

Table 1: Population by age groups, 2018

	Ages 55-59		Age 60-64		Age 65+		Total Population
	n	%	n	%	n	%	n
State	105507	7%	101489	8%	253801	19%	1687809
Area 1	16298	7%	17895	7%	44666	19%	229477
Area 2	7486	6%	7117	6%	20178	14%	108216
Area 3	47444	6%	43917	6%	108832	15%	767871
Area 4	12155	6%	11355	6%	29043	14%	194697
Area 5	10164	5%	9845	5%	23826	12%	168814
Area 6	11960	6%	11360	6%	27256	15%	218734

Source: Census, ACS 1-Year Estimates, 2018

Table 2: Gender of 65 and older population, 2018

	Males		Females	
	n	%	n%	
State	119895	47%	133906	53%
Area 1	21446	48%	23220	52%
Area 2	9770	48%	10408	52%
Area 3	50800	47%	58032	53%
Area 4	13704	47%	15339	53%
Area 5	11262	47%	12564	53%
Area 6	12913	47%	14343	53%

Source: Census, ACS 1-Year Estimates, 2018

Household Composition

In 2018 there were 618,331 households across the state and 28% of the total households had one or more residents ages 65 and over. Area 1 had the highest percent of households with older residents, at 34% and Area 6 had the lowest number at 26%. Between 9 and 12% of residents age 65 and older lived alone in 2018.

Household composition can also provide indications of potential sources of economic and/or personal hardship among the aging population. Grandparent caregivers report higher rates of depression, physical health, and family dysfunction (Musil, et al, 2011; Musil, et al 2013) in addition to financial challenges (Ge and Adesman, 2017). Older adults who lack social support, including those who live alone, are at a higher risk for depression (Fiske, Wetherell, and Gatz, 2009). In Idaho between 9 and 12% of households consist of individuals age 65 and over who living alone (Census, 2018). Over 10,000 grandparents of all ages across the state, are responsible for their own grandchildren.

Table 3: Household composition, 2018

	All households	Age 65+ and Living Alone		Household with one or more residents 65+		Grandparents responsible for grandchildren
	n	n	%	n	%	n
State	618331	64066	10	175444	28	10574
Area 1	91572	10742	12	30786	34	1607
Area 2	43637	5367	12	13974	32	767
Area 3	281738	27913	10	75127	27	4514
Area 4	69361	7330	11	19997	29	1279
Area 5	59041	6148	10	16700	28	1103
Area 6	72982	6566	9	18860	26	1304

Source: Census, ACS 1-Year Estimates 2018

Income and Poverty

Two sources of income among older adults, Social Security and retirement, are reported by the US Census. Although the data is not reported by age of recipient, it does provide an indication of the average yearly income among adults ages 65 and over. Over 12% of state households received Social Security income in 2018 with an average income of $19,709 per year, while 7% received an average retirement income of $24,759 per year. Area 2 had the highest number of households, 9%, with retirement income and Area 4 had the lowest at 5%.

Over 9%, of adults ages 65 and over were below the poverty level in 2018. The highest poverty levels were in Area 3, at 11% or 11,504 individuals, and Area 2, at 10% or 2002 individuals. Areas 5 and 6 had the lowest percentages of older adults living in poverty.

In order to expand the measurement of poverty beyond income and family size, the United Way developed the ALICE (Asset Limited, Income Constrained, Employed) Threshold as the average household income needed to cover the expenses of basic necessities, such as, housing, food, and transportation (United Way, 2018). In 2016, the Alice Threshold was $19,824 per year for a single adult, almost $8,000 more than the Federal Poverty Level.

Across Idaho, 61,888 or 40% of households headed by an individual age 65 and over were below the Alice Threshold.

Housing instability is also a concern among older adults. In 2018, 6,300 seniors throughout the state received federal rental assistance and 12% of the 71,400 low-income renters who paid more than half their income on housing and received no federal rental assistance were age 65 and over (Center on Budget and Policy Priorities, 2019).

Table 4: Households with Social Security and retirement income, 2018

	Total Households	Households with Social Security Income		Average Social Security Income	Total Households with Retirement Income		Average Retirement Income
	n	n	%	mean	n	%	mean
State	1688048	35265	12%	$19709	21166	7%	$24759
Area 1	229477	15980	15%	$18915	9183	8%	$21755
Area 2	108216	81933	15%	$18871	52632	9%	$22869
Area 3	767871	21936	11%	$17618	10522	7%	$22288
Area 4	194697	20138	11%	$19996	11854	5%	$20830
Area 5	168814	21826	12%	$19415	12200	7%	$24422
Area 6	218973	35265	10%	$19709	21166	6%	$24759

Source: Census, ACS 1-Year Estimates

Table 5: Poverty in adults ages 65 and over, 2018

	n	%
State	22277	9%
Area 1	3511	8%
Area 2	2002	10%
Area 3	11504	11%
Area 4	2745	9%
Area 5	1784	7%
Area 6	2011	7%

Source: Census, ACS 1-year Estimates

Disability Status

As individuals with disabilities age, resources must be available to support their needs. Of the 1.7 million Idaho residents aged 18 and older, over 13% are disabled (US Census, 2018). The highest disability rate is in Area 2 at 17% and the lowest is in Area 6 at 12%. The Veterans Administration provides data for veterans who received disability compensation or pension in 2018. Although the number of disabled veterans is also included in Census data, VA data provides an indication of the number of disabled residents who have access to additional services not available to the general population. Among the VA population, veterans aged 65-74, represent the largest number of disability compensation or pension recipients (Veterans Administration, 2018). Statewide, the number of VA disability recipients is 13% of the total number of disabled persons in Idaho.

Table 6: Disability status, 2018

	Total Population	Disability	
	n	n	%
State	1666375	222265	13%
Area 1	227584	34133	15%
Area 2	105853	17930	17%
Area 3	755951	92539	12%
Area 4	193093	24996	13%
Area 5	167232	25618	15%
Area 6	216662	27049	12%

Source: Census, American Community Survey 5-year data

Table 7: Veterans Administration disability compensation or pension recipients by count, 2018

	Total	Age less than 35	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75 or older	Male Recipients:	Female Recipients:
State	29169	3308	3763	4439	4492	8961	4206	25417	2513
Area 1	5349	482	578	685	796	1938	870	4953	396
Area 2	2167	187	219	286	298	802	375	2032	150
Area 3	14665	1797	2103	2562	2479	3904	1820	13094	1538
Area 4	2527	335	305	287	306	808	486	1832	166
Area 5	2275	261	271	317	313	782	331	1796	126
Area 6	2186	246	287	302	300	727	324	1710	137

Source: Department of Veterans Affairs

Food Insecurity

Feeding America estimates that in 2017, 3% of Idahoans ages 60 and over were food insecure, indicating a lack of consistent access to food, and 1% reduced the amount and frequency of meals, very low food security (2019.). Over 8% were marginally food insecure and had inconsistent access to food but with no reduction in the amount or frequency of meals. Based on Census estimates for the 60 and over population Idaho in 2018, this represents 12% or 42,634 individuals.

In addition to poverty, another barrier to access to food is the distance to supermarkets and large grocery stores that sell a variety of healthy foods. USDA estimates that 4% of adults ages 65 and over live over 1 mile from a supermarket (urban residents) or over 10 miles from a supermarket (rural residents) (USDA Food Environment Atlas, 2015).

The USDA Food Atlas contains data for the number of residents ages 65 and over who live more than ½ mile from a supermarket, no matter the population density of the county of residence (USDA Food Atlas, 2017). Based on this definition, 151,451, or 60% of the senior population lives more than ½ mile and 38% lives more than 1 mile from a supermarket. More residents in Area 2 travel over 10 miles to a supermarket, at 10%, and Area 3 had the lowest percentage of residents traveling the same distance, at 2%.

Table 8: Population 65+ living > 1 mile from supermarket in urban regions or >10 miles in rural regions, 2017

	n	%
State	40072	4%
Area 1	7697	3%
Area 2	3847	5%
Area 3	15700	4%
Area 4	465	5%
Area 5	4927	3%
Area 6	3822	4%

Source: USDA Food Environment Atlas

Table 9: Number of 65+ population who live specified distance from a supermarket, 2017

	>1/2 mile		>1 mile		>10 miles		>20 miles	
	n	%	n	%	n	%	n	%
State	151451	60%	96242	38%	13415	5%	3033	1
Area 1	26597	60%	19601	44%	2869	6%	320	1%
Area 2	12574	62%	8972	44%	2017	10%	507	3%
Area 3	60140	55%	32429	30%	2635	2%	660	1%
Area 4	18500	64%	12207	42%	2007	7%	713	2%
Area 5	16048	67%	11060	46%	1932	8%	205	1%
Area 6	17592	65%	11973	44%	1954	7%	629	2%

Source: USDA Food Atlas

Hospital Discharge Care

In 2017, 56% of Medicare patients across the state were discharged to self/home-care, while 14% were discharged to home health agencies. Area 3 had the highest percentage of discharges to self/home-care at 69% (n=6119) and Area 5 had the lowest rate at 58% (n=3244). Over 24% of Medicare patients in Area 5 were discharged to home health agencies while only 4% in Area 2 were discharged to home health agencies.

Table 10: Hospital Discharges by site for Medicare patients, 2017

	Discharged to Home Health Agencies		Discharge to Other Destinations		Discharged to Self/Home-Care		Discharged to Skilled Nursing Facilities	
	n	%	n	%	n	%	n	%
State	5963	14	7412	17	24507	56	6122	14
Area 1	631	14	976	22	2626	60	766	18
Area 2	194	4	1000	21	3104	65	703	15
Area 3	1156	13	1436	16	6119	69	1287	15
Area 4	1347	20	1286	19	4390	66	979	15
Area 5	1368	24	1458	26	3244	58	931	17
Area 6	1267	16	1256	16	5024	65	1456	19

Source: Centers for Medicare and Medicaid Services

Statewide Aging Survey

Statewide Survey Methodology

Idaho State University (ISU) contracted with Resolution Research & Marketing, Inc., a Colorado S-Corporation founded in 1990, to administer the Idaho Commission on Aging (ICOA) Senior Services survey to assess the Older Americans Act (OAA). This 2019 needs assessment surveyed Idaho residents who were age 50 and over, and placed emphasis on lower-income and socially isolated persons who were eligible for Older American Act (OAA) services. The goal of this assessment was to gather information on the current and future needs of the aging population.

ISU-IRH collaborated with ICOA staff to review the 2015 Statewide Aging Survey. Slight modifications were made improve readability; for example, revision of the definition of quality of life. Rewording of response options included replacing the word “use” with “need”. For example, the phrase “I would like to use this” was replaced with “I need this”. As with the 2015 survey, the survey was available in both an online format and a paper format. The final version of the survey was approved by ICOA in October for distribution during the regional ICOA Listening Sessions.

Sampling Target Population. In order to target underrepresented populations, Resolution Research first analyzed the demographic composition of the six Area Agency on Aging (AAA) service areas by zip codes and trends based upon the following population elements: age, low income, living alone, limited English, minority, Native American, and rural status (see Table 11).

Table 11: Older Americans Act focus areas by region, 2018/19

	2018/19 Total Population	At Risk of Institutional Placement		Greatest Economic Need	Greatest Social Need			
		Aged 75+	Aged 85+	65+ Living in Poverty	65+ Living Alone	60+ Living in Rural County	60+ Racial Minority	60+ Hispanic
State	1,683,140	101,250	28,435	20,945	58,798	117,929	12,295	14,738
Area 1	62,531	17,364	4,511	3,069	9,537	24,036	1,834	1,033
Area 2	27,459	8,682	2,603	1,622	4,926	9,832	1,112	314
Area 3	153,193	42,110	11,997	9,926	25,260	28,713	5,567	7,272
Area 4	40,665	12,361	3,480	2,857	7,080	23,464	1,197	3,143
Area 5	33,604	9,749	2,715	1,749	5,867	17,248	1,629	1,605
Area 6	38,467	10,983	3,129	1,722	6,127	14,634	956	1,371

Analysis of the areas were used (see sampling target population, Table 12, below) to determine the survey distribution by mail. Resolution Research purchased a contact list of 1800 individuals to reflect the distribution by areas and also used its internal resources to reach out to the same audience electronically.

Table 12: Sampling target population table

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

Prior to mailing the survey to the selected sample, Resolution Research prepared and mailed an initial postcard to alert the 1800 individuals of the upcoming mailed survey and its purpose. The postcard also provided a URL for those who preferred to complete the survey online.

Resolution Research also prepared, printed and distributed the survey, less than a week after the postcard was mailed and included a postage-paid return mail envelope, as well as toll-free and fax phone numbers and a web address for individuals who did not wish to complete the survey by mail. Only 130 persons (10%) returned the survey via mail, whereas the majority of surveys, 56% or 713, were completed online.

In addition to Resolution Research's efforts to distribute and administer the surveys, ICOA and the Area Agencies on Aging (AAA), distributed paper surveys at events around the state. The URL for the online survey was posted on ICOA's webpage. The Idaho State University, Kasiska Division of Health Sciences Public Relations Specialist wrote a press release describing the purpose of the survey, the URL for the online survey, and contact information for IRH research staff. The press release was distributed throughout the state by public relations staff on the Meridian and Pocatello campuses. See Appendix A for a copy of the press release. Table 13 lists the media companies and state region that received the press release.

Table 13: Distribution of press release announcing statewide survey

North Idaho	Western Idaho	Eastern Idaho
Moscow Daily News	Idaho Press Tribune (Nampa)	KIFI-TV
Coeur d'Alene Press	The Idaho Press-Tribune (Meridian)	Power County Press
Emmett Messenger-Index	KTVB-TV (Boise)	KISU Radio
The Star-News (McCall)	KBOI Newsroom (Boise)	Idaho Education News
The Owyhee Avalanche	KIVI-TV (Nampa)	East Idaho Radio
Kootenai Valley Times	Idaho Business Review	Challis Messenger
Spokane Spokesman Review	KBSX Radio (Boise)	Rich Broadcasting
Lewiston Morning Tribute	Boise Weekly	KPVI-TV
Bonner City Bee	Kuna Melba News	Bengal Newspaper
KLEW TV	Mountain Home News	Preston Citizen Editor
		Blackfoot Morning News
		Teton Valley News
		KBZQ Radio
		Idaho State Journal
		KBYI Radio
		KMVT-TV
		KIDK-TV
		Region Info website
		KMVT-TV
		Pocatello Chamber of Commerce
		Pocatello College Neighborhood Association
		Bannock Development Corporation
		Idaho Falls Post Register
		News-Examiner (Montpelier)
		Shoban News
		Rexburg Standard Journal

		Ridenbaugh Press East Idaho News Aberdeen Times Twin Valls Times Reuters

As a result of additional marketing and distribution of the survey, 437 completed surveys were returned to IRH research staff and entered into the online survey system. In total, 1,280 surveys were completed between October and December 31, 2019, more than doubling the total completed in 2015.

Resolution Research provided IRH research staff with a dataset of completed surveys. In order to provide analysis by AAA region, only surveys with complete zip code information was retained for the final dataset (n=1145).

Table 14: Final dataset by region

State	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
1145	180	117	209	223	279	137

Survey Results: Statewide and by Planning and Service Area

All survey results are presented as a percentage of respondents for ease of comparison between subgroups of data such as AAA planning and service areas. The number of respondents (n) is specified for each set of data so that the raw numbers can be calculated if desired. Note that the percentages may not add up to exactly 100% due to rounding in these tables. For those questions where multiple responses were allowed, the total may be more than 100%. In addition, the number of completed surveys may differ based on completion of individual questions; therefore, not all analyses include data for all 1145 respondents.

Demographics

Age

Twenty five percent of statewide respondents were ages 60-69 and 37% were ages 70-79. Few responses were received from those age 90 or older. Sixty three percent of all respondents were age 70 and older. The age distribution was similar across all six areas.

Table 15: Age of respondents

	50-59	60-69	70-79	80-90	90-99	Total
State (n=1098)	12%	25%	37%	21%	5%	100%
Area 1 (n=176)	11%	27%	38%	20%	4%	100%
Area 2 (n=113)	13%	27%	40%	14%	6%	100%
Area 3 (n=201)	12%	27%	30%	25%	5%	100%
Area 4 (n=217)	12%	23%	36%	22%	8%	100%
Area 5 (n=269)	12%	23%	44%	20%	2%	100%
Area 6 (n=122)	12%	25%	37%	21%	5%	100%

Gender and Veteran Status

Sixty eight percent of statewide survey respondents were female and 32% were male. The rates of completion by gender were similar across all six AAA areas. The number of respondents who were veterans ranged from 13% to 22%.

Table 1 Gender and veteran status of respondents

	Male	Female	Veteran
State (n=1098)	32%	68%	16%
Area 1 (n=176)	29%	71%	16%
Area 2 (n=113)	32%	68%	15%
Area 3 (n=201)	30%	70%	22%
Area 4 (n=217)	36%	64%	16%
Area 5 (n=269)	33%	67%	13%
Area 6 (n=122)	29%	71%	15%

Race and Ethnicity

Between 90% and 97% of respondents self-identified as white/Caucasian. Few self-identified as a member of another race, including multiracial identity. Ethnicity was measured separately from race. Few respondents, 1-3%, identified as Hispanic/Latino.

Table 2 Race and ethnicity

	American Indian or Alaskan Native	Asian	Black or African American	White/ Caucasian	Native Hawaiian/ Other Pacific Islander	Other	Hispanic/ Latino
State (n=1098)	3%	1%	1%	94%	1%	3%	2%
Area 1 (n=176)	3%	1%	1%	90%	2%	5%	1%
Area 2 (n=113)	1%	0%	0%	96%	0%	4%	1%
Area 3 (n=201)	4%	0%	1%	95%	0%	4%	2%
Area 4 (n=217)	1%	0%	0%	95%	1%	4%	2%
Area 5 (n=269)	4%	2%	2%	91%	2%	2%	3%
Area 6 (n=122)	2%	1%	1%	97%	0%	3%	2%

Household Composition

Across the areas, between 38% and 51% of respondents reported living alone. Fifty percent or more of respondents in areas 1, 2, and 6 reported living alone. Less than 41% of respondents statewide reported living with a spouse or partner with frequencies ranging from 38% in area 1 to 47% in areas 3 and 5. Area 4 had the largest number of respondents who reported living with someone other than a spouse or partner, at 23%.

Table 18: Household composition

	Lives Alone	Spouse or Partner	Others (No Spouse/Partner)
State (n=1145)	45%	41%	14%
Area 1 (n=180)	50%	38%	12%
Area 2 (n=117)	51%	45%	4%
Area 3 (n=209)	38%	47%	15%
Area 4 (n=223)	43%	34%	23%
Area 5 (n=279)	45%	47%	8%
Area 6 (n=137)	51%	43%	6%

Employment Status

Less than a quarter of respondents statewide reported working either full-time or part-time. The largest number of workers was in Area 4 at 30%. Area 5 had the highest number who reported volunteering, at 28%, followed by Area 2 at 26%. Seventy seven percent of respondents statewide reported neither working nor volunteering with frequencies ranging from 49% in Area 4 to 60% in Area 1.

Table 19: Employment status

	Working full-time	Working part-time	Volunteer	Not employed or volunteering at this time
State (n=1139)	12%	10%	22%	55%
Area 1 (n=179)	10%	8%	22%	60%
Area 2 (n=117)	16%	5%	26%	53%
Area 3 (n=207)	13%	9%	19%	59%
Area 4 (n=223)	14%	16%	21%	49%
Area 5 (n=276)	12%	11%	28%	50%
Area 6 (n=137)	12%	10%	22%	55%

Household Income

Household incomes were similar across all areas. Between 10% and 13% of respondents in the six areas reported household incomes of less than $10,000. Statewide, 57% of respondents reported household incomes of less than $30,000. The highest incomes were in Areas 2 and 5 with 26% of respondents in both reporting household incomes in excess of $50,000.

Table 20: Household income

	Less than $10,000	$10,000 - $19,999	$20,000 - $29,999	$30,000 - $39,999	$40,000 - $49,999	Over $50,000
State (n=1125)	12%	26%	19%	12%	10%	21%
Area 1 (n=178)	14%	29%	21%	11%	11%	14%
Area 2 (n=116)	10%	30%	16%	10%	10%	26%

Area 3 (n=202)	13%	26%	19%	12%	6%	23%
Area 4 (n=222)	11%	23%	20%	11%	10%	24%
Area 5 (n=272)	11%	21%	17%	15%	10%	26%
Area 6 (n=135)	12%	28%	24%	13%	12%	11%

Insurance Coverage

Respondents were asked to identify all types of insurance coverage that they currently have with 70-79% reporting Medicare coverage, either alone or in combination with other public or private insurers. Private insurance was also common among respondents with rates ranging from 49% in Area 1 to 62% in Area 2.

Table 21: Insurance Coverage

	Medicare and other coverage	Veterans Affairs	Medicaid	Private health insurance	None	I don't know
State (n=1145)	77%	9%	10%	54%	4%	1%
Area 1 (n=180)	79%	8%	12%	49%	6%	0%
Area 2 (n=117)	70%	9%	8%	62%	4%	0%
Area 3 (n=209)	73%	14%	11%	50%	5%	1%
Area 4 (n=223)	79%	4%	8%	58%	3%	1%
Area 5 (n=279)	78%	7%	11%	55%	2%	2%
Area 6 (n=137)	79%	9%	13%	55%	2%	1%

Quality of Life

Quality of life indicates an individual's satisfaction with his/her life and the ability to enjoy activities that are important to the individual. Quality of life can include the areas of physical health, mental health, personal environment, relationships, and leisure activities. Most survey respondents (80%) reported a good or very good quality of life, with only 5% reporting poor or very poor and were consistent across all planning and service areas.

Table 3: Overall quality of life

	Very Good	Good	Fair	Poor	Very Poor
State (n=1145)	34%	46%	15%	4%	1%
Area 1 (n=180)	32%	49%	15%	4%	1%
Area 2 (n=117)	32%	45%	17%	4%	1%
Area 3 (n=209)	32%	44%	20%	4%	0%
Area 4 (n=223)	40%	45%	10%	3%	1%
Area 5 (n=279)	38%	45%	13%	3%	1%
Area 6 (n=137)	26%	50%	19%	5%	0%

Participation in Activities

To assess quality of life satisfaction in the context of individual activities, participants were asked to indicate their interest and participation in various activities outside of the home. The most common activities that

respondents were able to participate in as often as they wanted were medical appointments/pharmacy at 85%, shopping at 72%, and religion/worship at 63%. Recreational activities and social activities were the most common types of activities that respondents were prefer to spend more time pursuing.

Table 4: Participation in activities, all respondents

State (n=1145)	As Often as I Want	Not Nearly as Often as I Want	Not Interested	Interested
Community events, groups	57%	24%	18%	81%
Sporting events	35%	16%	48%	51%
Volunteer work	47%	26%	26%	74%
Education programs	36%	29%	34%	65%
Exercise, physical activities	46%	34%	17%	82%
Family activities	61%	29%	9%	90%
Library	47%	23%	29%	70%
Medical appts, pharmacy	85%	10%	4%	95%
Parks	56%	25%	10%	80%
Religion, worship	63%	13%	23%	76%
Senior centers	49%	18%	33%	67%
Shopping	72%	20%	7%	92%
Average	55%	22%	22%	77%

The following three tables include results by AAA areas. Most respondents reported that they were able to attend medical appointments (86%) and go shopping (73%) as often as they wanted.

Table 54: As often as I want, I go to or participate in the following activities

As Often as I Want	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
Community events, social clubs, support groups	57%	60%	54%	48%	59%	66%	50%
Sporting events	35%	22%	42%	31%	39%	43%	29%
Volunteer work	48%	46%	49%	40%	51%	52%	47%
Education programs	37%	29%	33%	30%	42%	46%	33%
Exercise, fitness, physical activities	49%	45%	47%	47%	58%	48%	47%
Family activities	61%	53%	61%	58%	66%	65%	64%
Library	47%	53%	46%	45%	46%	51%	38%
Medical appointments and pharmacy	86%	87%	83%	86%	84%	88%	84%
Parks	56%	53%	57%	53%	64%	54%	54%
Religion, worship	63%	58%	65%	59%	63%	68%	65%
Senior centers	49%	44%	40%	41%	60%	57%	42%
Shopping	73%	76%	68%	68%	72%	76%	74%

Social activities, such as educational programs, volunteer work, community events/social clubs/support groups, and family activities, were the most common types of activities that participants reported that they would like to engage in more often. Recreational activities, in the form of exercise and accessing parks, were also reported as being limited.

Table 65: Not nearly as often as I want, I go to or participate in the following activities

Not Nearly as Often as I Want	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
Community events, social clubs, support groups	25%	25%	26%	31%	25%	22%	18%
Sporting events	16%	17%	11%	18%	18%	17%	15%
Volunteer work	26%	30%	24%	30%	23%	25%	26%
Education programs	29%	32%	29%	34%	27%	26%	29%
Exercise, fitness, physical activities	34%	39%	37%	38%	26%	35%	30%
Family activities	29%	35%	27%	33%	25%	29%	26%
Library	23%	23%	22%	23%	24%	22%	26%
Medical appointments and pharmacy	10%	11%	14%	12%	8%	8%	10%
Parks	25%	27%	23%	26%	19%	27%	27%
Religion, worship	13%	16%	14%	17%	9%	12%	13%
Senior centers	18%	23%	15%	20%	16%	19%	16%
Shopping	20%	19%	23%	23%	19%	18%	21%

Few participants reported interest in attending sporting event, with 49% indicating no interest in that form of activity. Thirty four percent reported no interest in attending an education program and 33% reported no interest in attending a senior center.

Table 7: Not Interested in going to or participating in the following activities

Not Interested	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
Community events, social clubs, support groups	18%	16%	21%	21%	15%	12%	32%
Sporting events	49%	61%	47%	51%	43%	40%	57%
Volunteer work	26%	24%	27%	29%	27%	23%	27%
Education programs	34%	39%	38%	36%	31%	28%	39%
Exercise, fitness, physical activities	17%	16%	16%	15%	16%	18%	23%
Family activities	10%	12%	12%	10%	9%	7%	10%
Library	29%	24%	32%	32%	30%	26%	36%
Medical appointments and pharmacy	4%	2%	3%	2%	8%	4%	6%
Parks	19%	21%	20%	21%	17%	19%	20%
Religion, worship	24%	26%	21%	25%	28%	20%	21%
Senior centers	33%	33%	45%	39%	24%	25%	42%
Shopping	7%	5%	9%	9%	9%	7%	5%

Problems in Last 12 Months

The final quality of life question asked participants to think back over the last 12 months and identify how much of a problem each of the listed items has been for them. Response options were major problem, minor problem, and no problem. Respondents had the most problems, both major and minor, with home maintenance (52%),

and housework (45%). Feeling lonely, sad, or isolated was also a problem for more than a third of respondents (38%), as was managing your own health (32%).

Table 27: Problems over the last 12 months

State (n=1145)	Major Problem	Minor Problem	No Problem
Available nutritious meals	6%	19%	76%
Housework	12%	33%	55%
Home maintenance	18%	36%	47%
Accessing health care	6%	20%	74%
Transportation	6%	13%	81%
Care in nursing or assisted living facility	3%	5%	92%
Feeling lonely, sad or isolated	8%	30%	62%
Finding information about services and supports	9%	28%	63%
Being exploited, abused or neglected	2%	7%	91%
Assisting another individual with personal care	7%	17%	76%
Managing your own health	6%	26%	68%
Affording basic necessities such as groceries, gas, medications, utilities	9%	23%	69%

Results are presented for each response option by AAA area in the next three tables. The biggest problems were home maintenance (18%), housework (12%), finding information (9%), and affording basic necessities (9%). Feeling lonely, sad, or isolated was a major problem for 10-11% of respondents in Areas 2, 3, and 6.

Table 88: Major problems over the last 12 months

Major Problem	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
Available nutritious meals	6%	4%	5%	7%	4%	6%	7%
Housework	12%	13%	12%	15%	6%	10%	17%
Home maintenance	18%	19%	18%	21%	13%	17%	19%
Accessing health care	6%	6%	9%	8%	5%	4%	7%
Transportation	6%	5%	9%	9%	5%	6%	6%
Care in nursing or assisted living facility	3%	2%	6%	3%	3%	3%	5%
Feeling lonely, sad or isolated	8%	8%	11%	11%	5%	8%	10%
Finding information about services and supports	9%	8%	9%	9%	8%	8%	11%
Being exploited, abused or neglected	2%	1%	5%	2%	2%	3%	2%
Assisting another individual with personal care	7%	7%	10%	8%	6%	4%	9%
Managing your own health	6%	6%	6%	6%	5%	6%	7%
Affording basic necessities such as groceries, gas, medications, utilities	9%	11%	10%	10%	7%	6%	10%

About a third of respondents reported minor problems with home maintenance and 36% with housework, and 28% to 30% reported minor problems with finding information about services and supports, feeling lonely or isolated, and managing their own health.

Table 99: Minor problems over the last 12 months

Minor Problem	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
Available nutritious meals	19%	21%	19%	17%	15%	20%	22%
Housework	33%	33%	28%	33%	30%	39%	31%
Home maintenance	36%	32%	39%	34%	35%	36%	39%
Accessing health care	20%	26%	17%	18%	18%	23%	16%
Transportation	13%	15%	14%	16%	8%	12%	16%
Care in nursing or assisted living facility	5%	7%	5%	3%	2%	6%	5%
Feeling lonely, sad or isolated	30%	31%	27%	31%	26%	30%	33%
Finding information about services and supports	28%	32%	28%	35%	20%	29%	23%
Being exploited, abused or neglected	7%	6%	7%	9%	6%	7%	10%
Assisting another individual with personal care	17%	19%	16%	18%	14%	18%	19%
Managing your own health	26%	29%	21%	32%	23%	26%	23%
Affording basic necessities such as groceries, gas, medications, utilities	23%	21%	19%	26%	20%	23%	28%

For each area, the majority of respondents did not report any problems over the past twelve months, except for home maintenance, where just under half reported no problems.

Table 30: No problems over the last 12 months

No Problem	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
Available nutritious meals	76%	75%	76%	76%	81%	74%	71%
Housework	55%	54%	60%	52%	64%	51%	52%
Home maintenance	47%	49%	44%	45%	52%	47%	42%
Accessing health care	74%	68%	74%	74%	77%	73%	77%
Transportation	81%	80%	78%	76%	87%	82%	88%
Care in nursing or assisted living facility	92%	91%	89%	95%	95%	92%	90%
Feeling lonely, sad or isolated	62%	61%	62%	57%	69%	63%	57%
Finding information about services and supports	63%	60%	63%	55%	73%	63%	66%
Being exploited, abused or neglected	91%	93%	88%	90%	92%	91%	88%
Assisting another individual with personal care	76%	75%	73%	74%	80%	77%	72%
Managing your own health	68%	66%	73%	62%	73%	69%	70%
Affording basic necessities such as groceries, gas, medications, utilities	69%	68%	71%	65%	73%	71%	62%

Long-Term Care Services and Supports

Information and Assistance

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

Use of Information Resources

The first question asked how often the respondent has used the following information resources to find out about services and supports for seniors and people with disabilities. Statewide results are presented in Table 31. The most common method of finding information was through communication with family or friends at 84%, followed by internet at 75% and television at 66%. 2-1-1 was the least used resource for information at 9%, followed by the AAA's at 31%.

Table 31: Use of information resources

Source	Often	Sometimes	Never
Region Agency on Aging	7%	24%	69%
2-1-1 Idaho Careline	1%	8%	90%
Senior Center	25%	28%	47%
Church	27%	26%	47%
Library	13%	32%	55%
Other organization	11%	36%	53%
Individuals (family, friends, neighbors)	42%	42%	16%
Radio	20%	29%	51%
Television	34%	32%	34%
Newspaper	27%	36%	37%
Other printed materials	21%	47%	32%
Computer, tablet, or cell phone (internet)	45%	30%	25%

Results by AAA area, as well as the statewide results shown above, are presented in the next three tables below. The rates of utilization of service and support information resources was similar across all six areas.

Table 32: Often use these information resources to find out about services and supports

Often Use This	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
Area Agency on Aging	7%	7%	5%	4%	9%	8%	7%
2-1-1 Idaho Careline	1%	1%	1%	2%	1%	2%	1%
Senior Center	25%	27%	13%	16%	34%	29%	21%
Church	27%	24%	23%	25%	25%	31%	29%
Library	13%	18%	10%	12%	10%	13%	10%
Other organization	11%	11%	13%	9%	9%	14%	10%
Individuals (family, friends, neighbors)	42%	44%	35%	41%	38%	44%	45%
Radio	20%	19%	20%	20%	17%	22%	24%

Television	34%	34%	35%	35%	29%	36%	37%
Newspaper	27%	31%	39%	20%	23%	29%	28%
Other printed materials	21%	24%	21%	18%	20%	22%	19%
Computer, tablet or cell phone (internet)	45%	48%	43%	49%	45%	43%	39%

Table 33: Sometimes use these information resources to find out about services and supports

Sometimes Use This	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
Area Agency on Aging	24%	26%	22%	23%	28%	21%	24%
2-1-1 Idaho Careline	8%	7%	12%	9%	8%	6%	10%
Senior Center	28%	25%	26%	28%	28%	33%	29%
Church	26%	34%	28%	25%	27%	28%	27%
Library	32%	32%	37%	30%	32%	35%	27%
Other organization	36%	42%	36%	37%	34%	39%	27%
Individuals (family, friends, neighbors)	42%	40%	42%	44%	46%	43%	37%
Radio	29%	24%	33%	28%	26%	35%	28%
Television	32%	33%	26%	33%	35%	32%	28%
Newspaper	36%	37%	31%	34%	44%	38%	26%
Other printed materials	47%	48%	48%	50%	48%	47%	42%
Computer, tablet or cell phone (internet)	30%	29%	33%	31%	31%	31%	27%

Table 34: Never use these information resources to find out about services and supports

Never Use This	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
Area Agency on Aging	69%	67%	73%	73%	64%	71%	69%
2-1-1 Idaho Careline	90%	92%	87%	89%	91%	92%	90%
Senior Center	47%	49%	62%	56%	39%	39%	49%
Church	47%	53%	49%	50%	48%	41%	43%
Library	55%	50%	53%	58%	59%	52%	62%
Other organization	53%	47%	51%	54%	58%	47%	63%
Individuals (family, friends, neighbors)	16%	16%	23%	15%	16%	13%	19%
Radio	51%	57%	48%	52%	57%	44%	48%
Television	34%	33%	39%	33%	36%	32%	35%
Newspaper	37%	32%	30%	46%	33%	34%	47%
Other printed materials	32%	29%	31%	32%	32%	31%	39%
Computer, tablet or cell phone (internet)	25%	24%	25%	20%	25%	26%	34%

Awareness of Services Provided

The second question in this section asked about respondents' awareness and utilization of services provided by state and local agencies. Results by AAA areas, as well as the statewide results shown in the above figure, are presented for each response option in the next three tables with utilization rates similar across regions. Services provided by Senior Centers were utilized more often at 31% statewide, compared to those offered by other agencies and organizations. Within the areas, 39% of respondents in areas 4 and 5 utilization Senior Center services and the lowest rate was 20% in region 2. Utilization of services offered by IDHW, the AAA's, Idaho Department of Labor, and State Health Insurance Benefits Advisors ranged from 14% to 20% statewide.

Table 35: Have used the services that each agency or organization provides

Have Used Services	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
2-1-1 Idaho Careline	8%	5%	10%	10%	8%	7%	13%
Area Agency on Aging	15%	14%	15%	10%	20%	17%	16%
Idaho Commission on Aging	8%	5%	4%	5%	11%	10%	14%
Centers for Independent Living	6%	4%	2%	7%	6%	7%	13%
Disability Rights of Idaho	6%	4%	6%	3%	7%	7%	8%
Idaho Department of Health and Welfare / Medicaid	20%	19%	17%	16%	21%	23%	23%
Idaho Department of Labor	14%	15%	11%	12%	15%	16%	16%
State Independent Living Council	4%	2%	3%	1%	6%	5%	5%
State Health Insurance Benefits Advisors (SHIBA)	15%	21%	9%	10%	11%	22%	10%
Idaho Division of Veterans Services	10%	8%	10%	12%	11%	11%	11%
Idaho Legal Aid (non-profit)	7%	6%	9%	4%	7%	6%	14%
Community Action Partnership (non-profit)	12%	14%	16%	4%	13%	9%	20%
Senior Centers (non-profit)	31%	33%	20%	22%	39%	39%	29%

Although utilization rates of service organizations were low, that does not indicate a lack of awareness of those same agencies/organizations. Although only 8% of respondents statewide have used 2-1-1, 40% reported being aware of the service. Respondents in Area 5 had the fewest number of respondents who were aware of 2-1-1 services, at 29%. Within the areas, fewer respondents were aware of the state Independent Living Council with

24% of respondents in Area 2 and 28% of respondents in Area 3 reporting awareness of services offered by the organization.

Table 36: Aware of the services that each agency or organization provides

Aware of Services	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
2-1-1 Idaho Careline	40%	43%	43%	38%	38%	29%	41%
Area Agency on Aging	50%	54%	45%	52%	48%	44%	49%
Idaho Commission on Aging	49%	49%	43%	49%	49%	52%	46%
Centers for Independent Living	40%	43%	31%	38%	46%	40%	37%
Disability Rights of Idaho	40%	46%	41%	33%	40%	42%	35%
Idaho Department of Health and Welfare / Medicaid	55%	57%	64%	57%	54%	52%	55%
Idaho Department of Labor	55%	54%	55%	53%	57%	55%	55%
State Independent Living Council	41%	36%	24%	28%	33%	34%	29%
State Health Insurance Benefits Advisors (SHIBA)	40%	50%	36%	37%	40%	42%	38%
Idaho Division of Veterans Services	53%	52%	51%	57%	51%	55%	50%
Idaho Legal Aid (non-profit)	54%	54%	58%	56%	52%	55%	51%
Community Action Partnership (non-profit)	44%	48%	60%	38%	44%	41%	41%
Senior Centers (non-profit)	63%	64%	69%	68%	64%	62%	48%

Table 107: Not aware of and have never used the services that each agency or organization provides

Not Aware of and Have Never Used Services	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
2-1-1 Idaho Careline	32%	31%	33%	42%	3-%	28%	34%
Area Agency on Aging	46%	49%	54%	50%	44%	42%	45%
Idaho Commission on Aging	52%	54%	67%	58%	49%	54%	54%
Centers for Independent Living	55%	54%	67%	58%	49%	54%	54%

Disability Rights of Idaho	56%	51%	56%	64%	54%	52%	60%
Idaho Department of Health and Welfare / Medicaid	24%	23%	24%	25$	28%	22%	21%
Idaho Department of Labor	36%	35%	41%	29%	32%	34%	36%
State Independent Living Council	65%	62%	74%	71%	62%	62%	67%
State Health Insurance Benefits Advisors (SHIBA)	39%	33%	46%	47%	42%	30%	42%
Idaho Division of Veterans Services	40%	42%	43%	37%	41%	37%	43%
Idaho Legal Aid (non-profit)	41%	42%	38%	41%	41%	41%	42%
Community Action Partnership (non-profit)	48%	44%	34%	61%	46%	52%	48%
Senior Centers (non-profit)	15%	14%	16%	21%	14%	12%	19%

Congregate and Home Delivered Meals

This service area provides meals served in a community setting and/or at least one meal per day in the home. Additionally, it provides participants with nutrition counseling, education, and other nutrition services. Sixteen percent of respondents are using home delivered meals and 17% are using congregate meals. Area 5 has the highest utilization of home delivered meals, at 20%, as indicated by respondents, while 22-24% of respondents in Areas 4 and 5 are using congregate meals.

Table 38: Nutrition services: Home delivered meals

Home Delivered Meals	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
I am using this	16%	17%	5%	7%	12%	20%	26%
I need this	3%	2%	5%	4%	3%	2%	4%
I don't need this	50%	52%	57%	53%	56%	43%	46%
I might need this in future	31%	31%	33%	36%	29%	33%	23%
I know others who need this service	15%	13%	17%	14%	18%	16%	12%

Table 39: Nutrition services: Congregate meals

Congregate Meals	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
I am using this	17%	10%	12%	14%	24%	22%	16%
I need this	3%	1%	5%	4%	3%	2%	2%
I don't need this	48%	57%	50%	47%	47%	39%	56%

I might need this in future	29%	31%	28%	34%	25%	32%	29%
I know others who need this service	17%	13%	21%	15%	18%	19%	14%

Homemaker Services

This service area provides participants with assistance with services related to the home such as meal preparation, medication management, shopping, light housework, and bathing/washing. Informal services are those provided by family, friends, neighbors, church, or other groups. Formal services are those provided by someone from an agency or organization. More respondents are using informal homemaker services than formal ones (12% vs 7%). Between 33 and 36% of respondents indicated that they may need formal or informal homemaker services in the future.

Table 40: Formal homemaker services

Formal Homemaker Services	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
I am using this	7%	4%	3%	6%	5%	5%	13%
I need this	6%	6%	9%	10%	3%	3%	10%
I don't need this	49%	47%	47%	44%	56%	50%	50%
I might need this in future	36%	42%	38%	39%	32%	41%	23%
I know others who need this service	15%	12%	21%	15%	15%	15%	13%

Table 11: Informal homemaker services

Informal Homemaker Services	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
I am using this	12%	11%	9%	13%	11%1	8%	24%
I need this	4%	3%	6%	5%	3%	2%	6%
I don't need this	50%	51%	50%	44%	56%	53%	42%
I might need this in future	33%	35%	37%	37%	28%	36%	24%
I know others who need this service	15%	12%	18%	15%	16%	15%	12%

Chore Services

This service area provides participants with household maintenance services such as pest control and minor house repairs. More respondents are using informal chore services than formal ones (19% vs 4%).

Table 122: Formal chore services

Formal Chore Services	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
I am using this	4%	2%	7%	3%	6%	3%	7%
I need this	10%	13%	12%	12%	7%	7%	13%
I don't need this	51%	51%	46%	50%	53%	55%	49%

I might need this in future	35%	38%	40%	36%	31%	38%	28%
I know others who need this service	14%	10%	19%	15%	16%	14%	10%

Table 43: Informal chore services

Informal Chore Services	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
I am using this	19%	13%	15%	19%	18%	18%	31%
I need this	6%	8%	7%	7%	4%	6%	8%
I don't need this	43%	44%	42%	44%	45%	44%	41%
I might need this in future	31%	36%	40%	30%	29%	32%	19%
I know others who need this service	14%	10%	16%	14%	17%	15%	12%

Transportation

This service area provides patrons with transportation to essential services such as social services, medical, health care, and meal programs. Informal services are those provided by family, friends, neighbors, church, or other groups. Formal services are those provided by someone from an agency or organization. The tables below show that informal transportation services are used four times as often as formal services (16% vs 4% for all respondents).

Table 44: Formal transportation services

Formal Transportation Services	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
I am using this	4%	9%	5%	3%	4%	3%	4%
I need this	5%	6%	8%	3%	5%	3%	5%
I don't need this	56%	56%	54%	50%	63%	53%	61%
I might need this in future	35%	38%	27%	41%	29%	37%	29%
I know others who need this service	17%	17%	22%	17%	19%	16%	17%

Table 45: Informal transportation services

Informal Transportation Services	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
I am using this	16%	13%	17%	17%	13%	15%	25%
I need this	3%	3%	3%	4%	4%	3%	3%
I don't need this	48%	52%	49%	43%	55%	46%	42%
I might need this in future	30%	31%	33%	34%	27%	31%	26%
I know others who need this service	15%	13%	19%	16%	17%	16%	12%

Legal Assistance

This service area provides participants with legal advice, counseling, or representation. Overall, only 3% of respondents use these services but between 34 and 42% reported that they may need this service in the future.

Table 46: Legal assistance services

Legal Assistance Services	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
I am using this	3%	3%	1%	2%	5%	4%	5%
I need this	6%	8%	6%	8%	4%	4%	5%
I don't need this	52%	51%	55%	54%	52%	52%	50%
I might need this in future	38%	42%	41%	40%	37%	38%	34%
I know others who need this service	12%	9%	13%	13%	15%	10%	11%

Disease Prevention and Health Promotion Programs

This service area promotes programs for improving health through health screenings, assessment, and organized fitness activities. Fourteen percent are utilizing this service. Although 42 to 48% reported that they do not need this service now, 29 to 41% indicated that they may need it in the future.

Table 4713: Disease prevention and health promotion programs

Disease Prevention & Health Promotion Programs	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
I am using this	14%	15%	10%	8%	18%	17%	15%
I need this	7%	10%	9%	9%	4%	6%	7%
I don't need this	45%	45%	47%	48%	44%	42%	46%
I might need this in future	35%	34%	38%	41%	35%	35%	29%
I know others who need this service	13%	10%	17%	16%	14%	13%	12%

Caregiver Services

This service aera provides information, training, decision support, problem solving alternatives, and social supports to better take care of individuals with long-term physical, mental, and/or cognitive conditions. Very few respondents use these services (2% statewide) and 63% reported not needing the service.

Table 48: Caregiver services

Caregiver Services	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
I am using this	2%	1%	2%	3%	2%	1%	3%
I need this	2%	3%	4%	2%	4%	2%	0%
I don't need this	63%	62%	68%	63%	62%	62%	67%
I might need this in future	29%	33%	32%	31%	27%	29%	24%

I know others who need this service	11%	10%	5%	12%	14%	12%	8%

Respite Services

This is a specific service within the Caregiver Services Region which provides participants with in-home or adult daycare in order to provide relief to caregivers. Informal services are those provided by family, friends, neighbors, church, or other groups. Formal services are those provided by someone from an agency or organization. Seven percent of respondents currently use formal respite services, while 4% use informal respite services. Thirty five percent of respondents reported that they might need informal respite services in the future and 29% may need formal services in the future.

Table 49: Formal respite services

Formal Respite Services	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
I am using this	7%	6%	4%	7%	8%	5%	14%
I need this	3%	2%	3%	5%	2%	2%	3%
I don't need this	58%	63%	67%	54%	57%	57%	58%
I might need this in future	29%	32%	27%	34%	29%	30%	20%
I know others who need this service	11%	8%	11%	12%	15%	10%	10%

Table 50: Informal respite services

Informal Respite Services	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
I am using this	4%	4%	5%	5%	5%	3%	5%
I need this	4%	3%	8%	5%	1%	4%	3%
I don't need this	56%	57%	55%	51%	57%	59%	59%
I might need this in future	35%	38%	40%	36%	34%	34%	26%
I know others who need this service	14%	14%	10%	18%	17%	12%	15%

Ombudsman Services

This service area protects the health, safety, welfare, and rights of long-term care residents. Additionally, the ombudsman service investigates complaints made by or on the behalf of residents with issues such as resident care, quality of life, or facility administration. Only 1% of respondents indicated current use of this service. Almost a third of all respondents indicated they would use this service in the future, although this ranged from 19% of those in Area 6 to 38% of those in Area 1.

Table 141: Ombudsman services

Ombudsman Services	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
I am using this	1%	1%	2%	1%	1%	1%	1%

I need this	2%	2%	3%	1%	1%	1%	2%
I don't need this	62%	59%	66%	60%	61%	65%	70%
I might need this in future	32%	38%	33%	36%	33%	31%	19%
I know others who need this service	11%	11%	11%	13%	11%	9%	10%

Adult Protection Services

This service area safeguards and protects vulnerable adults that are, or are suspected to be, victims of abuse, neglect, self-neglect, or exploitation. This service area had the lowest reported need and utilization of any of the service Regions.

Table 152: Adult protection services

Adult Protection Services	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
I am using this	1%	1%	0%	1%	1%	1%	1%
I need this	1%	0%	2%	1%	1%	2%	1%
I don't need this	76%	77%	80%	77%	72%	75%	81%
I might need this in future	18%	21%	19%	18%	21%	16%	13%
I know others who need this service	11%	9%	12%	11%	13%	9%	10%

Case Management Services

This service area assists individuals in managing their own in-home, long-term care services. Case managers are assigned to assess an individual's independent living needs, develop and implement a service plan, and coordinate and monitor in-home services. The overall use of this service area is quite low (2%). About 26% of respondents indicated that they would use this service in the future.

Table 53: Case management services

Case Management Services	State (n=1145)	Area 1 (n=180)	Area 2 (n=117)	Area 3 (n=209)	Area 4 (n=223)	Area 5 (n=279)	Area 6 (n=137)
I am using this	2%	4%	0%	1%	2%	2%	4%
I need this	2%	1%	3%	1%	2%	2%	1%
I don't need this	67%	63%	72%	67%	65%	71%	70%
I might need this in future	26%	32%	27%	27%	27%	24%	21%
I know others who need this service	11%	10%	12%	13%	14%	9%	10%

Social Isolation and Emotional Health

Thirty eight percent of respondents reported that they had a problem with feeling lonely, sad, or isolated over the last 12 months. To further identify other concerns and utilization of services for these respondents, additional analyses were conducted.

The number of respondents who reported a problem with feeling lonely, sad, or isolated over the last 12 months by age categories or by living alone was similar to those who reported no problems.

Respondents who reported feeling lonely, sad, or isolated over the last 12 months were also more likely to report fair or poor/very poor quality of life. Seventy one percent of those who reported a major problem and 29% who reported a minor problem with social/emotional health reported fair or poor/very poor quality of life. In comparison, 9% of those who reported no problem reported fair or poor/very poor quality of life.

Table 54: Quality of life and social isolation/emotional health

	Very Good or Good	Fair	Poor or Very Poor
Major Problem (n=94)	34%	37%	29%
Minor Problem (n=329)	71%	24%	5%
No Problem (n=690)	91%	8%	1%

Respondents who reported problems with emotional health/isolation reported that they did not participate in social activities as often as they wanted or were not interested in participating as compared to those reporting no problems. Among respondents who reported a major problem with loneliness, depression, and isolation, 62% stated that they were unable to participate in community events, social clubs, and support groups as often as they wanted and 23% were not interested in participating. In contrast, 67% of respondents who reported no problems with emotional health/isolation over the last 12 months participated in these events as often as they wanted.

Table 55: Emotional health/isolation and participation in community events, social clubs, support groups

	As Often as I Want	Not Nearly as Often as I Want	Not Interested
Major Problem (n=93)	15%	62%	23%
Minor Problem (n=331)	49%	35%	17%
No Problem (n=695)	67%	14%	19%

Respondents who reported a major problem with emotional health/isolation over the last 12 months also reported that they did not participate in family activities as often as they wanted (64%) or were not interested in those activities (18%).

Table 56: Emotional health/isolation and participation in family activities

	As Often as I Want	Not Nearly as Often as I Want	Not Interested
Major Problem (n=95)	18%	64%	18%
Minor Problem (n=333)	48%	43%	10%
No Problem (n=695)	74%	18%	9%

Senior Centers, which offer services, such as congregate meals, in addition to social activities, were reported to be underutilized by respondents with major problems with depression, loneliness, and isolation. In contrast to the previous data tables, 45% of respondents who reported a major problem were not interested in Senior Centers, whereas, for other social activities, they reported more interest but an inability to attend functions as often as they wanted.

Table 57: Emotional health/isolation and participation in senior centers

	As Often as I Want	Not Nearly as Often as I Want	Not Interested
Major Problem (n=94)	20%	35%	45%
Minor Problem (n=333)	44%	27%	29%
No Problem (n=694)	55%	12%	33%

Table 58: Emotional health/isolation and utilization of senior center services

	As Often as I Want	Not Nearly as Often as I Want	Not Interested
Major Problem (n=94)	20%	35%	45%
Minor Problem (n=333)	44%	27%	29%
No Problem (n=694)	55%	12%	33%

Provider Survey

Provider Survey Methodology

An online survey of aging service providers was developed by ISU researchers in consultation with ICOA staff. The survey included questions about service capacity, needs and barriers related to future service expansion, and service Areas by county. A final question asked providers to identify issues that are unique to serving clients in rural Idaho. See Appendix C for a copy of the Provider Survey.

The Idaho Commission on Aging provided ISU staff with a contact list of providers of aging services including organization name, physical address, phone number, AAA planning and service area, and point of contact. The original list consisted of 289 organizations. The list was sorted by organization, city, region, and phone number to identify and delete duplicates, e.g. the same organization that provided services in multiple cities of the same area and/or same point of contact, and to delete providers with no contact information, e.g. address, phone number, and email address. Complete information, including email addresses, were available for 173 providers.

Incomplete contact information was available for 44 additional providers. Research staff attempted to contact each of the 44 providers for missing email information. The final list consisted of 206 providers.

The Provider Survey was administered as an anonymous online survey using Qualtrics. Providers were sent an email alerting them of the upcoming online survey. They were then sent an email with a link to the online survey. Reminders were sent to non-completers at 3 days and 7 days

Complete data, including service area, was available for 95 organizations for an overall response rate of 46%.

Table 59: Total provider respondents by region

State	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
95	14	5	17	29	13	16

Provider Survey Results: Statewide and by Region

Congregate and Home Delivered Meals

Fifty five percent of providers statewide offer congregate meals and 49% offer home delivered meals. For organizations that offer congregate meals, between 71% and 100% serve 30 or more individuals each month. Fewer individuals are provided home delivered meals as compared to congregate meals. Twenty nine percent of providers in Area 6 serve 30 or more individuals with home delivered meals each month, while in the other areas, a majority of providers serve 30 or more individuals each month.

Table 60: Nutrition services: Congregate meals

Congregate Meals	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)
Provide the service	55%	58%	50%	63%	56%	62%	40%
Among those who provide the service, number of individuals served each month							
0-10	4%	0%	0%	5%	0%	13%	14%
11-20	2%	0%	0%	0%	7%	0%	0%
21-29	4%	0%	0%	10%	0%	0%	14%
30 or more	90%	100%	100%	90%	93%	88%	71%

Table 6116: Nutrition services: Home delivered meals

Home Delivered Meals	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)
Provide the service	49%	50%	33%	53%	50%	62%	40%
Among those who provide the service, number of individuals served each month							
0-10	22%	0%	50%	22%	23%	13%	43%
11-20	11%	0%	0%	0%	15%	13%	29%
21-29	4%	17%	0%	11%	0%	0%	0%
30 or more	62%	83%	50%	67%	62%	75%	29%

Homemaker and Chore Services

Chore and homemaker services are not as commonly offered by providers in Area 5, at 8% and 25%, respectively, compared to other areas. In addition, 67% of homemaker service providers in Area 5 reported serving 11-20 individuals each month and 100% provide chore services to 10 or few individuals each month.

Table 62: Homemaker services

Homemaker Services	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)
Provide the service	41%	46%	50%	21%	48%	25%	50%
Among those who provide the service, number of individuals served each month							
0-10	8%	0%	33%	0%	8%	0%	13%
11-20	8%	0%	0%	33%	0%	67%	0%
21-29	8%	0%	0%	0%	8%	33%	63%
30 or more	75%	100%	67%	67%	85%	33%	63%

Table 63: Chore services

Chore Services	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)
Provide the service	37%	46%	50%	14%	46%	8%	50%
Among those who provide the service, number of individuals served each month							
0-10	47%	67%	33%	0%	50%	100%	38%
11-20	15%	0%	0%	50%	14%	0%	25%
21-29	6%	0%	33%	0%	7%	0%	0%
30 or more	32%	33%	33%	50%	29%	0%	38%

Transportation

Few providers in Areas 2 and 4 offer transportation services, at 33% and 35%, respectively. The majority of providers in Areas 5 and 6 provide transportation to 10 or fewer individuals each month, while 100% of those in Area 2 that provide transportation serve 30 or more each month.

Table 64: Formal transportation services

Transportation Services	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)
Provide the service	53%	77%	33%	69%	35%	50%	60%
Among those who provide the service, number of individuals served each month							
0-10	39%	0%	0%	46%	38%	60%	70%
11-20	13%	20%	0%	9%	13%	20%	10%
21-29	7%	10%	0%	9%	13%	0%	0%
30 or more	41%	70%	100%	36%	38%	20%	20%

Legal Assistance

Few providers reported offering legal assistance, ranging from none in Areas 2 and 3 to 25% in Area 5. Among those that offer the service, the majority serve 10 or few individuals each month.

Table 65: Legal assistance services

Legal Assistance Services	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)
Provide the service	11%	18%	0%	0%	13%	25%	7%
Among those who provide the service, number of individuals served each month							
0-10	88%	100%	0%	0%	67%	100%	100%
11-20	0%	0%	0%	0%	0%	0%	0%
21-29	0%	0%	0%	0%	0%	0%	0%
30 or more	13%	0%	0%	0%	33%	0%	0%

Disease Prevention and Health Promotion Programs

Disease prevention and health promotion programs are offered by 42% of providers in Area 5, while fewer providers in other regions of the state reported offering these programs.

Table 66: Disease prevention and health promotion programs

Disease and Health Prevention and Promotion Services	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)
Provide the service	19%	9%	0%	14%	26%	42%	7%
Among those who provide the service, number of individuals served each month							
0-10	14%	0%	0%	0%	17%	0%	50%
11-20	14%	0%	0%	0%	17%	33%	0%
21-29	7%	0%	0%	50%	0%	0%	0%
30 or more	64%	100%	50%	67%	67%	67%	50%

Respite Services

Respite is offered by most providers who completed the survey, with the exception of those in Area 5, with 17% offering the service, and in Area 3, with 29% offering the service. Over a third statewide provide respite services to less than 10 or 30 or more individuals.

Table 67: Formal respite services

Respite Services	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)
Provide the service	41%	46%	50%	29%	48%	17%	50%
Among those who provide the service, number of individuals served each month							
0-10	35%	50%	33%	25%	31%	33%	38%
11-20	14%	0%	33%	0%	15%	33%	13%

21-29	14%	17%	0%	25%	15%	0%	13%
30 or more	38%	33%	33%	50%	39%	33%	38%

Caregiver Services

Over 40% of respondents statewide reported offering caregiver services but only 25% in Area 5 and 27% in Area 3 reported offering the service. Of those that reported offering the service, 73% of respondents serve 30 or more individuals each month.

Table 68: Caregiver services

Caregiver Services	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)
Provide the service	40%	46%	50%	27%	42%	25%	50%
Among those who provide the service, number of individuals served each month							
0-10	16%	0%	33%	25%	8%	67%	13%
11-20	5%	0%	0%	0%	8%	33%	0%
21-29	5%	0%	0%	50%	0%	0%	0%
30 or more	73%	100%	67%	25%	85%	0%	88%

Case Management Services

Few providers, between 0% and 20%, reported that they offer case management.

Table 69: Case management services

Case Manager Services	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)
Provide the service	12%	9%	0%	14%	17%	0%	20%
Among those who provide the service, number of individuals served each month							
0-10	50%	100%	0%	0%	50%	100%	33%
11-20	8%	0%	0%	50%	0%	0%	0%
21-29	0%	0%	0%	0%	0%	0%	0%
30 or more	42%	0%	0%	50%	50%	0%	67%

Ombudsman Services

Ombudsman services is another service that few respondents reported offering, less than 6% of statewide respondents provide this service.

Table 70: Ombudsman services

Ombudsman	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)
Provide the service	6%	9%	0%	0%	4%	25%	0%
Among those who provide the service, number of individuals served each month							
0-10	33%	0%	0%	33%	0%	33%	100%
11-20	0%	0%	0%	0%	0%	0%	0%
21-29	17%	0%	0%	0%	0%	33%	0%

30 or more	50%	100%	0%	0%	100%	33%	0%

Adult Protection Services

As with ombudsman service, adult protective services was also not widely reported by respondents as a service that their organization offers.

Table 71: Adult protection services

Adult Protective Services	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)
Provide the service	8%	9%	0%	0%	14%	17%	0%
Among those who provide the service, number of individuals served each month							
0-10	40%	0%	0%	0%	50%	33%	50%
11-20	0%	0%	0%	0%	0%	0%	0%
21-29	10%	0%	0%	0%	25%	0%	0%
30 or more	50%	100%	0%	0%	25%	67%	50%

Information and Referral

Information and referral is provided by most survey respondents, with the exception of those from Area 2.

Table 72: Information and referral services

Information and Referral	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)
Provide the service	**57%**	64%	0%	69%	58%	58%	60%
Among those who provide the service, number of individuals served each month							
0-10	**18%**	17%	0%	20%	20%	0%	22%
11-20	**18%**	17%	0%	40%	13%	0%	11%
21-29	**9%**	33%	0%	10%	7%	0%	0%
30 or more	**56%**	33%	0%	30%	60%	100%	67%

Service Capacity

In order to determine if providers can expand services with the expected increase in the aging population, respondents were asked to report whether they were “significantly under capacity”, “close to capacity”, “at capacity” or “over capacity” (see Tables 73-76).

For homemaker and chore services, between 6-8% of providers reported being at capacity and 6-7% were over capacity for these services. Only Areas 3,5, and 6 reported being over capacity.

For nutrition services, 6% of congregate meal providers and 2% of home delivered meal providers are at capacity. Only providers in Areas 3 and 4 reported being above capacity.

Between 3 and 7% of providers reported being at capacity and 1-11% reported being above capacity for respite, caregiver, and case management services.

For those that provide ombudsman services, 0% of providers reported being above capacity and 4% reported being at capacity.

Table 73: Providers reporting significantly under capacity

Significantly Under Capacity	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)
Congregate Meals	29%	29%	0%	35%	23%	36%	38%
Home Delivered Meals	17%	0%	0%	24%	21%	18%	25%
Homemaker Services	11%	8%	17%	0%	15%	0%	20%
Chore Services	15%	17%	17%	0%	20%	0%	27%
Transportation Services	17%	31%	20%	18%	13%	0%	19%
Legal Assistance Services	5%	0%	0%	0%	8%	20%	0%
Disease Health Prevention and Promotion Services	7%	8%	0%	6%	4%	22%	7%
Respite Services	15%	15%	17%	0%	23%	0%	27%
Caregiver Services	9%	15%	17%	6%	8%	0%	13%
Case Manager Services	6%	8%	0%	6%	8%	0%	7%
Ombudsman	3%	0%	0%	0%	5%	11%	0%
Adult Protective Services	3%	0%	0%	0%	9%	0%	0%
Information and Referral	29%	23%	0%	44%	26%	20%	40%

Table 74: Providers reporting close to capacity

Close to Capacity	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)
Congregate Meals	18%	14%	60%	18%	19%	27%	0%
Home Delivered Meals	26%	36%	40%	24%	21%	46%	13%
Homemaker Services	18%	8%	33%	0%	31%	22%	13%
Chore Services	15%	25%	33%	0%	24%	0%	7%

Transportation Services	21%	31%	20%	29%	13%	44%	6%
Legal Assistance Services	1%	0%	0%	0%	4%	0%	0%
Disease Health Prevention and Promotion Services	7%	0%	0%	6%	17%	11%	0%
Respite Services	14%	23%	33%	0%	23%	11%	0%
Caregiver Services	15%	15%	33%	0%	23%	11%	13%
Case Manager Services	4%	0%	0%	6%	8%	0%	0%
Ombudsman	1%	0%	0%	0%	5%	0%	0%
Adult Protective Services	1%	0%	0%	0%	4%	11%	0%
Information and Referral	12%	15%	0%	6%	22%	20%	0%

Table 75: Providers reporting at capacity

At Capacity	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)
Congregate Meals	6%	7%	0%	6%	12%	0%	0%
Home Delivered Meals	2%	7%	0%	0%	4%	0%	0%
Homemaker Services	8%	17%	0%	13%	8%	0%	7%
Chore Services	6%	8%	0%	6%	8%	0%	7%
Transportation Services	10%	8%	0%	12%	8%	0%	19%
Legal Assistance Services	6%	8%	0%	0%	12%	0%	7%
Disease Health Prevention and Promotion Services	3%	0%	0%	0%	8%	0%	0%
Respite Services	7%	8%	0%	13%	8%	0%	7%
Caregiver Services	7%	8%	0%	6%	15%	0%	13%
Case Manager Services	3%	0%	0%	0%	4%	0%	7%
Ombudsman	4%	8%	0%	0%	5%	11%	0%
Adult Protective Services	4%	8%	0%	0%	4%	11%	0%

Information and Referral	9%	15%	0%	13%	9%	0%	7%

Table 76: Providers reporting over capacity

Over Capacity	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)
Congregate Meals	0%	0%	0%	0%	0%	0%	0%
Home Delivered Meals	2%	0%	0%	6%	4%	0%	0%
Homemaker Services	7%	8%	0%	6%	8%	0%	13%
Chore Services	6%	0%	0%	6%	4%	11%	13%
Transportation Services	5%	8%	0%	0%	8%	0%	6%
Legal Assistance Services	0%	0%	0%	0%	0%	0%	0%
Disease Health Prevention and Promotion Services	0%	0%	0%	0%	0%	0%	0%
Respite Services	7%	0%	0%	13%	8%	0%	13%
Caregiver Services	11%	8%	0%	12%	15%	0%	13%
Case Manager Services	1%	0%	0%	0%	0%	0%	7%
Ombudsman	0%	0%	0%	0%	0%	0%	0%
Adult Protective Services	0%	0%	0%	0%	0%	0%	0%
Information and Referral	2%	0%	0%	6%	0%	0%	7%

Service Expansion

Providers were asked to indicate what resources they need in order to expand services. Most providers reported needing additional professional staff and a larger pool or qualified applicants, e.g. workforce expansion.

Table 77: Identification of resources needed for service expansion

	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)

Additional clerical/office staff	31%	29%	17%	18%	28%	62%	33%
Additional professional staff	15%	50%	41%	59%	54%	44%	51%
Larger pool of qualified applicants	43%	14%	50%	41%	45%	54%	56%
Larger or renovated building facilities	15%	-%	33%	24%	21%	8%	6%
Increased communication/IT resources	11%	7%	0%	12%	17%	0%	13%
Additional vehicles for service provision	19%	14%	17%	35%	7%	31%	19%
Additional organizational partners	21%	21%	33%	12%	21%	31%	19%
I don't need any additional resources	13%	21%	0%	24%	17%	0%	0%

Unique Needs of Rural Clients

Providers were asked to identify the unique issues that they encounter when serving rural residents. Sixty five percent of respondents in Area 3 identified low client volume as a problem and 53% indicated that high poverty rates also affected services. Area 6 reported that high staff turnover rates are a concern (50%). Travel barriers due to distance and weather were also considered a problem by providers in most regions.

Table 78: Issues unique to serving rural clients

	State (n=95)	Area 1 (n=14)	Area 2 (n=6)	Area 3 (n=17)	Area 4 (n=29)	Area 5 (n=13)	Area 6 (n=16)
Low client volume	31%	7%	33%	65%	21%	23%	38%
Medicare regulations	7%	7%	17%	0%	7%	15%	6%
Medicare reimbursement policies	7%	7%	0%	0%	10%	15%	6%
Low Medicare reimbursement	12%	14%	0%	12%	10%	15%	13%
Insurance coverage limits service delivery	6%	14%	17%	12%	0%	8%	0%
High staff turnover rates	21%	14%	17%	6%	24%	8%	50%
High poverty rates	30%	29%	33%	53%	21%	31%	19%

Healthcare facility closures	1%	0%	0%	0%	3%	0%	0%
High costs of documentation systems	10%	7%	0%	0%	10%	15%	19%
Traveling long distances to provide services	59%	57%	17%	59%	55%	69%	75%
Transportation barriers due to road quality	20%	36%	17%	0%	14%	39%	25%
Transportation barriers due to weather conditions	47%	64%	33%	35%	35%	54%	69%
Telecommunications infrastructure	6%	14%	0%	18%	0%	0%	6%
Higher reliance on informal caregivers	20%	21%	0%	18%	21%	15%	31%
No issues unique to serving rural clients	13%	29%	33%	0%	17%	0%	6%

Discussion and Recommendations

The 2019 Senior Services Needs Assessment provided data from a variety of stakeholders across Idaho, including members of the aging community and providers of aging services. In addition, existing datasets were also utilized to determine additional needs of the population that were not addressed in the assessment surveys. The responses from the 2015 community survey was similar to those in this updated assessment. With the addition of the provider surveys and other datasets, the needs of the population are more evident.

Community members across the state reported limited use of aging services with 1% to 19% reporting utilization of specific services. Although respondents reported low utilization, few indicated that they currently needed the services, with frequencies ranging from 2% to 10%. Between 11% and 17% reported knowing someone who could benefit from the services. The lowest utilization rates, ranging from 1% to 7%, and lowest unmet needs, ranging from 1% to 6%, were for legal assistance, caregiver services, respite, ombudsman, adult protective services, and case management.

Although community members reported low utilization of services, by comparing needs of the community as identified in the survey with results of the provider survey and analysis of existing datasets, there are specific unmet needs for the aging population that may be mitigated through outreach.

Homemaker and Chore Services. Fifty two percent of community members reported a problem with home maintenance and 45% with housework over the last 12 months, yet between 7 and 9% currently use formal/informal homemaker services and/or formal/informal chore services. Few providers, 6-7%, reported being over capacity and only providers in Areas 3, 5, and 6 reported being over capacity. As the aging population expands, homemaker and chore services may be more in demand.

Nutrition Services. Twenty five percent of community members reported problems with having consistent access to nutritious meals, yet only 16-17% use congregate or home delivered meals. Older Idahoans lack access to food with 3% of those aged 60 and over being food insecure and 1% having very low food security. Food deserts, where availability of a variety of nutritious foods is limited is a common problem in the state with the USDA reporting that 60% of those aged 65 and over live more than ½ mile and 38% live more than 1 mile from a grocery store. The nutrition services offered by providers throughout the state can improve the accessibility of nutritious foods.

Respite, Caregiver, and Case Management Services. Although 56% to 67% of community respondents reported not needing these services, CMS reports that 56% of Idaho Medicare patients were discharged from the hospital to their own home and 14% were discharged to home health agencies (2019). This indicates that there may be a need for expanded services for those who need care in the home and improve quality of life.

Emotional Health/Social Isolation. Thirty eight percent of the community respondents reported loneliness, depression, and isolation. They also reported that they were not able to participate in social activities as often as they wanted to or were not interested in participating when compared to those who reported no problems with emotional health/social isolation. Senior Centers, which offer services, such as congregate meals, in addition to social activities, were reported to be underutilized by respondents with major problems with depression, loneliness, and isolation. Outreach into the aging community and expansion of congregate meals and disease prevention and health promotion programs can improve social isolation/social connectedness.

This assessment provides indications of potential unmet needs in the aging population. Although the conclusions that can be drawn from the surveys are limited due to self-selection of survey respondents, comparisons of survey data to existing datasets allows identification of needs at a population level. Outreach and expansion of services for the aging population can improve quality of life, including improved social connectedness.

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Appendix A: Statewide Aging Survey Press Release

Released by:

November 18, 2019

Written by: Elizabeth Fore, Interim Director, Institute for Rural Health and Lee Ann Hancock, Sr. Director of Divisional Marketing and Communications

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Idaho Commission on Aging seeks feedback to improve senior services in Idaho

POCATELLO - As you age, will you be able to take care of yourself or need to rely on others? What services and supports will you need? Are they available in your community? These are a few of the questions that a new statewide assessment is trying to answer.

The Idaho Commission on Aging (ICOA)—in partnership with Idaho State University's Institute of Rural Health—is exploring the needs of older Idahoans, their awareness of services in their communities and whether or not those services are adequate. A survey aimed at answering these questions has been developed. A description and link to the survey can be accessed on the ICOA website at http://bit.ly/SeniorServicesSurvey.

Based on your responses, the ICOA and your local Area Agency on Aging (AAA) will develop strategies to fund senior services in your community. The responses that you and others provide to this survey will be summarized into a report. This report will be used to develop a four-year statewide plan to assess senior needs in Idaho under the Older Americans Act and State Senior Services Act.

Responses are anonymous. The deadline to complete the survey is Dec. 31, and results will be posted on the ICOA's website at www.aging.idaho.gov in the coming months. For questions, contact Idaho State University researcher Elizabeth Fore at 208-282-4892 in Pocatello.

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Appendix B: Statewide Aging Survey

SECTION 1: Quality of Life

Quality of life is the way that you rate your satisfaction with your life and your ability to enjoy activities that are important to you. Quality of life can include your satisfaction with many different areas of your life. These areas include your physical and mental health, environment, relationships, and with activities that you do for fun. This section includes questions that will help us design programs and resources to maintain or improve your quality of life.

1. How would you rate your overall quality of life? *Please choose one response.*

	Very Good	**Good**	**Fair**	**Poor**	**Very Poor**
Quality of life					

2. How often do you go to or participate in the following? *Please choose one response in each row.*

	As often as I want	**Not nearly as often as I want**	**Not interested**
Community events, social clubs, support groups			
Sporting events			
Volunteer work			
Education programs			
Exercise, fitness, physical activities			
Family activities			
Library			
Medical appointments and pharmacy			
Parks			
Religion, worship			
Senior centers			
Shopping			

3. Thinking back over the last 12 months, how much of a problem has each of the following been for you? *Please choose one response in each row.*

	Major problem	**Minor problem**	**No problem**
Available nutritious meals			
Housework			
Home maintenance			
Accessing health care			
Transportation			
Care in nursing or assisted living facility			
Feeling lonely, sad or isolated			
Finding information about services and supports			
Being exploited, abused or neglected			
Assisting another individual with personal care			
Managing your own health			
Affording basic necessities such as groceries, gas, medications, utilities			

SECTION 2: Access

In this section, we'd like to know how you get information about services and what agencies or organizations you use for services. This will help us develop outreach activities to better inform people of the services that are available.

4. How often have you used the following **information resources** to find out about services for seniors and people with disabilities?

Please choose one response in each row.

	Often	Sometimes	Never
Area Agency on Aging			
2-1-1 Idaho Careline			
Senior Center			
Church			
Library			
Other organization			
Individuals (family, friends, neighbors)			
Radio			
Television			
Newspaper			
Other printed materials			
Computer, tablet or cell phone (internet)			

5. *In the first column, place a checkmark* ☑ *to identify* if you are aware of the services each agency and organization provide.

   In the second column place a checkmark ☑ for the agencies and organizations that you have used.

	Aware of the services	**Have used the services**
2-1-1 Idaho Careline		
Area Agency on Aging		
Idaho Commission on Aging		
Centers for Independent Living		
Disability Rights of Idaho		
Idaho Department of Health and Welfare / Medicaid		
Idaho Department of Labor		
State Independent Living Council		
State Health Insurance Benefits Advisors (SHIBA)		
Idaho Division of Veterans Services		
Idaho Legal Aid (non-profit)		
Community Action Partnership (non-profit)		
Senior Centers (non-profit)		

In this section, we'd like to know about your own use of services and if you know others who could benefit from them. This will help us develop strategies to provide the services you may need as you grow older.

6. **Nutrition services**

Congregate meal services are mostly located at Senior Centers where meals are prepared and served in a group setting. Congregate meal services are for individuals 60 years old or older, and their spouse and provide seniors with a nutritious meal.

Home delivered meal services are nutritious meals that are delivered to homebound seniors age 60 years or older and their spouses. At least one home delivered meal is provided per day. Each meal may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods. Meals may be provided on five or more days a week.

Please place a checkmark ☑ below to identify if you use, would use, ***and/or*** *know someone who could benefit from* ***nutrition services****:*

	I am using this	I need this	I don't need this	I might need this in future	I know others who need this service
Congregate Meals					
Home Delivered Meals					

7. **Homemaker services** help seniors and people with disabilities maintain their current functioning in their own homes. These services may include housekeeping, meal planning and preparation, shopping, and personal errands.

*Please place a checkmark ☑ below to identify if you use, would use, **and/or** know someone who could benefit from **homemaker services**:*

	I am using this	I need this	I don't need this	I might need this in future	I know others who need this service
Formal homemaker provided by someone from an agency or organization					
Informal homemaker provided by family, friends, neighbors, church, other groups					

8. **Chore services** assist seniors who have difficulty in maintaining their homes. These are typically larger and/or less frequent tasks than homemaker services. Chore services may include yard work, heavy cleaning, and/or minor household maintenance.

*Please place a checkmark ☑ below to identify if you use, would use, **and/or** know someone who could benefit from **chore services**:*

	I am using this	I need this	I don't need this	I might need this in future	I know others who need this service
Formal chore provided byy someone from an agency or organization					
Informal chore provided by family, friends, neighbors, church or other groups					

9. **Transportation services** transport seniors to and from social services, medical and health care services, meals programs, places of employment, senior centers, shopping, civic functions, adult day care facilities, and recreation

locations. Service is available for seniors who have no other means of transportation.

Please place a checkmark ☑ below to identify if you use, would use, ***and/or*** *know someone who could benefit from* ***transportation services****:*

	I am using this	I need this	I don't need this	I might need this in future	I know others who need this service
Formal transportation services such as dial-a-ride, taxi, hospital services, public transit					
Informal transportation services such as getting a ride from a family member, friend, church or other group					

10. **Legal Assistance service** helps seniors with legal issues such as income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse or neglect, and age discrimination.

Please place a checkmark ☑ below to identify if you use, would use, ***and/or*** *know someone who could benefit from* ***legal assistance services****:*

	I am using this	I need this	I don't need this	I might need this in future	I know others who need this service
Legal assistance					

11. **Disease Prevention and Health Promotion programs** provide health-related information, services and activities for individuals over 60 and their spouses and families. Examples of these programs include medication management, organized physical fitness activities, fall prevention, and chronic disease self-management. Chronic disease self-management programs help people better manage chronic conditions such as diabetes, heart disease, arthritis, and depression.

*Please place a checkmark ☑ below to identify if you use, would use, **and/or** know someone who could benefit from **disease prevention and health promotion programs**:*

	I am using this	I need this	I don't need this	I might need this in future	I know others who need this service
Disease Prevention and Health Promotion programs					

12. **Respite services** provide a brief period of relief to a full-time caregiver. The care recipient must have physical or cognitive impairments that require twenty-four (24) hour care or supervision.

*Please place a checkmark ☑ below to identify if you use, would use, **and/or** know someone who could benefit from **respite services**:*

	I am using this	I need this	I don't need this	I might need this in future	I know others who need this service
Formal respite services provided by someone from an agency or organization					
Informal respite services provided by family, friends, neighbors, church or other groups					

13. **Caregiver services** provide information, training, decision support, problem solving alternatives, and social supports to better take care of an individual with long-term physical/mental/cognitive conditions.

*Please place a checkmark ☑ below to identify if you use, would use, **and/or** know someone who could benefit from **caregiver services**:*

	I am using this	I need this	I don't need this	I might need this in future	I know others who need this service
Caregiver services					

14. **<u>Ombudsman service</u>** protects the health, safety, welfare, and rights of long-term care residents age 60 years or older. The Ombudsman investigates complaints made by or on behalf of the residents. An Ombudsman investigates problems with resident care, quality of life, and/or facility administration.

Please place a checkmark ☑ below to identify if you use, would use, ***and/or*** *know someone who could benefit from* ***<u>ombudsman services</u>****:*

	I am using this	I need this	I don't need this	I might need this in future	I know others who need this service
Ombudsman services					

15. **Adult Protection service** provides for the safety and protection of vulnerable adults (age 18 and older) that are, or are suspected to be, victims of abuse, neglect, self-neglect, or exploitation.

Please place a checkmark ☑ below to identify if you use, would use, ***and/or*** *know someone who could benefit from* ***adult protection services****:*

	I am using this	I need this	I don't need this	I might need this in future	I know others who need this service
Adult Protection services					

16. **Case Management service** is for those consumers who cannot manage their own in-home, long-term care services. Case managers are assigned to assess an individual's independent living needs. Case managers use these assessments to develop and implement a service plan, and coordinate and monitor in-home services.

Please place a checkmark ☑ below to identify if you use, would use, ***and/or*** *know someone who could benefit from* ***case management services****:*

	I am using this	I need this	I don't need this	I might need this in future	I know others who need this service
Case Management services					

SECTION 4: Needs

This section will help identify the top service needs in each community and help build strategies to deliver those services.

17. *In the first column, place a checkmark* ☑ *to identify* the top three (3) services that you think are most important to you **today.**

In the second column, place a checkmark ☑ *to identify* the top three (3) services that you think are most important to you in the **future**.

	Today: Top 3 Services	**Future: Top 3 Services**
Information & Assistance		
Congregate Meals		
Home Delivered Meals		
Homemaker		
Chore		
Transportation		
Legal Assistance		
Disease Prevention & Health Promotions Programs		
Respite (a break from caregiving)		
Caregiver Services (Training/Support Group)		
Ombudsman		
Adult Protection		
Case Management		

SECTION 5: Demographics

This section will help us develop strategies to meet the needs of the aging population in Idaho.

18. What year were you born? _____

19. What is your gender? Male ___ Female ___

20. What is your zip code? _____

21. Are you a veteran? Yes ___ No ___

22. Are you Hispanic or Latino? Yes ___ No ___

23. What is your race? *(This is optional. Check all that apply)*

☐	**American Indian or Alaskan Native**
☐	Asian
☐	Black or African-American
☐	White/Caucasian
☐	Native Hawaiian/Other Pacific Islander

24. Place a checkmark for each person in your household:

☐	**Me**	☐	**Grandchildren / great-grandchildren**
☐	Spouse	☐	Other relative(s) or in-laws
☐	Partner	☐	Unrelated adults/friends
☐	At least one child	☐	Paid caregiver
☐	Child(ren)'s family	☐	Other

25. What is your employment status? *Please choose one response.*

☐	**Working full-time**
☐	Working part-time
☐	Volunteer
☐	Not employed or volunteering at this time

26. Place a checkmark to indicate your estimated household income:

☐	**Less than $10,000**
☐	$10,000 to under $20,000
☐	$20,000 to under $30,000
☐	$30,000 to under $40,000
☐	$40,000 to under $50,000
☐	Over $50,000

27. Place a checkmark for each type of insurance coverage you have:

☐	**Medicare (for those over age 65 or disabled)**
☐	Veterans Affairs (VA)
☐	Medicaid (for those with low income)
☐	Private health insurance
☐	None

☐	I don't know

Thank you very much for taking the time to tell us about your current and future needs as we work together to support older adults and people with disabilities in Idaho.

Please return your completed survey to the staff at the Townhall meeting, or mail it to the following:

Attn: AGING SURVEY
Institute of Rural Health
Idaho State University
921 S. 8th Ave. Mail Stop 8174
Pocatello, ID 83209-8174.

If you prefer, you may scan and email it to foremarg@isu.edu.

Thank you!

Appendix C: ICOA Provider Survey

ICOA Provider Survey

1. For the following list of services, check the services that you offer and the number of individuals who use that service each month.

	Do you offer this service?		If you do offer this service, how many individuals do you serve each month?			
	Yes	No	0-10	11-20	21-29	30 or more
Congregate Meals						
Home Delivered Meals						
Homemaker Services						
Chore Services						
Transportation Services						
Legal Assistance Services						
Disease Health Prevention and Promotion Services						
Respite Services						
Caregiver Services						
Case Manager Services						
Ombudsman						
Adult Protective Services						
Information and Referral						

2. How close are you to reaching capacity for the services that you offer?

	Significantly under capacity	Close to capacity	At capacity	Over capacity	I do not offer this service
Congregate Meals					
Home Delivered Meals					
Homemaker Services					
Chore Services					
Transportation Services					
Legal Assistance Services					
Disease Health Prevention and Promotion Services					
Respite Services					
Caregiver Services					
Case Manager Services					
Ombudsman					
Adult Protective Services					
Information and Referral					

3. As the population ages, the number of people ages 65 and over in Idaho is expected to grow by 80,000 by 2026. With your current staffing and resources, rate how well you can serve an increase in the population for each of the services that you offer.

	Very poor	Poor	Fair	Good	Very good	I don't offer this service
Congregate Meals						
Home Delivered Meals						
Homemaker Services						
Chore Services						
Transportation Services						
Legal Assistance Services						
Disease Health Prevention and Promotion Services						
Respite Services						
Caregiver Services						
Case Manager Services						
Ombudsman						
Adult Protective Services						
Information and Referral						

4. What do you need to increase your capacity to serve more individuals? (Choose all that apply.)
    a. Additional clerical/office staff
    b. Additional professional staff to provide services
    c. Larger pool of qualified applicants in the region
    d. Larger or renovated building facilities
    e. Increased communication/IT resources, such as more bandwidth for internet, IT staff
    f. Additional vehicles for service provision
    g. Additional organizational partners
    h. Other
        If other, please specify. _____
    i. I don't need any additional resources to increase capacity

5. In which of the following counties do you provide services? (Choose all that apply.)

Ada
Adams
Bannock
Bear Lake
Benewah
Bingham
Blaine
Boise
Bonner
Bonneville
Boundary
Butte
Camas
Canyon
Caribou
Cassia
Clark
Clearwater
Custer
Elmore
Franklin
Fremont
Gem
Gooding
Idaho
Jefferson
Jerome
Kootenai
Latah
Lemhi
Lewis
Lincoln
Madison
Minidoka
Nez Perce
Oneida
Owyhee
Payette
Power
Shoshone
Teton
Twin Falls
Valley
Washington

6. Do you have any issues that are unique to serving clients who live in rural Idaho? (Choose all that apply.)
    a. Low client volume
    b. Medicare regulations
    c. Medicare reimbursement policies
    d. Low Medicare reimbursement
    e. Insurance coverage limits service delivery
    f. High staff turnover rates in your organization
    g. High poverty rates
    h. Healthcare facility closures
    i. High costs of documentation systems, such as electronic health records
    j. Traveling long distances to provide services
    k. Transportation barriers due to road quality
    l. Transportation barriers due to weather conditions
    m. Telecommunications infrastructure
    n. Higher reliance on informal caregivers
    o. Other
        If other, please specify. _____
    p. There are no issues that are unique to serving clients in rural areas

APPENDIX C: STRATEGIC PARTNER COORDINATION REPORT

Idaho Commission on Aging 2020

Strengths Weaknesses, Opportunities, and Threats (SWOT) Analysis

Lucas Donaldson

Table of Contents

Introduction

The Idaho Commission on Aging (ICOA) and the Aging Network strive to improve the lives of older Idahoans by supporting programs and services that provide health, safety, and independence. To that end, the Network offers information on disease prevention and health promotion as well as services including housework and chores, nutrition, respite for informal caregivers, case management, fraud protection, legal assistance, and adult protective service (ICOA, 2018; ICOA, 2020; Institute of Rural Health (IRH), 2020). As part of these ongoing efforts, the ICOA recently conducted a survey asking its members and strategic partners to share their thoughts regarding strengths, weaknesses, opportunities, and threats (SWOT) as they relate to the Aging Network's ability to implement its goals. Survey respondents were asked to list their top five choices in each SWOT category (e.g., "Related to our ability to implement these goals, what do you believe are the aging network's (The Commission on Aging, the Area Agencies on Aging, and the meal sites) current Strengths? List your top 5."). Seventeen individual internal stakeholders and eight external stakeholders provided responses (though not consistently five responses in each SWOT category).

For purposes of analysis, the SWOT data were divided into two categories of responses—internal and external stakeholders. Internal stakeholders included the ICOA staff, Commissioners, and Area Agency on Aging (AAA) Directors. External stakeholders included representatives from organizations such as Idaho Legal Aid, St. Luke's Regional Medical Center, Idaho Foodbank, 211 Careline, the Veteran's Administration, Shoshone-Bannock Tribal representatives, Idaho State University's Institute on Rural Health, State Health Insurance Benefits Advisors, Council on Developmental Disabilities, State Independent Living Council, and the Idaho Department of Labor (K. Bittner, personal communication, March 20, 2020).

Internal and external stakeholder perceptions held to similar themes and there was a consensus indicated by the most frequently cited subcategories of the SWOT analysis. Both internal and external stakeholders most frequently listed Infrastructure as a strength, Communication/Coordination as a weakness, Outreach as an opportunity, and a Specific Service or Population as a threat.

In the sections describing internal stakeholder perceptions, each theme is discussed along with quotations to serve as examples. Because the themes remained fairly consistent, no further details are offered regarding external stakeholder perceptions. The data are organized into column charts 1 - 8 representing the frequency of responses coded according to each theme. All individual responses are provided in Tables 1 - 8

Strengths Reported by Internal Stakeholders

Perceived strengths identified by internal stakeholders were divided into six categories (listed in order from most to least frequently cited)—Infrastructure, Communication/Collaboration, Experience, Passion/Dedication, Funding, and Support.

Infrastructure
Infrastructure was the most frequently cited strength among internal stakeholders and relates to the physical locations, ongoing programs, and relationships that make services possible. Representative responses in this category include, *"senior centers located throughout the state…," "established foundation of ICOA, AAAs, and meal sites,"* and, "*good relationships on state level."*

Communication/Collaboration
Communication/Collaboration was the second most cited strength among internal stakeholders. Responses in this category referred to ongoing open lines of communication as well as a spirit of common cause conveyed by responses such as, *"social interaction and togetherness"* and, *"cross-departmental collaboration."*

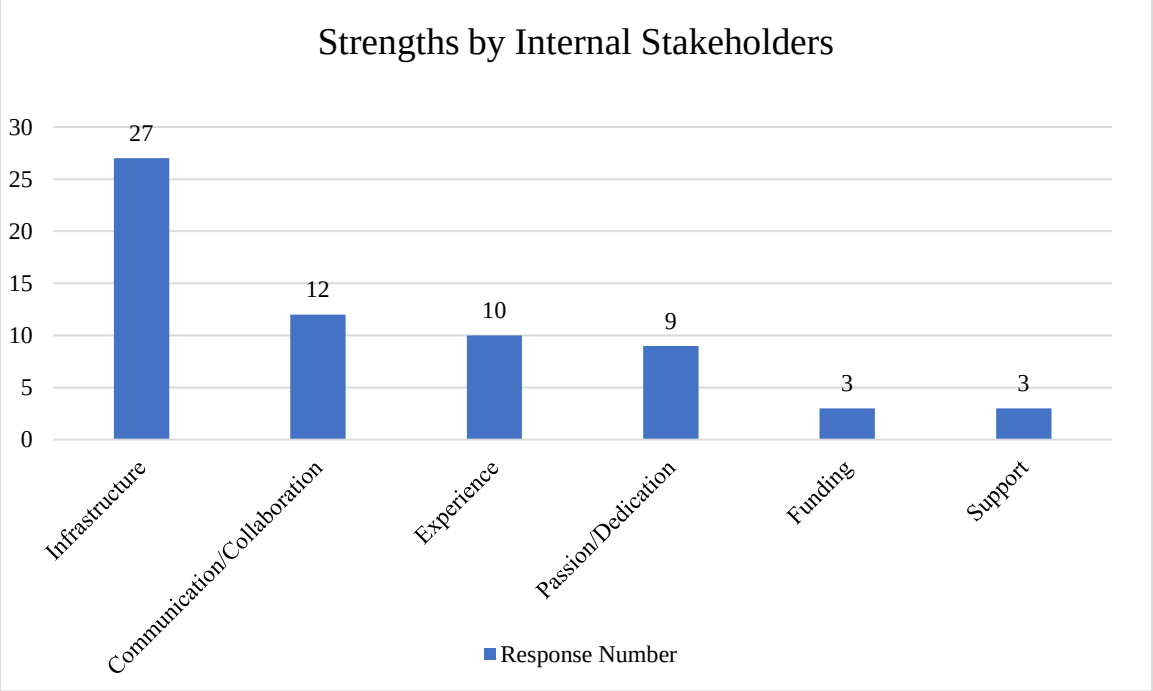
Experience
Experience referred to the knowledge, education, and training gained over time. Responses indicated ground-level experience in providing services as well as organizational logistics encapsulated by comments such as, *"AAAs with longevity and great expertise in providing services"* and, *"ICOA staff are well versed in the state and federal regulations."*

Passion/Dedication
The Passion/Dedication category signified sincerity in working to improve the lives of seniors and personal commitment to the cause. Comments included, *"committed leadership,"* and, *"commissioners who are interested and dedicated to improving the senior services."*

Funding
Funding was referenced three times by internal stakeholders as one of the top five strengths related to the Aging Network's ability to implement its goals. Responses included funding flexibility, availability, and an established funding formula.

Support
Support was also indicated three times by internal stakeholders and included *"advocacy support," "stakeholder support,"* and *"supportive state legislature and governor."*

Chart 1 Strengths by Internal Stakeholders



Weaknesses Reported by Internal Stakeholders

Categories describing weaknesses according to the perception of internal stakeholders included Coordination/Communication, Unmet needs, Resources, Staff, Visibility, and "Other."

Communication/Coordination

Communication/Coordination were combined in the weaknesses category due to the interrelated nature of these concepts. Responses indicated the need for better communication to assist with more standardized, coordinated efforts. For instance, one comment indicated that there was, *"poor communication between ICOA and AAAs,"* which seems to hint at the outcomes resulting from such communication (i.e., coordinated efforts). Other responses expressed the need for standardization in general as well as more specific suggestions (e.g., *"collaboration with mental health"*).

Unmet Needs

Unmet Needs included both general and specific references. For example, one comment indicated simply that, *"there is more need out there than we can provide."* Specific suggestions included providing a monthly Medicare or Social Security expert and transportation. The problem of providing services to rural communities was mentioned several times in this and several other categories throughout the SWOT survey responses.

Resources

Resources incorporated comments that referred mostly to funding in general. One respondent indicated, *"funding to support additional projects."* Another cited the, *"increasing demand for*

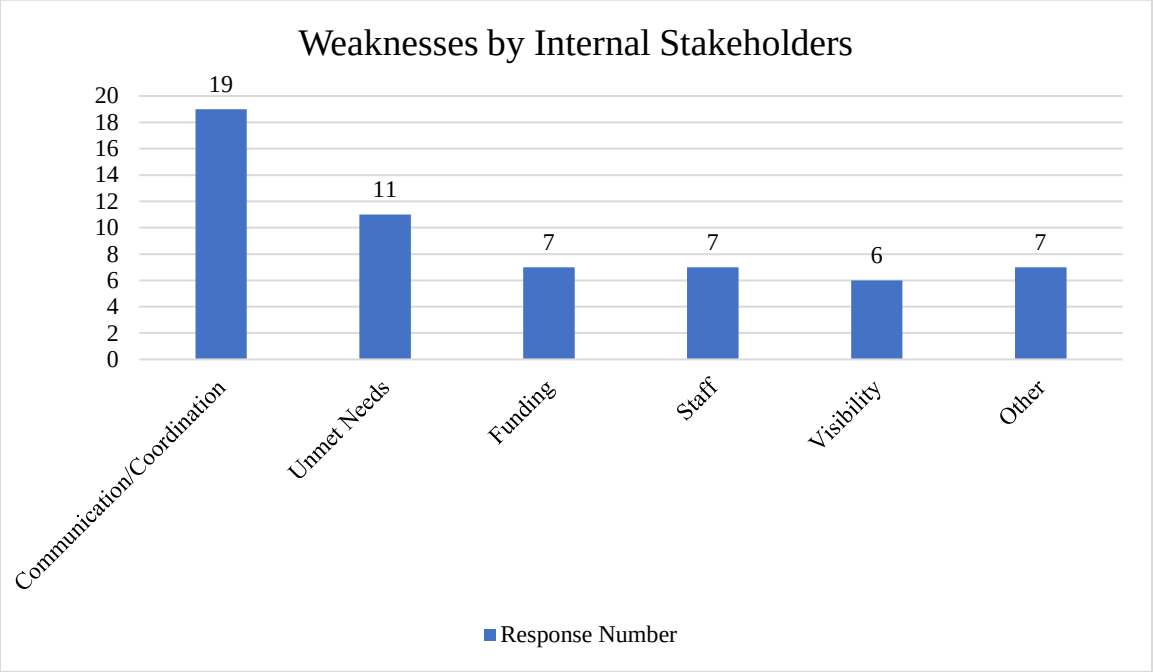
resources," which seems to be eluding to changing demographics (i.e., the growing elderly population).

Staff
Reported concerns over staffing problems at the point of service included low numbers, high turnover, lack of business skills, and low pay.

Visibility
Visibility refers to consumer awareness of the aging network and the services it provides. One respondent listed, *"online presence"* as a weakness. Another more nuanced comment suggested that the, *"public doesn't recognize the relationship between the ICOA, AAA, meal sites—the aging network…"*

Other
The Other category incorporated comments that did not conform to other establish themes. Respondents listed the need to resolve database issues and improve reporting, incorporate technology, provide a political platform for seniors, and take risks. Comments alluded to the incongruence between state and federal laws and, *"old rules and laws."* One respondent listed simply, *"people do not like change,"* which seems to suggest that human nature is a threat.

Chart 2 Weaknesses by Internal Stakeholders



Opportunities Reported by Internal Stakeholders

Opportunities identified by internal stakeholders were organized into four distinct themes and one "Other" category. Themes included Outreach, Service, Development, and Funding.

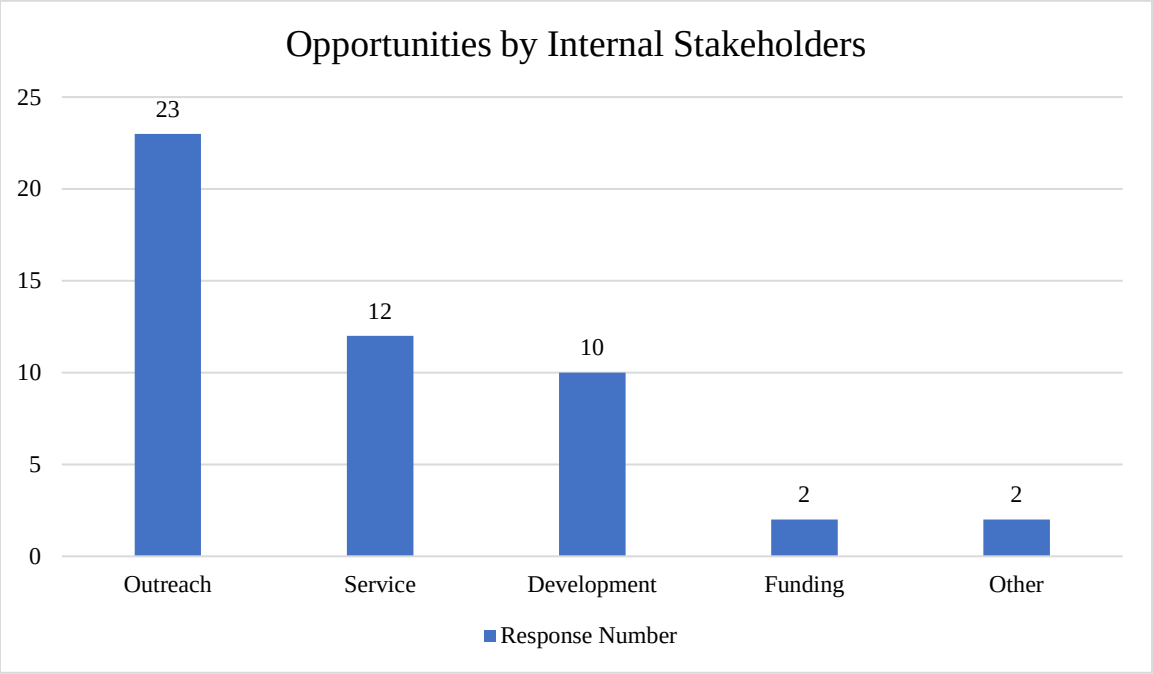
Outreach
Outreach was the most frequently cited theme among internal stakeholders representing opportunities for the ICOA and Aging Network to focus efforts toward its goals. Outreach encompasses collaboration with local, state, and federal organizations. Comments describing the nature of outreach included references to local partnerships such as, *"working with religious communities to enlarge the support for the aging population"* and, *"working with community partners who provide the services."* Suggestions that refer to state- and national-level outreach include, *"partnering with other state agencies," "collaborating with other state agencies"* and, *"utiliz*[ing] *national material…"*

Service
Comments included under the Service theme referred to opportunities that emphasize improving or expanding an existing service provided by the Aging Network. Suggested areas of focus included, *"senior independence," "providing good nutrition…," "maintaining quality of life in assisted living,"* and, *"educating seniors about how to protect themselves from fraud and scams."* While there was a significant variety of responses in this theme, there were several that emphasized efforts to promote aging in place by enhancing senior supports (e.g., homemaker and chore services, supporting care givers, and educating informal service providers).

Development
Responses under the theme of Development incorporated something new to services currently underway or emphasized a specific aspect or strategy to improve. One respondent suggested an opportunity to, *"develop AAAs as visible, vital local information and assistance hubs."* Here the emphasis is on promotion. Another recommended, *"developing deep relationships on the community level of new partners."* In this example, forging new relationships in the community is the central focus.

Funding
Only two responses from internal stakeholders identified additional funding as a potential opportunity.

Chart 3 Opportunities by Internal Stakeholders



Threats Reported by Internal Stakeholders

Responses in the "threats" category were more numerous and varied. When identifying perceived threats to the Aging Network's ability to fulfill its goals in relation to state and federal environments, internal stakeholder responses fell fairly evenly under nine distinct themes: Specific Service/Population, Funding, Adaptation, Staffing/Volunteers, Coordination, Demographic Changes, Apathy, Unknown, and Other.

Specific Service/Population

Responses in this category incorporated suggestions regarding a specific service or population. Respondents identified problems with reaching rural clients, "high risk" populations, those in assisted living, and seniors with language, culture, or mobility barriers. Transportation was the most frequently cited service posing a threat to success. One response suggested that failure to invest in "no wrong door" was a threat.

Funding

Problems related to funds fell into two categories; one was the funding to the ICOA to provide services, the other referred to the rising cost of living (i.e., inflation).

Adaptation

Responses in the Adaptation category emphasized the need to diversify, utilize technology, and embrace change.

Staffing/Volunteers

Most responses referred to high turnover or low numbers. One response stressed the need to educate AAA staff to efficiently serve seniors.

Coordination
Coordination included concerns over lack of direction from the national level, statewide data and resource management, and, *"shared service delivery opportunities."*

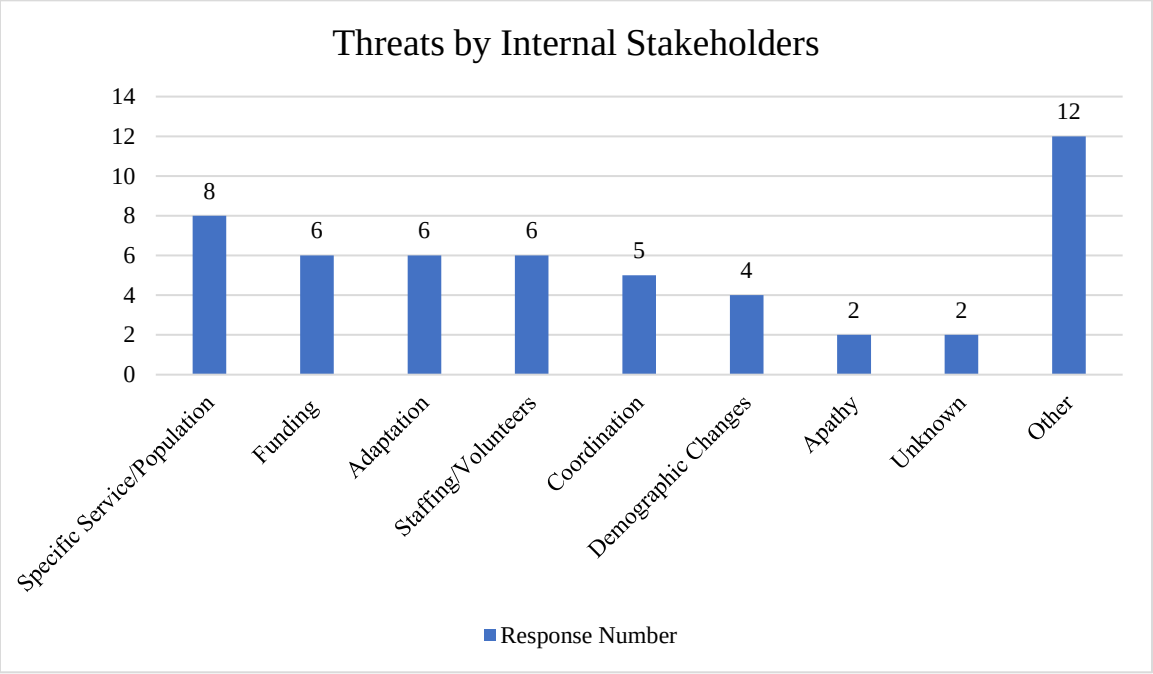
Demographic Changes
Concerns regarding demographics included growth of the elderly population within Idaho as well as those coming in from other states.

Apathy
The two responses in this category included, *"complacency"* and, *"lack of participation."*

Unknown (COVID-19)
Two responses referred to COVID-19. Whereas the virus is a specific threat under current circumstances, the experience highlights the more general "unknown" category representing anomalous threats, which could also include other forms of disaster.

Other
A plurality of responses did not neatly fall into an established theme. Examples include risk of abuse due to lack of regulation, increased cost of living, encroachment by healthcare systems, and, *"over reliance on senior centers."*

Chart 4 Threats by Internal Stakeholders



Discussion

Internal and external stakeholder perceptions held to similar themes and there was a consensus indicated by the most frequently cited subcategories of the SWOT analysis. Both internal and external stakeholders most frequently listed Infrastructure as a strength, Communication/Coordination as a weakness, Outreach as an opportunity, and a Specific Service or Population as a threat.

Strength of Focus: Infrastructure

The consistency of most frequently cited themes among both internal and external stakeholder opinions brings legitimacy to the data. Infrastructure was the theme most frequently cited as a strength according to stakeholder perceptions. Infrastructure refers to the locations currently offering services but also the momentum gained from years of activity and the relationships that make services possible. According to strengths-based leadership theory, it would be wise to emphasize the points made by stakeholders in this category as a platform to plan for the future and to address weaknesses, opportunities, and threats identified in the current analysis (Marquis & Huston, 2017).

Weakness of Focus: Communication/Coordination

Communication and Coordination were the most frequently indicated weaknesses in the current analysis. Communication is a vital part of transformational leadership and democratic norms that encourage group decision making and organizational direction (Huber, 2018). Stakeholder comments emphasized a lack in both vertical and horizontal communication (i.e., between ICOA, the Administration for Community Living (ACL), individual AAAs and between AAAs). Comments in this theme also suggested that standardization could help to avoid duplicating services and thus maximize limited resources. Other specific weakness identified in this category included communication and coordination with healthcare in general, mental health in particular, meal sites, and Information & Assistance.

Opportunity of Focus: Outreach

Outreach was the most frequently cited opportunity among stakeholder responses. Suggestions in this category included utilization of national materials and those developed by other states to provide education to the community at large as well as lawmakers and stakeholders. One respondent suggested outreach to religious communities. Political action was another recommendation that could be achieved through outreach. The, *"better utilization of* [an] *online platform"* could serve as a mode of outreach to individuals and groups described above.

Threat of Focus: Specific Service/Population

When asked to list the top five threats to the Aging Network's ability to reach its goals, a specific service or population was most frequently indicated among stakeholder respondents. The most frequently listed service was transportation. The most frequently cited population included references to those living in rural areas. Given the number of rural areas in Idaho, this is no surprise. What stands out in this theme is the combination of rural communities having the least access to services—especially transportation. Judging by the data provided in the current analysis, relying the strength of the Aging Network Infrastructure, future efforts should focus on better communication and coordination to develop outreach and provide education with an emphasis on services in rural areas and the transportation that makes them possible.

References

Huber, D.L. (2018). *Leadership and nursing care management* (6th ed). Maryland Heights, MO: Saunders/Elsevier Publishers, Inc.

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Idaho Commission on Aging (2020, February 12). Idaho senior service act state plan agency coordination [Power point slides]. Stakeholder meeting at the Idaho Commission on Aging.

Institute of Rural Health, Idaho State University (2020). *Needs assessment of older adults in Idaho* [Unpublished manuscript]. Institute of Rural Health, Idaho State University

Marquis, B. & Huston, C. (2017). Leadership roles and management functions in nursing: Theory and application (9th edition). Lippincott, Williams & Wilkins.

Chart 5 Strengths by External Stakeholders

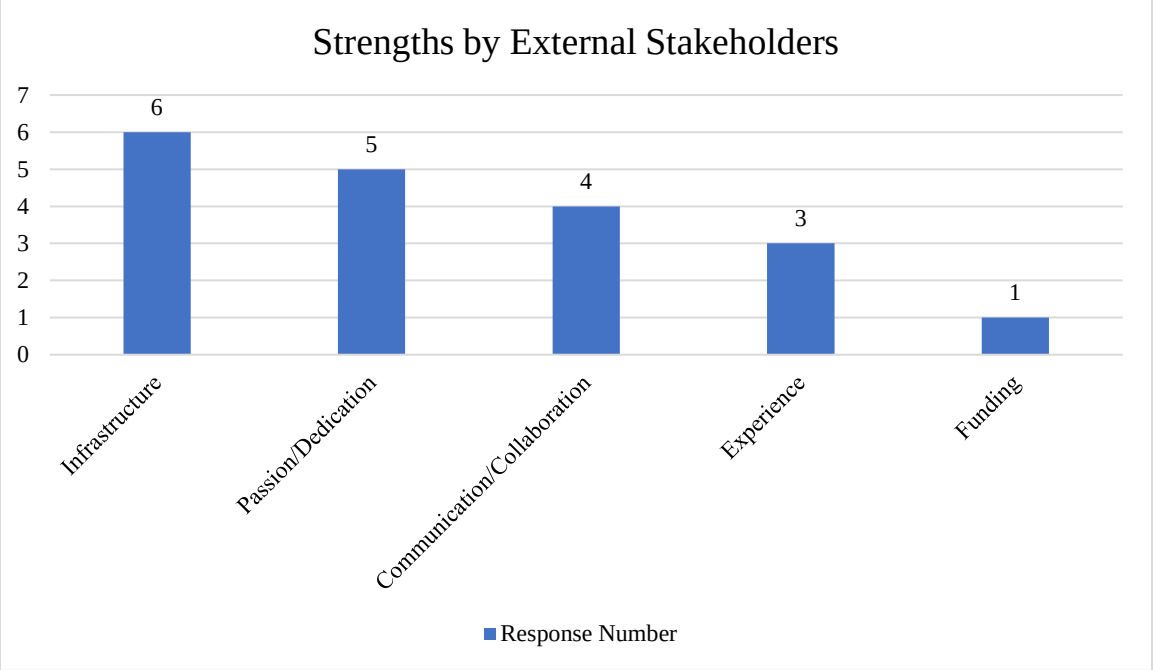


Chart 6 Weaknesses by External Stakeholders

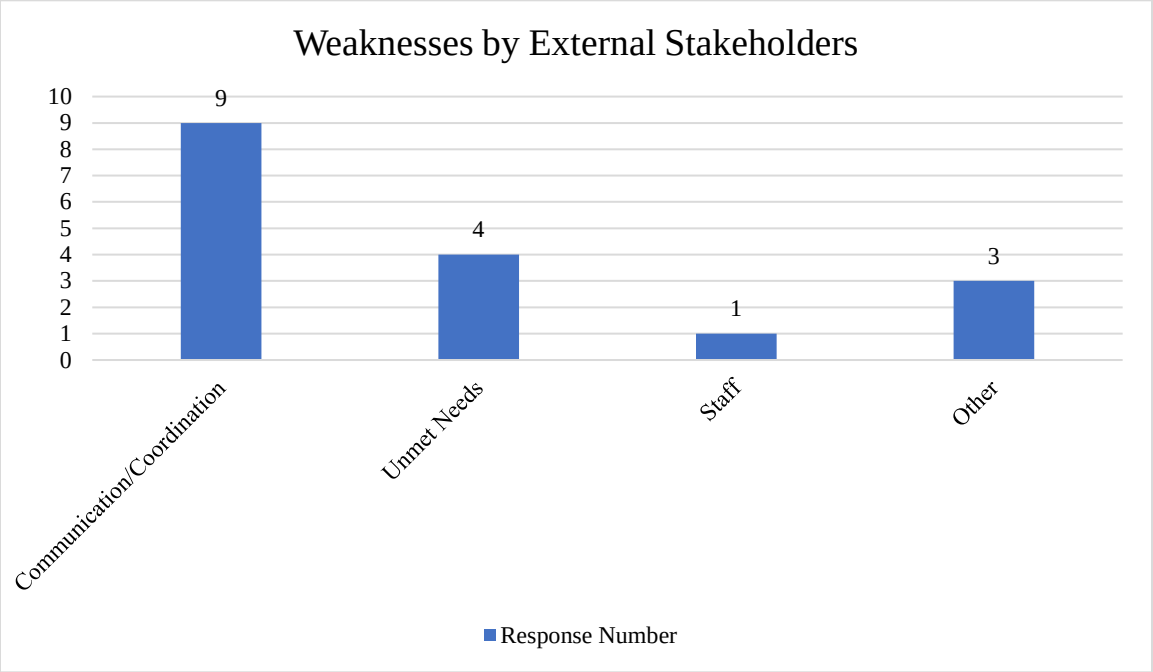


Chart 7 Opportunities by External Stakeholders

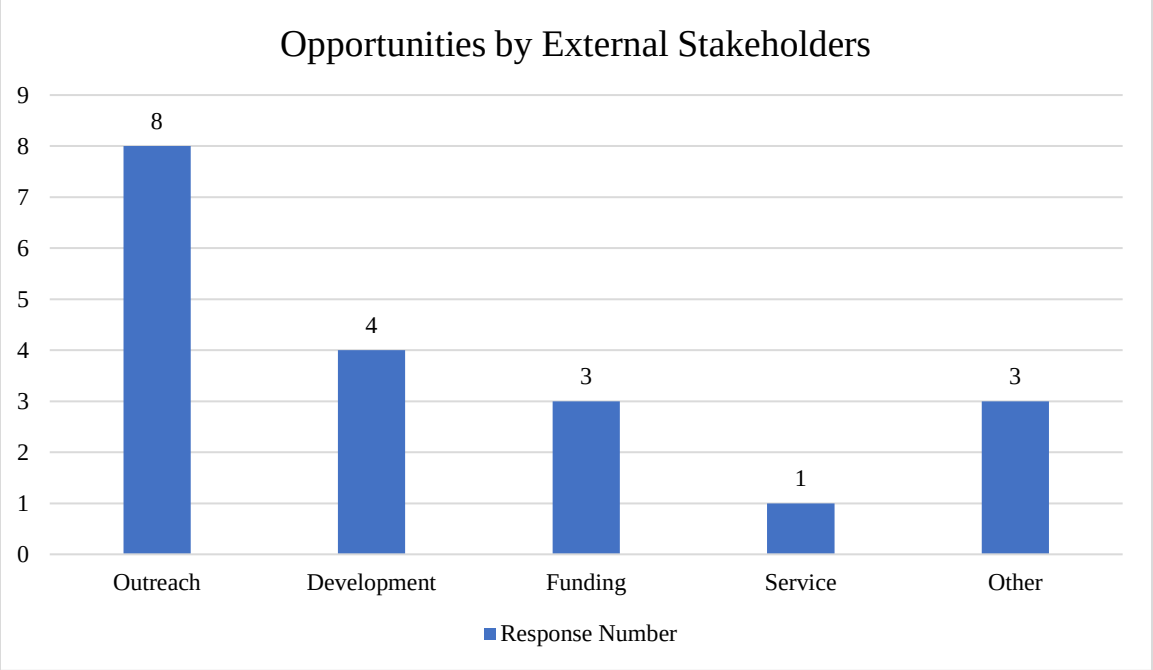


Chart 8 Threats by Internal Stakeholders

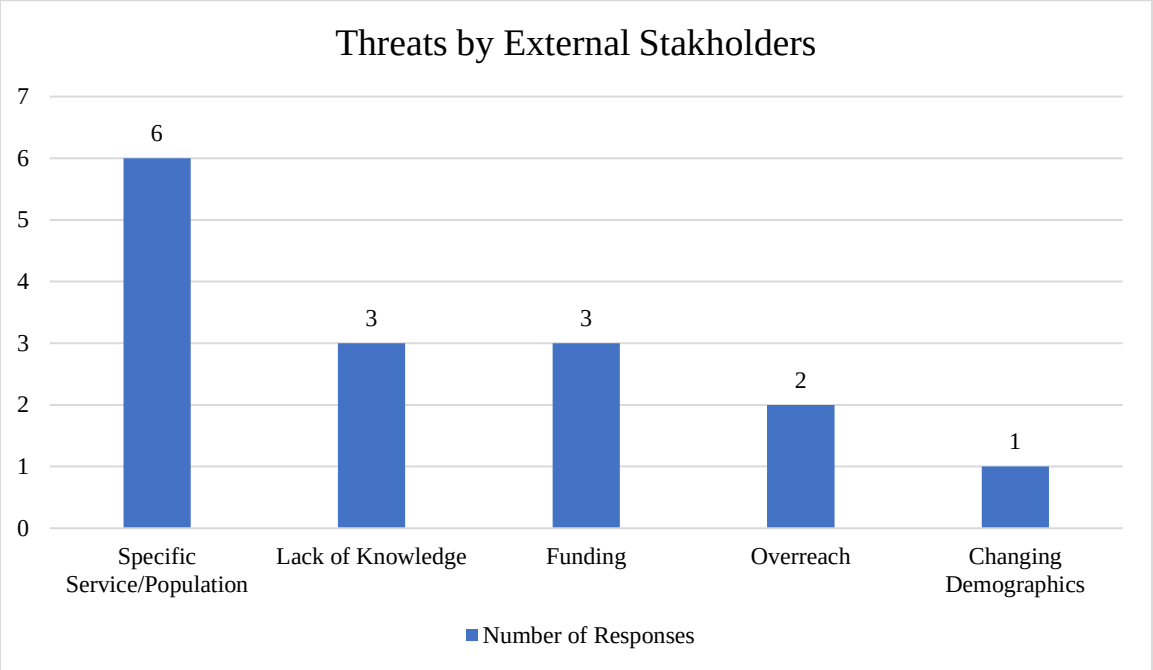


Table 1 Strengths Reported by Internal Stakeholders

Infrastructure	Communication/Collaboration
• Caregiver services • Established foundation of ICOA, AAAs and meal sites • Adult Protection services • Nutrition • Structure • Established programs to initiate services to the aging population • There is a planning and development structure • Senior centers located throughout the state esp. in rural areas • I think that our coordination makes it so that the services get out to the seniors that need those services. • Good relationships on state level • Positive community partnerships • Aging network information center • Network • Providing services locally to as many folks as services allow • Strategic planning with stakeholders • Services are being delivered • Strategic Goals • We are able to work with our partners during an emergency and still get valuable services out to seniors. • Good relationship on federal levels • The right to assemble • State Plan coordination • We are able to protect the safety for seniors through our Adult Protective Services and our Ombudsman Program. • A place to exert political influence • Valuable information/resources at AAAs/ICOA • Negotiation • Manner of distributing services in place • There is a volunteer network structure	• I believe that first and foremost our biggest strength is our communication within ICOA and all six AAA's and our partners. • Social interaction and togetherness • Communication amongst AAAs/ICOA • Stakeholder engagement • Collaboration • Collaboration • Willingness to listen and try to come up with solutions • Aligning with stakeholder goals--collaboration • Communication • Cross-departmental collaboration • Communication • There are open communication channels

Experience	Funding
• Leadership • Experience in serving the aging population • AAAs with longevity and great expertise in providing services • Our excellent leadership team at the ICOA keep us all on track and moving ahead in a good direction • Dedicated, knowledgable staff • Education • Talent within our agencies • ICOA staff are well versed in the state and federal regulations • Training • Best Practice	• Financial flexibility • Funding source available • Funding formula established
Support	
• Advocacy Supports • Stakeholder support • Supportive state legislature and governor	

Table 2 Weaknesses Reported by Internal Stakeholders

Communication/Coordination	Unmet needs
• Need for more coordinated stakeholder relationships • Aging network is not on the same page • Shared vision • Lack of aging network coordination with Health Care • Poor communications between ICOA and AAAs • Different levels of support from parent agencies to AAA • Not all information is shared between network • Uniformity • Inconsistency in how services are distributed throughout the state • Lack of aging project collaboration with Mental Health • AAAs do not follow guidance from ICOA and ACL • Not all AAA umbrella agencies understand and invest in aging network efforts • Standardization • Different priorities in each AAA related to service delivery • A lack of unity between programs, AAA's, ICOA, Meal sites ---sometimes a power struggle • Lack of resource coordination with other agencies • Trust and respect between all entities needs to be improved • lack of partner Information & Assistance collaboration • Listening skills are poor	• There is more need out there than we can provide. • Like the tax person at the centers maybe a Medicare or social security person one a month. • Geography - a lot of seniors in rural/remote communities • Limitation of service availability in the very rural areas • Transportation - how to access resources • Lacking accessible transportation statewide • Lack of Training Opportunities • Transportation and in home services • Lack of Inter-generational programs • There are needs for seniors that need to be met like homemaker services, chores and transportation. • A lack of resources within communities--transportation and rural limitations

Funding	Staff
• Limited Resources • Limited funding • Limited funding • Funding to support additional projects • Not near enough money • Increasing Demand for Resources • More money	• Turnover caused by low pay to AAA staff • Not enough staff • Senior center site managers with poor business skills • Lack of staff to help complete needed and wanted projects • Our AAA's aren't totally staffed at all times. • Staff turnover at AAA level • Staff wages - low paying wages at AAA/meal site level
Visibility	**Other**
• Low visibility • Consumers still don't know about us and how we can help • There are people out there that don't know about our services that we need to reach. • Public doesn't recognize relationship between ICOA, AAA, meal sites--the aging network and • Advertise or meal sites to start gaining recognition for what we contribute • Online presence	• Leveraging technology • A platform for political activism to benefit seniors. • Database issues need resolved and reports need to be improved • Sometimes risk adverse • State and Federal law are not fully aligned • Old rules and laws • People do not like change

Table 3 Opportunities Reported by Internal Stakeholders

Outreach	Service
• Partnering with other state agencies • Utilize National Material for outreach • Collaborate with other agencies • Proving our abilities • Keep them informed • Working with community partners who provide the services • Better utilization of online platform • Local and National collaboration to increase community knowledge • Communicate with other States • Proving our experience-again. History repeats. • Partner with them • Working with religious communities to enlarge the support for the aging population • Willing partners and stakeholders • There are opportunities to expand network coordination and promotion • Support innovative ideas to get services in more remote locations • Finding best practice nationwide • Proving our passion • Supportive Executive Branch • Communicate with aging network • Being united in our actions • Becoming politically active at the ballot box and beyond • Increased emphasis for agencies to collaborate	• Providing good nutrition through congregate meals, home delivered meals and the CSFP food boxes • Supportive Care Giver Environment • There are program improvement opportunities • Maintaining quality of life in assisted living and care centers • Providing the homemaker and chore services for seniors to be able to take care of their homes so that they can stay home. • New "value based" care model at Idaho hospitals • There are opportunities to educate informal service providers • Increases in technology which can be used for communications • Continuing to educate seniors about how to protect themselves from fraud and scams when there are so many, and the scammers are so sneaky. • Telehealth • There are opportunities to increase volunteers • Focus on senior independence

Development	Funding
• Develop AAAs as visible, vital local information and assistance hubs • Growing senior population with increased influence • Increasing the skill sets of staff and leadership • Drive of ICOA and AAA Staff • Developing deep relationships on the community level of new partners • Knowledge for increased activities • Bringing consumer direction to most programs • Alignment with National Priorities such as Dementia • Seniors with better technology skills • There are opportunities to develop multi-generational projects	• Additional OAA funding • Increases in federal appropriations support
Other	
• Good under Judy's direction • Management support at ICOA	

Table 4 Threats Reported by Internal Stakeholders

Specific Service/Population	Funding
• The rural areas of our State are the most difficult to get the education and services to the seniors. • Not investing in "no wrong door" ADRC network coordination • Reaching the seniors with barriers such as language, cultural, and mobility. • Continuing to protect all seniors in assisted living centers and care centers. • Not reaching clients most at risk • Not enough accessible and affordable transportation • Lack of reliable transportation/housing for seniors affects well-being of seniors • Lack of service options in rural communities	• Continued funding to support strategic goals • Time limited funding • Federal and state funding and program priorities • Funding issues • Funding that will keep up with the growing senior population • Lack of resources
Adaptation	**Staffing/Volunteers**
• Aging network needs to diversify business to address processes like care coordination • Not developing and providing education to targeted groups • Inability to embrace change • Speed of technology changes and abilities to keep up • People are afraid of change • People who do not want to change	• Limited or Minimal staff coverage • Limited community resources - caregivers • Keeping the staff at the AAA's educated to fulfill the services to seniors at top efficiency. • Lack of volunteers • Lack of job applicants and staffing availability for providers • Staff turnover
Coordination	**Demographic Changes**
• Lack of understanding and trust between partners at all levels • Not maintaining a coordinated, reliable, accessible resource management system • Not having a statewide data management system for all programs • Lack of direction for States at the National level • Not coordinating shared service delivery opportunities	• Influx of out-of-state residents to Idaho • Aging demographic increasing; how will we meet demand? • A lack of foresight into the issues that ICOA are faced with related to the growing population of seniors that are entering the systems • Increasing aged population

Apathy	Unknown
• Complacency • Lack of participation	• Covid-19 • New environmental threats, i.e., COVID-19
Other	
• Being subsumed by healthcare • Over reliance on senior centers • Misusing any system • Being left behind socially • Old rules and laws • Being underestimated • An environment of less regulations can open the door to less oversite and an increase in abuse, neglect, and exploitation of our most vulnerable seniors • Social isolation • Employment Competition • Disrespected and stereotyped. • Increased cost of living in Idaho; still very low wages • Miscommunication	

Table 5 Strengths Reported by External Stakeholders

Infrastructure	Passion/Dedication
• Statewide reach to provide equitable programs and services • Great connections in the Aging Network • Located in local communities • Supporting transportation, MOW and meal sites • Strong partnerships with community resources/programs • Lack of communication and understanding between the AAA's and ICOA •	• Supporting well older adults to live independently • Availability • Dedicated staff and volunteers who care about agency mission • Common goal and passion for helping those seniors most in need • Stakeholder interest and willingness to work toward improvement of goals
Communication/Collaboration	**Experience**
• Communication • Good collaboration and cooperation among the AAA directors • The network is seeking and partnering with stakeholders to enhance resources and the ability to further impact and sustain positive change. • Ability to maintain and develop new partnerships with other agencies	• The network has the knowledge and data around how to address the needs of aging Idahoans and their families • Organizational credibility and expertise to raise awareness regarding senior needs • Wealth of knowledge and experience in the Aging Network
Funding	
• Re-allocating funds for programs and services	

Table 6 Weaknesses Reported by External Stakeholders

Coordination/communication	Unmet needs
• Education on services available • Education on services available • Lack of coordination between AAA's and ICOA • Duplication of effort in some programs/areas • Senior centers don't engage with other senior centers • Duplicative services: each agency provides similar services-how much redundancy is there? • Confusion around service referrals and resources • As above, the stake holders, and their groups organizations and funding are in own agency silos...how can we integrate? • As above, the stake holders, and their groups organizations and funding are in own agency silos...how can we integrate?	• Supporting safety of vulnerable adults • With Idaho's composition of urban and rural communities, some rural communities will be more challenging to fully meet the needs of the aging populations. • Lack of coordinated transportation services beyond meal site access • Senior centers are not operating as community resource centers
Resources	**Staff**
• Stringent budgetary constraints • As the needs continue to grow for these critical resources, Idaho has a lack of providers to help with these critical services for aging Idahoans. • Limited funding for programs	• High turnover rate of senior center management
Other	
• As the aging community is growing statistically, this is an inherent challenge within this work. • Accurate count on client population • Lack of consistency in reimbursement rates statewide	

Table 7 Opportunities Reported by External Stakeholders

Outreach	Development
• Education regarding best practices for senior center community engagement • Greater collaboration between AAA's and ICOA • This is something that will touch and impact every Idahoan at some point in their lives. Getting the messaging and call to action out will help to continue to carry these efforts forward. • Show content expertise statewide through a community awareness/advocacy campaign about senior needs • Better communication between AAA's and ICOA • Building to our list of community partners--locally, and statewide • Better collaboration with healthcare organizations to meet current future demands • There are continuous opportunities to educate lawmakers, communities, stakeholders, etc. on the needs and steps that we can all be accountable for in addressing them.	• Desire of organizations to work smarter, not harder • The data, research, and existing body of evidence around this work and these needs help to set the stage for opportunities for ongoing enhancement. • Governor's goal of making Idaho a place people want to stay • Utilization of Person-Centered/Self-Directed services
Funding	**Service**
• Develop flexible budgets tailored to meet changing community needs • Looking for additional funding sources outside of OAA funds • There are ongoing grant opportunities.	• Identify opportunities for food access beyond meal sites and MOW
Other	
• described weakness #2 as above is a great chance to move our weakness into opportunity (redundancy of services) • Weakness #3, same (integrate organization and funding) • Technology can connect people to services and resources	

Table 8 Threats Reported by External Stakeholders

Specific Service/Population	Lack of Knowledge
• Rural areas are struggling to provide services • Lack of coordinated rural healthcare for seniors • Lack of in-home care providers/aids • Some of the inherent dynamics in Idaho make this especially challenging - rural areas, lack of resources, lack of supports, lack of facilities, lack of accessibility, etc. • Lack of transportation resources • Lack of transportation to and from services and activities for seniors	• Idaho elected officials lack knowledge of senior needs (statewide and locally) • Idaho communities lack knowledge of how to address senior needs • For a subset of the most vulnerable patient (dementia, behaviors) provide more education, training and caregiver resources. If institutionalization is required, keep them in state by creating strong ALF resources for this subset
Funding	**Overreach**
• Lack of flexibility of funding • Reduced funding • Limited and competing resources/supports in Idaho.	• Offer substitute decision maker before necessity of means to provide guardianship and conservatorship to vulnerable adults in the least restrictive way • Continued and ongoing legislative support is an ongoing threat and opportunity to this work.
Changing Demographics	
• Significant growth of aging population--not enough funds or services to keep up	

APPENDIX D
LEGAL ASSISTANCE DEVELOPER ENVIRONMENTAL SCAN

NARRATIVE REPORT AND GAPS ANALYSIS

February 2020

Purpose of this Report

The following report represents the findings of the Legal Assistance Developer's environmental scan on the state of legal services to senior Idahoans. This report is intended to inform a strategic planning conversation with a senior legal assistance stakeholder group. That conversation will in-turn inform the development of a three-year legal assistance improvement strategic plan, for incorporation into the Idaho Commission on Aging (ICOA)'s State Plan and for implementation by the State Legal Assistance Developer.

The Legal Assistance Developer (LAD) is a position mandated for each state under the Older Americans Act (OAA). The purpose of the position is to identify and implement improvements to how legal services are provided to seniors across Idaho. To begin the work, the Legal Assistance Developer conducted an environmental scan to better understand the trends senior Idahoans are experiencing and where there are critical gaps that legal services could fill. This scan considered both qualitative and quantitative data, and the following report represents the results of that research.

Methodology

The Legal Assistance Developer undertook an environmental scan to understand the current state of legal service provision to Idaho's seniors. Using the PESTLEE approach to explore the local context – politics, environment, social, technological, legal, economic, and educational – the environmental scan relied largely on qualitative data obtained through interviews with over 30 practitioners from across the state of Idaho in a range of fields related to supporting seniors. In addition, the LAD reviewed quantitative data provided by the Idaho Commission on Aging and Idaho Legal Aid, academic articles, newspaper articles, and agency publications. A full list of interviewees can be found in Appendix B.

This report dives immediately into analysis, organized into ten substantive categories - such as housing, advance planning, and senior guardianships. While there were several additional substantive areas that arose in the LAD's interviews and research (such as food and transportation), those categories did not present opportunities for legal involvement and thus were removed from this report. Following the substantive areas, there is additional analysis of the PESTLEE factors, specifically. The information included in the PESTLEE sections has less to do with a substantive area of law and rather on the means or approach to activities that the LAD and partners undertake.

Each category for analysis is broken into sections for findings, key issues, trends and drivers, strengths, gaps, and potential legal interventions. The LAD intends this report to be a reflection of what she learned in her research, and not of her personal beliefs. Similarly, the potential legal interventions offered are those ideas that arose through interviews and reading. Not all of them can be pursued, nor should they all be pursued; in fact, in some categories, there are contradictory action items that reflect differing opinions on a topic. This report serves merely as a basis for conversation by the stakeholder group to discuss, identify, and prioritize potential legal interventions for the LAD and her partners to undertake over the coming three years. A full list of potential interventions can be found in Appendix A.

Issue-Area Analysis

There are roughly 286,200 seniors aged 65 or older across the State of Idaho.[1] While the nation braces for a "silver tsunami" as baby boomers continue to age, Idaho is experiencing an even faster surge in its senior population. The following analysis explores ten substantive legal areas of import to Idaho's seniors.

Housing and Housing-Related Senior Exploitation

Findings:

Like all Idahoans, seniors are struggling to find affordable housing. As the State experiences rapid population growth, housing costs are skyrocketing and availability of good, affordable housing is decreasing. For fixed-income seniors, this creates economic strain.

According to interviews, this rise in housing costs impacts seniors in three main ways. First, in an inability to pay rent and an increase in evictions and senior homelessness. Second, in increased exposure to potential abuse or exploitation: in order to keep-up with costs, seniors will bring in a roommate to help cover rent or rising property taxes. This roommate can then abuse or exploit the senior. Third, as competition for housing increases - and landlords find it easier to fill their units - it seems they are less likely to accommodate special needs. This means seniors are facing increased discrimination and greater challenges obtaining reasonable accommodations, such as emotional support animals or the ability to pay rent on the 5th of each month when they receive their benefits check. ILAS case data seems to support these qualitative observations: of the 640 senior cases opened by ILAS in the 4.5 month period preceding this report (from September 1, 2019 through January 17, 2020, the most recent statistics available), housing was the most common issue with 184 cases. Of those cases, 54 were evictions or non-renewals of leases, 6 dealt with accommodations or discrimination, and 6 dealt with roommate disputes.

Interviews suggest that there also seems to be an issue with seniors deeding their homes to their children or others. This creates risk for the senior, as they no longer control their property and are at the whim of the new owner to allow them to continue living there.

Key Issues: Decrease in housing stock; Affordability; Discrimination

Trends and Drivers:

- Significant population increase across Idaho, generally, and in the Treasure Valley, specifically;
- Increasing housing costs, due to population increase and the overall state of the economy;
- Increasing competition over housing stock putting more power in the hands of landlords;
- Overall decrease in savings held by seniors.

Strengths: no particular strengths reported.

Gaps:

- Emergency housing placements;
- Elder housing placements and re-entry services;

[1] Using the US Census Bureau's Quick Facts figures that 15.9% of the State's estimated 1.8 million overall are seniors over the age of 65, that puts the 65+ population at around 286,200 individuals (https://www.census.gov/quickfacts/ID).

- Education and awareness on tenant rights;
- Low-cost attorneys to represent low-income, low-asset seniors in evictions and fair housing cases.

Potential Legal Interventions:

1. Develop new/enhanced written legal educational materials on housing issues that impact seniors, specifically (ILAS, with assistance from all partners on circulation);
2. Develop videos on how to avoid or handle common legal housing issues for seniors (ILAS, with assistance from all partners on circulation);
3. Offer legal educational sessions for landlords on fair housing, reasonable accommodations, and senior-specific housing challenges (ILAS and IVLP, with assistance from all partners for advertising and logistics).

Advance Planning and Powers of Attorney

"It's like they always say: an ounce of prevention is worth a pound of cure."
- Pam Oliason, Idaho Commission on Aging

Findings:

Advance planning is essential. It reduces family stress at hard times, ensures individuals age and die in the manner they desire, and can help seniors maintain independence and control over their lives. Wills, Advance Directives, Living Wills, HealthCare Powers of Attorney, Financial Powers of Attorney, Representative Payees, and Plans for Supported Decision-Making are all considered part of advance planning. Without these in-place, families react to bad situations rather than plan for them.

Interviews indicate that there are numerous ways in which Powers of Attorney (POAs) are misunderstood. First, many people are unaware of what a POA is and why it is important. Second, many individuals – including seniors, caregivers, long-term care facility staff, and health aids – do not understand the powers a POA confers upon an agent, and the powers it does not confer. This leads to facilities becoming overly deferential to agents, sometimes in ways that are abusive to the senior (for example, allowing an agent to limit what visitors the senior can receive). Third, POAs are becoming increasingly difficult as families become more intertwined, with more step-parents and step-children. Confusion about which children get to help make decisions can actually be cleared-up with advance planning, but this needs to be an intentional point of conversation in decision-making. Given this, many interviewees stated that they believe agencies could be better at explaining POAs, encouraging seniors to get POAs, and referring individuals to ILAS or other attorneys to execute a POA.

Advance planning is also critical for helping seniors avoid guardianship or conservatorship. Through advance planning, seniors can establish the support structures they will need to assist them as they age, rather than waiting until they lose capacity and risk coming entirely under the control of someone else. Advance planning must be done when an individual still has the intellectual capacity to understand what they are putting in place, however, and thus must be completed *before* an individual loses capacity. One interviewee suggested that any efforts to promote advance planning be done from the framework of supporting dignity and independence.

Interviews indicate that seniors avoid advance planning because it forces them to think about death and dying - an uncomfortable topic. Interviewees stated that we face a cultural challenge: we as a society focus on anti-aging and finding the "cure" for aging, and fail to promote a healthy comfort in thinking

and talking about death and dying. In addition, some interviewees believe seniors avoid the topic because they don't know how to discuss their choices (such as choosing one child over another to be their healthcare agent) with their loved ones.

Key Issues: Lack of knowledge.

Trends and Drivers:

- Cultural resistance to speaking about death and dying;
- Increasingly complex family units.

Strengths: ILAS executes healthcare and financial POAs with every senior who asks;

Gaps:

- Knowledge about what a POA is, and what it is not;
- Knowledge on how to create and revoke a POA;
- Number of individuals who have POAs or other advance planning tools.

Potential Legal Interventions:

- Develop written legal educational materials explaining and promoting advance planning, including information on how to think and talk about these issues with loved ones (ILAS, with assistance from all partners on circulation);
- Develop videos explaining and promoting advance planning, including information on how to think and talk about these issues with loved ones (ILAS, with assistance from all partners on circulation);
- Hold Advance Planning clinics in local communities, such as senior centers or churches (ILAS and IVLP, with assistance from all partners in advertising and logistics);
- Partner with local law schools to develop Advance Planning courses and clinics (ILAS, with support from partners).

Senior Guardianships and Conservatorships

"There is dignity in risk." – Judy Taylor, Idaho Commission on Aging

Findings:

No issue was more contentious in the interviews for this report than the issue of guardianships and conservatorships. There are two main beliefs: that guardianship should be avoided at all costs and that guardianships are critical for protecting vulnerable adults.

Those interviewees who believe guardianships should be avoided at all costs see the issue as one of independence and dignity. Though there may be risk in allowing a senior to continue to make their own decisions, each person is allowed the dignity to make choices and mistakes. Guardianships erase individuals' civil identities. On the other hand, those interviewees who believe guardianships are necessary to protect vulnerable adults see issues of neglect and abuse, and want to promote safety for the senior and the broader community.

Of course, these two beliefs are not mutually exclusive and require balancing. There were many interviewees who spoke of the importance of respecting and promoting the rights and independence of seniors, while also being realistic about the need for guardianships in instances of potential abuse,

neglect, or safety concerns to the community. This could be done through an increased emphasis on limited guardianships and supported decision-making. Despite this awareness, however, a key challenge is in the funding: the belief that guardianships should be avoided at all costs has permeated federal and state government, so funding for legal aid is restricted only to defense of guardianships. Even in instances of elder abuse or neglect, ILAS is not able to represent a party attempting to gain guardianship over a senior for that senior's protection. In the past 4.5 months alone, ILAS received requests to assist with 14 guardianships for incapacitated adults, and only three requests for defense of guardianship.

There are also numerous challenges in the instances where guardianships are needed or have already been awarded. For example, there are many instances when guardians are needed but there is nobody who is willing to serve as a guardian and the senior has no resources to hire one. Professional guardians are overwhelmed with free cases, feeling overstretched and fighting burnout. It is equally challenging to find free or low-cost guardians ad litem. Finally, while there was general agreement from interviewees that guardianship monitoring is a lot more consistent now than it was fifteen years ago, some interviewees expressed that monitoring has gone too far and reporting forms for guardians and conservators could be made more simple. One interviewee suggested, for example, that there be a different standard for reporting when the guardian and the ward are married and have shared their assets for their entire adult lives. As the reporting forms currently stand, many attorneys reported receiving requests for assistance from clients in simply filling out the annual reporting forms. This drains legal services and the individuals serving as guardians and conservators.

Key Issues:

- Need for guardianships and conservatorships in certain cases;
- Lack of understanding by clients, lawyers, and judges regarding limited/restricted guardianships and supported decision-making;
- Lack of affordable legal services to obtain a guardianship or conservatorship due to funding restrictions;
- Lack of self-help materials to file for guardianship or conservatorship;
- Hard-to-understand annual reporting forms.

Trends and Drivers:

- Growing acceptance of belief that it is important to avoid guardianship at all costs;
- Federal restrictions on legal services funding.

Strengths:

- Perceived open and honest dialogue by stakeholders about guardianship and the tensions between independence and safety/security for the potential ward;
- Reduction in unnecessary guardianships;
- Improved consistency in monitoring.

Gaps:

- Ability for individuals to help themselves when guardianship or conservatorship is needed;
- Ability for individuals to obtain free or low-cost legal services to obtain necessary guardianship and conservatorship.

Potential Legal Interventions:

- Develop written educational materials on guardianship and conservatorship (ILAS with assistance from all partners on circulation)
- Develop self-help adult forms to petition for guardianship of vulnerable adults, with guidance on how to petition for limited guardianship and emergency guardianship (ILAS and IVLP);
- Host education sessions for attorneys and Judges on the importance of limited guardianship (ILAS, ICOA, Guardianship Monitoring Program, and other partners);
- Advocate the Judiciary to simplify guardian and conservator annual reporting forms, so they are easier for a lay person to navigate without legal assistance (ILAS, Guardianship Monitoring Program, and other partners);
- Work with the Court to develop a mediation-type program to help individuals seeking guardianship explore alternative options, such as supported decision-making plans (ILAS, Guardianship Monitoring Program, ICOA, and other partners);
- Advocate for a change in OAA requirements, allowing a carve-out for legal assistance for the purposes of establishing a guardianship when issues of neglect or abuse are present (non-501(c)(3) partners).

Caregivers

Findings:

The Idaho Commission on Aging reports an increase in the number of unpaid, family caregivers, and there are a lot of positive developments in this realm. Unpaid, family caregivers are often finding themselves in this position due to the dearth of paid caregivers, particularly in rural areas, as well as the overall observed trend of seniors having fewer savings to be able to pay for their own care.

Though family caregivers experience a lot of stress and burnout – thus increasing the risk of abuse and neglect to seniors – there is awareness of and focus on supporting Idaho's caregivers. Educational and outreach efforts on the role of a caregiver seem to be working, as more individuals in the caregiving role are now likely to self-identify accordingly. Several interviewees reported exponential increases in the number of caregiver support groups available across the state over the last few years. The ICOA's caregiver self-assessment tool helps caregivers assess their level of stress and burnout in the role, and opportunities for respite care are growing. Advance planning and long-term care planning can also help alleviate the challenges caregivers face. Those are discussed at-length in other sections of this report.

That said, there could still be better awareness of and trust in the resources available: no educational materials exist currently on the legal responsibilities of caregivers, and many interviewees reported a lack of trust amongst much of Idaho's population given ICOA and AAA affiliations with the government.

Key Issues:

- Stress and burnout in family caregivers;
- Importance of education to caregivers on their and their senior's rights and responsibilities;
- Lack of trust in government resources.

Trends and Drivers:

- Increasing number of family caregivers, due to insufficient numbers of paid caregivers and insufficient savings to pay for them;
- Increasing self-awareness and self-identification as a caregiver;
- Cultural mistrust of government and government-affiliated entities.

Strengths:

- Increased awareness of, focus on, and outreach to unpaid family caregivers;
- Free resources for caregivers already available on the ICOA website[2];
- Higher reimbursement rate and incentives for neighborhood care.

Gaps:

- Awareness of available resources;
- Understanding of the role of a caregiver and legal restrictions on what a caregiver can and cannot do.

Potential Legal Involvement:

- Develop additional educational content on the legal limits on caregivers (ILAS and ICOA, already undertaking this under the LAEP grant);
- Advocate for higher reimbursement rate for paid caregivers (non-501(c)(3) partners);
- Advocate for expanded immigration opportunities for family caregivers (non-501(c)(3) partners).

Grandparent Guardianships

"There is not a family in Idaho that hasn't been affected by the opioid epidemic." – Heidi Smith, IDHW

Findings:
Many interviewees discussed the increase in need for grandparent guardianships: when a grandparent or fictive grandparent requires guardianship in order to continue raising their grandchildren. Interviewees believed this increase is due to two factors: the growing understanding of the importance of kinship placements for children who cannot live with their biological parents, and the increase in missing parents due to the opioid crisis. Guardianship – rather than adoption – allows maintenance of the grandparent identity and role, and keeps the door open for future re-engagement of the parents.

Key Issues: Increasing need for grandparent guardianships.

Trends and Drivers: Opioid crisis; Increasing awareness of the importance of kinship placements.

Strengths: ILAS prioritizes these cases.

Gaps: none reported.

Potential Legal Interventions: none offered; ILAS already prioritizes these cases.

Long-Term Care

Findings:
Idaho has limited long-term care options. According to the Idaho Department of Health and Welfare's most recent Statewide Listing of Licensed Nursing Home Facilities, there are 81 nursing home facilities across the state with a total of 6,193 beds.[3] There is no comparable listing of long-term care facilities within the state. For Idaho's population, practitioners believe that this represents a limited number of options for individuals requiring long-term care, particularly for individuals living in Idaho's rural or

[2] https://aging.idaho.gov/caregiver/.
[3] http://healthandwelfare.idaho.gov/Portals/0/Medical/LicensingCertification/AlphaLTC.pdf

frontier areas. In addition, there are no behavioral health facilities. For those who find themselves with nowhere to go, they either go home to insufficient care or rely inappropriately on the State's also-limited hospital beds. [4]

When seniors are not in their homes, they require more care and advocacy. Though long-term care facilities no longer use restraints, the State Ombudsperson still receives many complaints regarding care issues in long-term care facilities, including safety problems, disappearing or incorrectly administered medication (pain management is essential for quality of life), or financial exploitation. When reported, the State Ombudsman investigates and works with the facility to resolve the issue. If the facility does not or cannot resolve the issue, the ombudsman reports the issue to licensing, who then takes 3-18 months to review the issue. In the meantime, law enforcement cannot be relied upon: the State Ombudsman reports never seeing a facility cited for exploiting a senior in its care.

Once a senior makes it into long-term care, they then face the risk of improper eviction. While nursing homes are regulated by federal law, assisted living facilities only have to follow landlord/tenant law and, thus, can evict for any reason. In 2019, the State Ombudsman received 86 complaints regarding evictions from Nursing Home and Assisted Living Facilities across the state. While this represents a significant decrease from 2018, in which the State Ombudsman received an all-time high of 130 complaints, the number of evictions has otherwise been trending upwards, with 66 complaints in 2016 and 90 complaints in 2017. In addition, these numbers do not account for coerced, "voluntary" departures by residents who leave their care facilities upon the expiration of their Medicare coverage because they are told that the facility does not have any non-Medicare beds available (Medicare offers a higher reimbursement rate than Medicaid). In most cases, individuals facing eviction are not represented in their initial hearing nor receive support for an appeal.

Interviewees had numerous theories about why we are observing the longer-term increase in evictions and "voluntary" departures. It could be that Idaho's high population increases are allowing providers to choose higher-paying clients or clients without behavioral health issues, the national shortage of healthcare workers is forcing facilities to turn away higher-needs patients, The State of Idaho's Medicaid reimbursement rates have failed to keep up with costs, Idaho's laws favor facilities' rights to evict, new providers have different financial motives, a combination of all of these factors, or some other factor(s) entirely. On the other hand, the fortunate decrease from 2018 to 2019 is likely attributable to a new CMS rule requiring nursing homes to report all discharges and evictions.

Given that this is an emerging trend in Idaho, there may be an opportunity to intervene early and alter industry practices within the State, before those practices become entrenched. ILAS, in partnership with the state ombudsman, are receiving technical support on this issue from Justice on Aging, a senior legal advocacy organization based out of California.

Key Issues:

- Quality of care issues largely go unaddressed;
- Evictions and "voluntary" departures from facilities are trending upwards;

Trends and Drivers:

- Limited facility options across the state makes seniors more vulnerable to the whims of institutions;

[4] http://healthandwelfare.idaho.gov/Portals/0/Medical/LicensingCertification/AlphaHospital.pdf

- Lack of regulation over assisted living facilities gives these facilities the power to evict at-will.

Strengths:

- Statewide awareness of the issue;
- Technical support for the year 2020 from Justice in Aging on this topic.

Gaps:

- Alternative facilities for individuals evicted or with behavioral health problems;
- Viable legal redress for improper evictions;
- Sufficient understanding, partnership, and activity amongst ILAS, State Ombudsman, Law Enforcement, and facilities.

Potential Legal Interventions:

- Improve existing or develop new self-help materials for seniors and their caregivers on their rights when entering and living in a long-term care facility (ILAS and State Ombudsman are undertaking this through JIA project);
- Improve existing or develop new self-help materials for seniors facing eviction or "voluntary" departure from a long-term care facility, with a focus on procedural due process rights (ILAS and State Ombudsman are undertaking this through JIA project);
- Partner with the state ombudsman to educate seniors and their caregivers on their rights in long-term care facilities, particularly when facing eviction (ILAS, State Ombudsman, AAAs);
- Conduct two-way training between the state ombudsman and ILAS attorneys, so that both are better informed on this issue and can collaborate in response to future evictions (ILAS and State Ombudsman);
- Conduct cross-training between the State Ombudsman and local law enforcement on elder justice issues, in pursuit of strengthened partnership (State Ombudsman and local law enforcement);
- Advocate for long-term care facilities to install video surveillance and two-person sign-off for medication administration (State Ombudsman and other partners);
- Strengthen lines of communication between the state ombudsman and ILAS, so that any individual desiring legal assistance in an eviction is referred to Idaho Legal Aid (ILAS and State Ombudsman);
- Educate senior stakeholders about the effort, including the Justice Alliance for Vulnerable Adults (JAVA), AARP Idaho, Idaho Attorney General's Consumer Protection Division, Better Business Bureau and others who work with this client population (ILAS and all partners);
- Develop a "how-to" guide for attorneys representing individuals in long-term care facility evictions, hopefully decreasing the burden of taking on these cases and encouraging more attorney (including private bar) involvement on these cases (ILAS and IVLP);
- Increase representation to individuals facing eviction from long-term care facilities, so that more individuals facing eviction have access to legal advice and/or representation at the eviction hearing and at an appeal hearing (ILAS and IVLP);
- Develop a bar of attorneys who take the majority of long-term care facility eviction cases, putting facilities on-notice that these practices will not be tolerated in Idaho (ILAS and IVLP);
- Advocate for improved state regulations on assisted living facility discharges (non-501(c)(3) partners).

Medicaid, Medicare and SSI

"A lot of seniors don't know who to call or where to get help." – Shannon Hohl, SHIBA

Findings:

The world of public benefits is complex and challenging for individuals to navigate on their own. And with more seniors with low retirement savings, it seems the number of seniors needing to utilize public benefits is growing. It was the perception amongst interviewees that public benefits are providing fewer dollars per senior despite increasing costs of living, though no quantitative data was found to either refute or confirm this.

With regards to Medicaid, for instance, the rules are constantly changing. While some changes are good – such as Medicaid expansion – others create challenges, like the new requirement for dual eligibles to choose between two care providers. While attorneys report doing fewer marriage settlement cases than in the past due to regulatory changes, they report spending a lot of time on spousal impoverishment cases, helping clients plan and qualify for benefits (including executing Miller Trusts and drafting the occasional Special Needs Trust), and navigating estate recovery issues. In the past 4.5 months, ILAS opened 65 cases on Medicaid issues, largely focused on Medicaid planning and estate recovery. Interviewees were consistent in reporting that seniors find IDHW difficult to navigate without this legal assistance.

Medicare is more of a mixed-bag. One interviewee reported that there is a thriving and well-regulated insurance industry in Idaho, lower prices compared to other states, decent access to services, a healthy number of federally-qualified health clinics across the state, and good relationships with native communities. On the flip side, there are many issues with Medicare. For example, there is a general lack of understanding about what Medicare actually is and how it functions (e.g. it is health insurance, and it does not follow you to a different state if you move); the state lacks bilingual staff and volunteers; the provider network is complex and changes constantly; fewer and fewer providers are willing to accept Medicare; and while increased competition in the state is leading to increased competition amongst providers and a greater number of choices for consumers, plans can become more restrictive and the amount of choice can often be overwhelming. The rural terrain also creates difficulty: eleven counties in Idaho have no Medicare Advantage plan, for example, and the remaining options are more expensive. Finally, when individuals appeal Medicare decisions, they generally cannot find legal representation. SHIBA will attend the appeal hearing with the individual, but serve solely as "translators" throughout the hearing.

SSI seems to be more straightforward. Perhaps due to the award of attorneys' fees for clients who win their SSI appeals, the private bar seems to cover client need on this issue. However, questions regarding SSI eligibility and appeals are not uncommon at ILAS, with 14 requests for assistance across the state in the last 4.5 months.

Interviewees provided mixed feedback on how well attorneys support clients in this area. While one attorney reported that attorneys offer strong representation on public benefits, multiple other attorneys and practitioners reported that this is a particularly challenging area of law and attorneys require additional training in order to more effectively assist clients on these matters. Several interviewees also stated that seniors do not know where to turn for help, so additional publication and education of ILAS resources may be required.

Key Issues:

- Increasingly complex regulations and procedures to navigate in order to qualify for benefits;
- Insufficiently trained and experienced attorneys to help advise on these issues.

Trends and Drivers:

- Increased privatization of the healthcare industry;
- Federal and state-level changes to regulations and increased politicization of the topic;
- Increasing number of seniors seeking to access these benefits.

Strengths: no particular strengths reported.

Gaps:

- Educational materials providing an overview of different types of benefits and how to qualify;
- Attorney knowledge and training;

Potential Legal Interventions:

- Develop "Medicaid 101" educational videos (ILAS, IDHW, and assistance from all partners on circulation);
- Develop written educational materials on Miller Trusts (ILAS with assistance from all partners on circulation);
- Train ILAS attorneys on Medicaid planning and related issues (ILAS and IVLP);
- Participate in a coordinated manner in scam jams to raise awareness on Medicaid and Medicare fraud (ILAS, ICOA, AAAs, and the Office of the Attorney General);
- Coordinate with SHIBA on outreach to clients regarding Medicare and related subsidies (SHIBA and all partners);
- Publicize that ILAS can help seniors with public benefits issues (ILAS with the help of partners);
- Represent clients in administrative law hearings on public benefits appeals (ILAS and IVLP).

Consumer Issues

Findings:

The Consumer Protection Act revisions from several years ago have enhanced protection for seniors. Many interviewees reported witnessing an increase in attorney representation of clients on consumer matters, perhaps because of increased awareness on exploitation and fraud, or perhaps because the new Act awards attorneys' fees. Common consumer cases include collections, credit card debt, and car deficiency judgments; in the past 4.5 months, ILAS has advised on 87 cases involving collections, garnishment, and unfair sales practices. There is also a need for bankruptcy assistance for low-income, low-asset seniors, but ILAS does not currently provide this representation and there is a perceived cultural resistance to filing for bankruptcy. In the past 4.5 months, ILAS has advised 15 individuals on bankruptcy, but have not represented clients in any of those cases.

Key Issues: Prevalence of consumer-related legal issues for seniors; Stigma against filing for bankruptcy.

Trends and Drivers: New changes to Consumer Protection Act seem to be positively impacting clients and their ability to find representation.

Strengths: Attorneys taking consumer cases and providing full representation to clients.

Gaps: Bankruptcy assistance for low-income, low-asset seniors.

Potential Legal Interventions: Build a bankruptcy practice (ILAS).

Elder Justice: Senior Exploitation and Elder Abuse

"You can't unscramble the egg." – Jim Cook, Idaho Legal Aid

Findings:
Seniors are prone to being lonely and isolated, which then puts them at risk of exploitation. Senior exploitation and abuse can take many forms, ranging from formal scams and identity theft to being taken advantage of by their power of attorney or live-in caregiver. There is a perceived increase in the number of formal scams due to technology, and a certain increase in awareness amongst the general population of formal fraud schemes. This increase in awareness is leading to increased reporting of scams and schemes.

The impact of financial exploitation on seniors is dire. Seniors do not have the time or ability to rebuild their savings, and the stress this causes leads seniors who have lost their life savings to die 300% earlier than others their same age.[5] Unfortunately, interviewees report that prosecutors under-prosecute these cases. Though Idaho Legal Aid prioritizes these cases (ILAS opened 13 cases on financial exploitation and one on physical abuse in the past 4.5 months) , there is little that can be done once money is already lost or abuse has already occurred. Thus, the most important thing seniors can do is work to protect themselves in advance.

Key Issues:
- Increased number of reported scams and exploitation attempts;
- Limited efficacy of legal engagement after a scam has occurred.

Trends and Drivers:
- Increased vulnerability of seniors;
- Potential impact of technology on the number of formal scams and schemes;
- Abuse stemming from lack of understanding of powers of attorney.

Strengths: Increase in reports of exploitation and abuse to the Attorney General; Strong partnership through JAVA.

Gaps: none specifically reported.

Potential Legal Interventions:
- Update the Legal Guidebook for Seniors, including new perspectives on elder justice from the ACL (ILAS, ICOA, JAVA, ACL and other partners);
- Conduct cross-training and increased partnership with the Attorney General's office, hopefully to lead towards greater prosecution of elder justice cases (ILAS, ISB, ICOA, MDT, and other partners).

[5] Reported by the National Council on Aging (https://www.ncoa.org/public-policy-action/elder-justice/elder-abuse-facts/) citing https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2965589/.

APS

Findings:
Adult Protective Services has limited reach in Idaho. Where consent ends, the role of APS ends. This becomes particularly challenging to navigate when an issue of self-neglect arises from a lack of capacity, and thus the senior is not able to provide consent for APS involvement. Interviewees reported mixed feelings about this approach.

While there was shared pride in the fact that APS exists to support the most vulnerable among us, and that they have improved the days of long waitlists and overburdensome case management, there was regularly-cited frustration in the department's inability to be more involved in their cases. For example, one interviewee described a situation where a senior was being abused; they called the local police department, who removed the abuser. However, that left the senior alone with no care, and APS could not provide any alternatives. Another interviewee expressed dismay that involuntary hold statutes exclude older adults, or that no emergency housing placements exist in order to pull seniors from dangerous situations. Some interviewees believe that APS' limited jurisdiction leads to mistrust among potential clients; and while APS workers have a lot of discretion within their defined role, some interviewees believe that standard scaling to assess capacity and consent could help reduce the burden on caseworkers.

Key Issues: APS workers have restricted mandate; Limited assistance and intervention without consent.

Strengths: APS helps the most vulnerable and they are passionate about their work.

Gaps:
- Ability to intervene where consent cannot be given (e.g. where a senior is incapacitated);
- Ability to remove a senior to safe, temporary housing.

Potential Legal Interventions:
- Provide legal training to the Focused Care Coordination Group run by APS (ILAS and ICOA);
- Build partnership and a referral procedure for civil protection orders, powers of attorney, and other legal issues facing seniors with whom APS comes into contact (ILAS and ICOA);
- Advocate for expanded role for APS in IDAPA and Idaho Code (non-501(c)(3) partners).

PESTLEE Analysis

PESTLEE stands for politics, environment, social, technological, legal, economic, and educational. The following analysis explores the current legal context for Idaho's seniors through these lenses.

Politics – *e.g. political intervention and advocacy*

"Legislators are aging, and their parents are becoming dependent. There is increased awareness where there is personal experience." – Deedra Hunt

Findings:
Though one interviewee stated that "grassroots organizing is even more important than funding or legislation," there is no doubt that politics is central when considering the policies senior practitioners are operating within and the amount of money allocated to ICOA, AAAs, and other state-supported

agencies and organizations. Though interviewees expressed a general sense that the Idaho State Legislature does not understand aging-related issues, many interviewees believe that awareness is growing within the State capitol.

Numerous advocacy opportunities were identified throughout this report, and there are several others listed below. Many interviewees discussed strategy for advocacy, such as using solid data to show trends and need, or working in partnership with a state agency to be more effective. Of course, engaging in any legislative advocacy comes with limitations for 501(c)(3) organizations. Should the stakeholder group prioritize any advocacy items, it should be noted that the LAD likely can neither lead nor participate in those efforts given her employment with ILAS, a 501(c)(3) organization.

Other Potential Legal Interventions:

- Strengthen coordination in legislative lobbying (non-501(c)(3) partners);
- Strengthen coordination in data gathering, to in-turn support lobbying efforts (all partners);
- Remain aware and engaged every time the OAA comes up for re-authorization (ICOA and all partners);
- Advocate for assisted death legislation in Idaho (non-501(c)(3) partners).

Environment – *e.g. physical landscape*

Findings:
In Idaho, the urban versus rural divide makes the State's physical landscape a critical issue for seniors. In the state's rural areas, lack of transportation, internet, paid caregivers, and other services make accessing supportive services challenging. Without population density, organizations and agencies don't have the same co-location of services, and many efforts – such as emergency food banks – are dependent upon a thinly-stretched volunteer network. Looking forward, some interviewees also noted that climate change is likely to increase vulnerabilities of seniors, as air quality drops and temperatures continue to become more extreme.

Key Issues: Access to services in rural areas.

Trends and Drivers: General lack of access to rural areas; Climate change.

Strengths: No specific strengths reported.

Gaps: Reach to – and coordination in – rural areas.

Potential Legal Interventions: Strengthen coordination and partnership in rural areas to expand reach and lessen workload (all relevant partners).

Social – *e.g. partnerships and community dynamics*

Findings:
There was broad consensus amongst interviewees that partnership amongst agencies and organizations is generally strong and coordinated: there are a number of coalitions and coordinated efforts, there is no competitiveness, there is a focus on outreach, and people show up to work together. Even when interviewees spoke of the differences in perspectives between ICOA and the AAAs, there did not seem to be tensions that conflicted with the work.

Of course, there are ways that partnership can be improved. One main area was legal partnership, discussed below in the section titled "Legal." Strengthening and expanding the use of Multi-Disciplinary Teams (MDTs) is another area for potential improved partnership. MDTs require careful development with awareness of the varying professional obligations regarding confidentiality and communications different members – such as APS workers or attorneys – face. There are burgeoning efforts to develop MDTs in Boise and Nampa, and perhaps this is an area for involvement of the LAD.

Interviewees shared the sentiment that a key challenge is getting their organization's name out there and showing their value to those who could benefit from their services. The more service providers can help each other communicate and publicize, the better.

An entirely different social perspective, but one that is important to note: the change in Idaho's demographics. Idaho as a state is seeing more immigrants, and this change in demographics requires agencies and organizations to honor diversity, empower different voices, and provide culturally-relevant and appropriate care to all of Idaho's seniors. While some interviewees discussed the dynamic in immigrant communities of family members providing their own care, there was also a generally perceived mistrust by immigrants of agencies and their services. This presents an opportunity for increased outreach and relationship-building with immigrant and other minority communities.

Key Issues: Importance of partnership; Outreach and education; Trust-building.

Trends and Drivers: Challenge in reaching rural areas; Changing demographics.

Strengths: Good coordination; Lack of competitiveness.

Gaps: Cross-training; Cross-referrals; Culturally-relevant services.

Potential Legal Interventions:

- Develop a list of all senior-relevant agencies and service providers, for distribution to all partners to help improve cross-referrals (all partners);
- Work with partners to develop habit of cross-referring and plugging other agencies and service providers at all events (all partners);
- Identify and execute more cross-training opportunities between ILAS and other partners (ILAS and other partners);
- Involve the LAD in development of MDTs (ILAS and relevant partners);
- Continue to promote the development of Spanish-speaking and culturally relevant knowledge, materials, and services by all service providers (all partners).

Technological

"Technology will improve senior access and social connection, but will also increase senior vulnerability to scams and other forms of elder abuse" – Raul Enriquez, AAA III

Findings:

When it comes to the impact of technology on seniors, the results are mixed. While technology presents some great opportunities for Idaho's seniors, there are also some clear drawbacks. The trend towards the increasing use of technology is clear, however, and the challenges technology presents must be considered and addressed as early as possible.

Technology presents great opportunities. The internet is an easy and affordable way to share information quickly, target relevant demographics, provide self-help legal forms, and speed-up referrals between agencies and partner organizations. The continued development of assistive technology is expected to help more seniors stay in their homes for longer, and the development of telehealth services is improving healthcare access for seniors in remote areas.[6] Simultaneously, increased technology use is strengthening the data we collect and can use to inform both our work and advocacy.

Yet, at the same time, technology comes with clear challenges. Anywhere between one-third and one-half of all seniors aged 65+ are not on the internet,[7] and this lack of access is only amplified in rural areas. For seniors who do not use the internet, the online emphasis in many service organizations is hurting their ability to access information and services. There is also broad consensus that the internet has worsened consumer issues and scamming.[8] A related emerging issue may be the need for a technological power of attorney: as seniors lose capacity or pass away, family members struggle to close online accounts to protect the senior from scams and identity theft.

Seniors seem to prefer in-person or over-the-phone contact, and are generally perceived to be less trusting of technology. Though many interviewees expect to see an increase in senior comfort with technology as a younger generation ages, no interviewees reported seeing this change come to fruition just yet. It seems critical that service providers cater to seniors who like technology as well as those who do not.

Key Issues: Increased use of technology; Senior discomfort with technology; Increase in online scams.

Trends and Drivers:

- Increased reliance on the internet;
- Deepening divide between the technological haves and have-nots.

Strengths:

- The use of telehealth to get health services to remote seniors;
- Awareness and outreach on scams and fraud;
- Continuing ability for seniors to access service provider information online or in other ways.

Gaps: Technological powers of attorney.

Potential Legal Interventions:

- Research and pursue the development of a technological power of attorney (ILAS and ISB).

Legal

Findings:

Legal involvement and partnership is central to the work of the LAD, and this entire report reflects on the strengths and gaps in legal service provision to senior Idahoans. This section focuses on legal

[6] Telehealth is a new field, and it has yet to be determined if legal malpractice liability will increase with telehealth services. https://isb.idaho.gov/blog/a-brave-new-telehealth-world/.
[7] https://www.pewresearch.org/internet/2017/05/17/technology-use-among-seniors/
[8] https://www.usa.gov/online-safety.

partnership, particularly with the ICOA and AAAs, as well as opportunities to bring additional private attorney involvement into this sector.

Many agency interviewees explained that they refer clients to ILAS, but never know if the client is helped. In some cases, partners receive call-backs stating ILAS could not help them. While attorneys cannot disclose information about their clients, it is certainly possible to improve referral procedures and reporting to strengthen attorney responsiveness. There may also be opportunities to improve coordination and attorney availability through co-location of staff (e.g. an attorney being present at the local AAA for half a day each week) and an increased number of coordinated legal clinics through AAAs or local senior centers. Interviewees also suggested that attorneys could do more to follow-up with clients, to ensure that clients were able to act on advice given.

Similarly, APS and ombudspersons expressed frustration in the lack of ILAS responsiveness to their requests for legal advising. All interviewees discussing this topic referenced the limited funding available through AAA contracts, and expressed frustration with how quickly the funds run-out. To address this issue, several interviewees suggested carving-out time in AAA contracts – such as six (6) hours per month – for advising partners, such as APS workers and ombudsmen.

Another way to alleviate the pressure on limited funds and ILAS attorney time is to generate more involvement by the private bar in representing low-income, low-asset seniors. To encourage pro bono attorney involvement, partners could develop a guide or manual for legal advocates, to make the process of representing a senior much less daunting. In addition, general education classes for seniors and their caregivers could help alleviate the need for attorney involvement, as people become empowered to help themselves.

Key Issues: Inconsistency in legal referrals and reporting; Limited Funding.

Trends and Drivers: Lack of resources; Lack of trust between some partners and their local ILAS office.

Strengths: no specific strengths reported.

Gaps: Funding; Use of all available resources.

Potential Legal Interventions:

- Improve and standardize referral procedures for cases to ILAS (ILAS, ICOA, and AAAS);
- Improve and standardize reporting procedures for cases referred to ILAS (ILAS, ICOA, AAAs, and other relevant partners);
- Strengthen relationships between ILAS offices and local AAAs (ILAS and AAAs);
- Conduct cross-training to improve understanding and coordination across service providers (ILAS, ICOA, and AAAs);
- Develop volunteer support to allow additional follow-up to senior clients who received advice from ILAS, to ensure they were able to follow advice (ILAS);
- Co-locate staff in AAAs (ILAS, ICOA, and AAAs);
- Work with local law schools to develop coursework and clinics on elder law (ILAS, IVLP, ISB, and local law schools);
- Amend AAA contracts to reserve time for attorney advising (ICOA, AAAs, ILAS);
- Develop guidebook/manual for pro bono senior advocates (ILAS and IVLP);

- Partner with local libraries and other community centers to host senior legal education events (ILAS, ICOA, AAAs, and other partners).

Economic

"Moving the dial is more difficult for people on a fixed income." – Kristin Schmidt, AAA

Findings:
It seems money is relevant to legal assistance in two main ways: the financial state of seniors, and the funding available for legal services. Though there is a perceived decline in the number of savings seniors hold, there is mixed data on this topic. Some government statistics show that almost half of senior households have no retirement savings, while commentators say that the number is much smaller than this because the government failed to consider pension plans as savings.[9] Regardless, when seniors have insufficient income or assets, it is challenging for them to address this resource deficit. Not only do seniors not have time to rebuild savings, but they often struggle to find employers willing to hire them. Many interviewees also perceived an increase in the number of seniors experiencing financial strain because they are raising grandchildren or trying to help their children with debt.

In terms of funding, there was repeated mention by interviewees about the lack of sufficient funding for their services. While federal money increases in parallel with population increases, there is lag time between an increase in population and an increase in funding. This has a trickle-down effect from ICOA to AAAs to ILAS and their ability to serve the client base. Reliance on grant money also makes it challenging for organizations to build sustainable projects

Key Issues: Insufficient retirement savings or income; Insufficient funding for services to low-income, low-asset seniors

Trends and Drivers: Increasing income inequality; Lag time in federal funding; Insufficient funding.

Strengths and Gaps: no specific strengths or gaps reported.

Potential Legal Interventions:
- Continue to advocate for sufficient funding (all partners);
- Engage in community awareness about the value of hiring a senior (relevant partners);
- Encourage the Idaho State Bar to develop materials and guidance for employers on how to handle a senior working adult who is losing capacity (partners).

Educational

Findings:
Many people seem not to realize that they face legal risk or even have a legal problem. Educating seniors and their caregivers remains critical in our collective ability to address unmet senior (legal) needs. In fact, given that everyone gets older, it may never be too early to start educating people on issues associated with aging. There is a role for attorneys, state agencies, and service organizations in

[9] See https://www.gao.gov/products/GAO-19-442R and https://www.forbes.com/sites/andrewbiggs/2019/03/27/no-half-of-older-americans-arent-without-retirement-savings/#3c385324e664.

addressing this, as well as an opportunity to work with some non-traditional partners to help get the word out, such as local media, home health aids, or financial advisors.

While ILAS is already developing a "Legal Risk Assessment" app as part of its LAEP grant, but the development of a paper "legal check-up" resource – including a stepladder of legal needs, a self-assessment, and information about how to access assistance – could be done by the LAD, in partnership with others. In-person educational sessions, blogs, and advertising could be done around this idea of the "Legal Check-Up."

Key Issues: Lack of awareness of legal risk and need.

Trends and Drivers: none specifically reported.

Strengths and Gaps: none specifically reported.

Potential Legal Interventions:

- Develop a legal health check-up tool (ILAS, ICOA, AAAs, with the assistance of all partners in distribution)
- Build non-traditional partnerships to help circulate information, such as with the local media or financial planners (ILAS, ICOA, AAAs, and other partners);
- Partner with local law schools to develop curriculum on elder law (ILAS, IVLP, ISB).

Conclusion and Next Steps

There are many strengths and gaps in legal service provision to Idaho's seniors. Partnership and engagement are strong, but increased focus is needed on education, self-help materials, referral procedures, and pro bono involvement. This report identified 68 potential legal interventions for the LAD to undertake, in partnership with an array of other service providers.

At the LAD Stakeholder meeting - scheduled for Monday, February 10, 2020 from 10:00am-12:00pm MDT – stakeholders will discuss and analyze this report. Stakeholders will be invited to add additional potential legal interventions based on that discussion and analysis, before then being asked to help prioritize these action items. With this input from stakeholders, the LAD will then develop a three-year strategic plan for incorporation into the ICOA's State Plan and implementation by the LAD. If you have comments or feedback, please feel free to contact the LAD at rachelpiscette@idaholegalaid.org.

Appendix A: Condensed List of Potential Interventions

Housing and Housing-Related Senior Exploitation:

1. Develop new/enhanced written legal educational materials on housing issues that impact seniors, specifically (ILAS, with assistance from all partners on circulation);
2. Develop videos on how to avoid or handle common legal housing issues for seniors (ILAS, with assistance from all partners on circulation);
3. Offer legal educational sessions for landlords on fair housing, reasonable accommodations, and senior-specific housing challenges (ILAS and IVLP, with assistance from all partners for advertising and logistics);

Advance Planning and Powers of Attorney:

4. Develop written legal educational materials explaining and promoting advance planning, including information on how to think and talk about these issues with loved ones (ILAS, with assistance from all partners on circulation);
5. Develop videos explaining and promoting advance planning, including information on how to think and talk about these issues with loved ones (ILAS, with assistance from all partners on circulation);
6. Hold Advance Planning clinics in local communities, such as senior centers or churches (ILAS and IVLP, with assistance from all partners in advertising and logistics);
7. Partner with local law schools to develop Advance Planning courses and clinics (ILAS, with support from partners);

Senior Guardianships and Conservatorships:

8. Develop written educational materials on guardianship and conservatorship (ILAS with assistance from all partners on circulation)
9. Develop self-help adult forms to petition for guardianship of vulnerable adults, with guidance on how to petition for limited guardianship and emergency guardianship (ILAS and IVLP);
10. Host education sessions for attorneys and Judges on the importance of limited guardianship (ILAS, ICOA, Guardianship Monitoring Program, and other partners);
11. Advocate the Judiciary to simplify guardian and conservator annual reporting forms, so they are easier for a lay person to navigate without legal assistance (ILAS, Guardianship Monitoring Program, and other partners);
12. Work with the Court to develop a mediation-type program to help individuals seeking guardianship explore alternative options, such as supported decision-making plans (ILAS, Guardianship Monitoring Program, ICOA, and other partners);
13. Advocate for a change in OAA requirements, allowing a carve-out for legal assistance for the purposes of establishing a guardianship when issues of neglect or abuse are present (non-501(c)(3) partners);

Caregivers:

14. Develop additional educational content on the legal limits on caregivers (ILAS and ICOA, already undertaking this under the LAEP grant);
15. Advocate for higher reimbursement rate for paid caregivers (non-501(c)(3) partners);
16. Advocate for expanded immigration opportunities for family caregivers (non-501(c)(3) partners);

Long-Term Care:

17. Improve existing or develop new self-help materials for seniors and their caregivers on their rights when entering and living in a long-term care facility (ILAS and State Ombudsman are undertaking this through JIA project);
18. Improve existing or develop new self-help materials for seniors facing eviction or "voluntary" departure from a long-term care facility, with a focus on procedural due process rights (ILAS and State Ombudsman are undertaking this through JIA project);
19. Partner with the state ombudsman to educate seniors and their caregivers on their rights in long-term care facilities, particularly when facing eviction (ILAS, State Ombudsman, AAAs);
20. Conduct two-way training between the state ombudsman and ILAS attorneys, so that both are better informed on this issue and can collaborate in response to future evictions (ILAS and State Ombudsman);
21. Conduct cross-training between the State Ombudsman and local law enforcement on elder justice issues, in pursuit of strengthened partnership (State Ombudsman and local law enforcement);
22. Advocate for long-term care facilities to install video surveillance and two-person sign-off for medication administration (State Ombudsman and other partners);
23. Strengthen lines of communication between the state ombudsman and ILAS, so that any individual desiring legal assistance in an eviction is referred to Idaho Legal Aid (ILAS and State Ombudsman);
24. Educate senior stakeholders about the effort, including the Justice Alliance for Vulnerable Adults (JAVA), AARP Idaho, Idaho Attorney General's Consumer Protection Division, Better Business Bureau and others who work with this client population (ILAS and all partners);
25. Develop a "how-to" guide for attorneys representing individuals in long-term care facility evictions, hopefully decreasing the burden of taking on these cases and encouraging more attorney (including private bar) involvement on these cases (ILAS and IVLP);
26. Increase representation to individuals facing eviction from long-term care facilities, so that more individuals facing eviction have access to legal advice and/or representation at the eviction hearing and at an appeal hearing (ILAS and IVLP);
27. Develop a bar of attorneys who take the majority of long-term care facility eviction cases, putting facilities on-notice that these practices will not be tolerated in Idaho (ILAS and IVLP);
28. Advocate for improved state regulations on assisted living facility discharges (non-501(c)(3) partners);

Medicaid, Medicare, and SSI:

29. Develop "Medicaid 101" educational videos (ILAS, IDHW, and assistance from all partners on circulation);
30. Develop written educational materials on Miller Trusts (ILAS with assistance from all partners on circulation);
31. Train ILAS attorneys on Medicaid planning and related issues (ILAS and IVLP);
32. Participate in a coordinated manner in scam jams to raise awareness on Medicaid and Medicare fraud (ILAS, ICOA, AAAs, and the Office of the Attorney General);
33. Coordinate with SHIBA on outreach to clients regarding Medicare and related subsidies (SHIBA and all partners);
34. Publicize that ILAS can help seniors with public benefits issues (ILAS with the help of partners);
35. Represent clients in administrative law hearings on public benefits appeals (ILAS and IVLP);

Consumer Issues:

36. Build a bankruptcy practice (ILAS);

Elder Justice: Senior Exploitation and Elder Abuse:

37. Update the Legal Guidebook for Seniors, including new perspectives on elder justice from the ACL (ILAS, ICOA, JAVA, ACL and other partners);
38. Conduct cross-training and increased partnership with the Attorney General's office, hopefully to lead towards greater prosecution of elder justice cases (ILAS, ISB, ICOA, MDT, and other partners);

APS:

39. Provide legal training to the Focused Care Coordination Group run by APS (ILAS and ICOA);
40. Build partnership and a referral procedure for civil protection orders, powers of attorney, and other legal issues facing seniors with whom APS comes into contact (ILAS and ICOA);
41. Advocate for expanded role for APS in IDAPA and Idaho Code (non-501(c)(3) partners);

PESTLEE – Politics:

42. Strengthen coordination in legislative lobbying (non-501(c)(3) partners);
43. Strengthen coordination in data gathering, to in-turn support lobbying efforts (all partners);
44. Remain aware and engaged every time the OAA comes up for re-authorization (ICOA and all partners);
45. Advocate for assisted death legislation in Idaho (non-501(c)(3) partners);

PESTLEE – Environment:

46. Strengthen coordination and partnership in rural areas to expand reach and lessen workload (all relevant partners);

PESTLEE – Social:

47. Develop a list of all senior-relevant agencies and service providers, for distribution to all partners to help improve cross-referrals (all partners);
48. Work with partners to develop habit of cross-referring and plugging other agencies and service providers at all events (all partners);
49. Identify and execute more cross-training opportunities between ILAS and other partners (ILAS and other partners);
50. Involve the LAD in development of MDTs (ILAS and relevant partners);
51. Continue to promote the development of Spanish-speaking and culturally relevant knowledge, materials, and services by all service providers (all partners);

PESTLEE – Technological:

52. Research and pursue the development of a technological power of attorney (ILAS and ISB);

PESTLEE – Legal:

53. Improve and standardize referral procedures for cases to ILAS (ILAS, ICOA, and AAAS);
54. Improve and standardize reporting procedures for cases referred to ILAS (ILAS, ICOA, AAAs, and other relevant partners);
55. Strengthen relationships between ILAS offices and local AAAs (ILAS and AAAs);
56. Conduct cross-training to improve understanding and coordination across service providers (ILAS, ICOA, and AAAs);

57. Develop volunteer support to allow additional follow-up to senior clients who received advice from ILAS, to ensure they were able to follow advice (ILAS);
58. Co-locate staff in AAAs (ILAS, ICOA, and AAAs);
59. Work with local law schools to develop coursework and clinics on elder law (ILAS, IVLP, ISB, and local law schools);
60. Amend AAA contracts to reserve time for attorney advising (ICOA, AAAs, ILAS);
61. Develop guidebook/manual for pro bono senior advocates (ILAS and IVLP);
62. Partner with local libraries and other community centers to host senior legal education events (ILAS, ICOA, AAAs, and other partners);

PESTLEE – Economic:

63. Continue to advocate for sufficient funding (all partners);
64. Engage in community awareness about the value of hiring a senior (relevant partners);
65. Encourage the Idaho State Bar to develop materials and guidance for employers on how to handle a senior working adult who is losing capacity (partners);

PESTLEE – Educational:

66. Develop a legal health check-up tool (ILAS, ICOA, AAAs, with the assistance of all partners in distribution)
67. Build non-traditional partnerships to help circulate information, such a with the local media or financial planners (ILAS, ICOA, AAAs, and other partners);
68. Partner with local law schools to develop curriculum on elder law (ILAS, IVLP, ISB).

Appendix B: Complete List of Interviewees

Kevin Bittner – Program Manager, ICOA
Judge Roger Cockerille – Magistrate Judge, Boise County and Ada County
Jim Cook – Director, ILAS Boise
Raul Enriquez and AAAIII team – Director, Area Agency on Aging III
Alyssa Groen – CCR team
Cathy Hart – Former Ombudsman, ICOA
Mike Hirschi – Director, AAA
Shannon Hohl – Director, SHIBA
Deedra Hunt – Program Specialist, APS
Heidi Smith – Idaho Department of Health and Welfare
Idaho Caregiver Alliance membership – group conversation
Idaho Guardianship and Fidicuary Association membership – group conversation
Erik Johnson – Managing Attorney, ILAS Nampa
Oni Kinberg – Director of Social Work, Idaho State Veterans Home
Karl Lewies – Staff Attorney, ILAS Pocatello
Birgit Luebeck, Program Associate, Food Services Program, ICOA
Morgan Nield – Director, AAA
Pam Oliason – Program Specialist, Lifespan Respite and Family Caregiver Support, ICOA
Boyd Peterson – Private Attorney, Idaho Falls
Valisa Say – Director, Idaho Falls Senior Center
Kristin Schmidt – Director, AAA
Amanda Scott – State Ombudsman, ICOA
Admir Selimovic – Program Specialist, MIPPA, ICOA
Kimberli Stretch – Former Managing Attorney, ILAS
Judy Taylor – Administrator, ICOA
Lisa Tenny – Office Manager, ILAS Lewiston
Dr. Sarah Toevs – Director, Center for the Study of Aging, BSU
Karl Vogt – Managing Attorney, ILAS Lewiston
Jake Workman – Managing Attorney, ILAS Idaho Falls
Fred Zundel – Managing Attorney, ILAS Pocatello

APPENDIX D1
AREA AGENCIES ON AGING AND LEGAL ASSISTANCE DEVELOPER STRATEGIES AND OUTCOMES

Area Agencies on Aging (AAA)

Fed Focus Area	Focus: Universal, Targeted, Crisis	Program	Type: AAA or LAD	StatePlan Strategy	StatePlan Outcome	Year
A-2 & A-6	Crisis	Legal: Systems	AAA	Improve and standardize referral procedures for cases to ILAS	Referral procedure in-place for each AAA to their local ILAS office	year 2
A-7	Crisis	Legal: Systems	AAA	Pilot co-location of ILAS staff in AAA offices for several hours per month	Six-month pilot of co-location; At least one meeting to assess the pilot; written policy recommendation drafted and shared with all ILAS offices	year 2
A-6	Crisis	Legal: Systems	AAA	Explore value of amending AAA contracts to reserve time for attorney advising	At least one discussion with ICOA and LAD on the importance of this; Conversations occurred as needed with each AAA head to discuss incorporating this; If needed, draft contract language circulated to all regions	year 2
B-1	Crisis	Legal: Medicaid, Medicare & SSI	AAA	Participate in a coordinated manner in scam jams to raise awareness on Medicaid and Medicare fraud (ILAS, ICOA, AAAs, and the Office of the Attorney General	Participate in at least one planning conversation about Scam Jam; Participate with table presence at Scam Jam	year 5
A-2	Crisis	Legal: Long-term care	AAA	Increase representation to individuals facing eviction from long-term care facilities, so that more individuals facing eviction have access to legal advice and/or representation at the eviction hearing and at an appeal hearing	Long-Term care evictions designated as a high priority cae type for ILAS attorneys; Training conducted for ILAS attorneys on these case types and how to best handle them; Noted increase in the number of this case type by ILAS	year 2
A-7	Crisis	Legal: Long-term care	AAA	Educate senior stakeholders about the effort, including the Justice Alliance for Vulnerable Adults (JAVA), AARP Idaho, Idaho Attorney General's Consumer Protection Division, Better	At least three presentations about the project made to partners across the State	year 3
A-7	Crisis	Legal: Environment-physical landscape	AAA	Strengthen coordination and partnership in rural areas to expand reach and lessen workload	At least one meeting with partners (ICOA, AAAs, ILAS and others) in each region across the state held to discuss improved coordination	year 4
A-7	Crisis	Legal: Educational	AAA	Build non-traditional partnerships to help circulate information, such as with the local media or financial planners	LAD identifies at least one confirmed "non-traditional" partner in each region across the state, willing to partner with ILAS in some way	year 2, 3, 4, 5
C-1	Crisis	Legal: Advance Planning	AAA	Hold Advance Planning clinics in local communities, such as senior centers or churches	At least three clinics held in different locations across the State	year 2 and 3
A-2	Crisis	Legal: Adult Protective Services	AAA	Build partnership and a referral procedure for civil protection orders, powers of attorney, and other legal issues facing seniors with whom APS comes into contact	Written referral procedure in-place; Meeting held with point people to assess how the referral procedure is working	year 2
A-6	Crisis	Legal: Adult Protective Services	AAA	Provide legal training to Focused Care Coordinators	At least one training session held by ILAS attorneys to FCCs	year 2

Legal Assistance Developer (LAD)

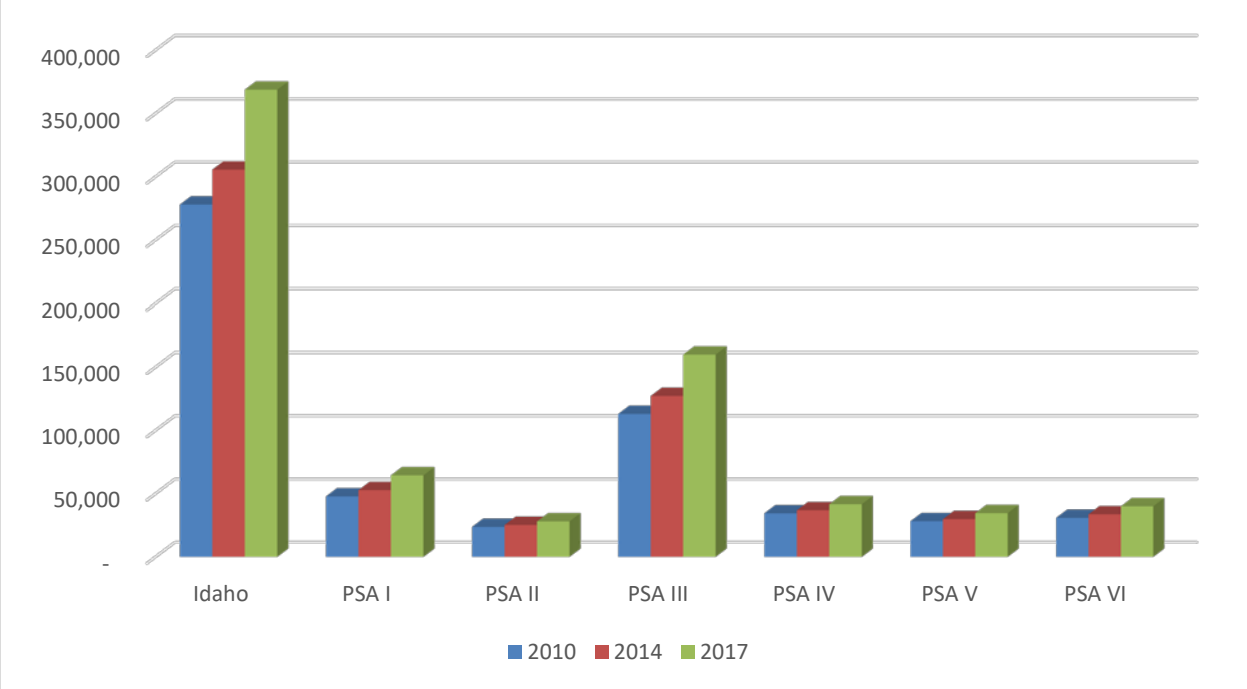
Fed Focus Area	Focus: Universal, Targeted, Crisis	Program	Type: AAA or LAD	StatePlan Strategy	StatePlan Outcome
A-6	Universal	Legal: Technological	LAD	Research and pursue the development of a technological power of attorney (ILAS and ISB).	ILAS attorney researched the issue and drafts memo explaining findings; If feasible, draft template for technological power of attorney developed and available on ILAS website
A-6	Universal	Legal: Senior Guardianship & Conservatorship	LAD	Host education sessions for attorneys and Judges on the importance of limited guardianship (ILAS, ICOA, Guardianship Monitoring Program, and other partners);	LAD coordinates a CLE for attorneys on limited guardianship
C-1	Universal	Legal: Long-term care	LAD	Improve existing or develop new self-help materials for seniors and their caregivers on their rights when entering and living in a long-term care facility	New materials drafted and available on ILAS and ICOA websites; materials circulated to clients and potential clients
A-2	Crisis	Legal: Long-term care	LAD	Improve existing or develop new self-help materials for seniors facing eviction or "voluntary" departure from a long-term care facility, with a focus on procedural due process rights	New materials drafted and available on ILAS and ICOA websites; materials circulated to clients and potential clients
A-2	Universal	Legal: Long-term care	LAD	Strengthen lines of communication between the state ombudsman and ILAS, so that any individual desiring legal assistance in an eviction is referred to Idaho Legal Aid, perhaps through the development of a rapid response protocol	Written referral procedure in-place; Meeting held with point people to assess how the referral procedure is working
A-6	Universal	Legal: Long-term care	LAD	Conduct two-way training between the state ombudsman and ILAS attorneys, so that both are better informed on this issue and can collaborate in response to future evictions	At least one planning meeting between State Ombuds and LAD to develop training content; At least one training held between ombuds office and ILAS (TBD whether that is done statewide or individually in each region), covering what each team does; Debrief meeting between State Ombuds and LAD to evaluate efficacy and next steps
A-6	Universal	Legal: Long-term care	LAD	Develop a "how-to" guide for attorneys representing individuals in long-term care facility evictions, hopefully decreasing the burden of taking on these cases and encouraging more attorney (including private bar) involvement on these cases	Guide created and available to attorneys upon request to ILAS
A-2	Universal	Legal: Elder Justice: Senior Exploitation & Elder Abuse	LAD	Update the Legal Guidebook for Seniors, including new perspectives on elder justice from the ACL	Senior guidebook revised
A-6	Universal	Legal: Educational	LAD	Develop a legal health check-up tool	Legal health check-up tool written and printed; At least three educational sessions held on the legal health check-up tool
A-6	Universal	Legal: Consumer Issues	LAD	Pilot a bankruptcy practice	ILAS procures software necessary for bankruptcy cases; ILAS attorney completes training necessary to take on bankruptcy cases; ILAS attorney takes at least one bankruptcy case; Debrief meeting held to assess the efficacy of the representation
A-3	Universal	Legal: Caregiver	LAD	Develop additional educational content on the legal limits on caregivers (ILAS and ICOA, already undertaking this under the LEAP grant	Written materials available on ICOA and ILAS websites
C-1	Universal	Legal: Advance Planning	LAD	Develop written legal educational materials explaining and promoting advance planning, including information on how to think and talk about these issues with loved ones	Written materials available on ICOA and ILAS websites
A-6	Universal	Legal: Systems	LAD	Develop guidebook/manual for pro bono senior advocates (ILAS and IVLP);	Guidebook/manual drafted and available for attorneys upon request by ILAS and IVLP
A-6	Universal	Legal: Social-partnership & community	LAD	Involve the LAD in development of MDTs	ICOA invited LAD involvement in MDT development; LAD participated to the extent invited

ATTACHMENT E
STATE DEMOGRAPHICS AND POPULATION PROJECTIONS

PLANNING AND SERVICE AREA DEMOGRAPHICS

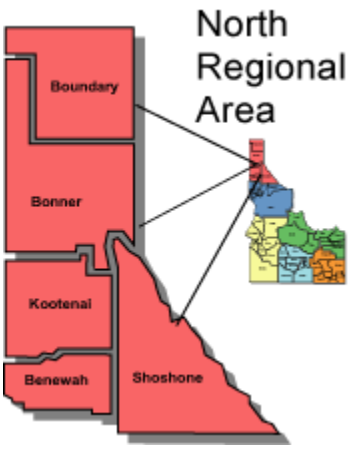
Overview

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



Prepared by the Idaho Commission on Aging from *Idaho Vital Statistics 2010*, Idaho Department of Health and Welfare, Division of Health, Bureau of Vital Records and Health Statistics, March 2014. U.S. Bureau of the Census, 2013-2017 American Community Survey 5-Year Estimates

PSA I



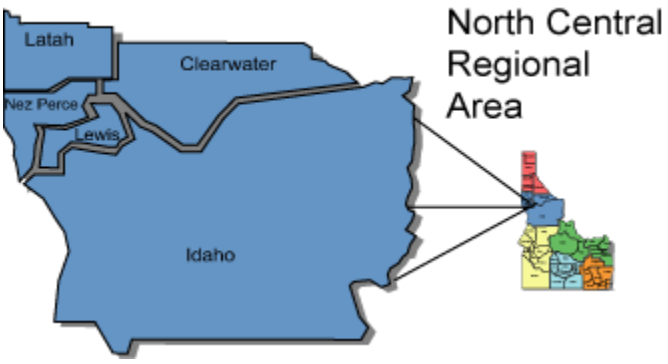
Geographic Information:

The region in PSA I covers 7,932 square miles in five northern-most counties in the state: Benewah, Bonner, Boundary, Kootenai, and Shoshone. Area Agency on Aging I (AAA I) is a

division within the Department of North Idaho College. AAA I is located in Coeur d'Alene, the region's largest city also referred to as Idaho's Panhandle. North Idaho's clear lakes and old growth forests have long attracted tourists while providing its resident population with both recreation and a livelihood through the lumber and mining industries.

Demographic Information:
Based on the 2017 American Community Survey Estimates, the total population in PSA I was 234,835, of which 64,487 (27.5%) individuals were over the age of 60. The at risk populations which factors in Idahoans of 65 + living in poverty, Idahoans of 65+ living alone, Idahoans living in a rural county, racial minorities, Persons 60 + and Hispanic, Idahoans aged 75 and older & also 85 and older is 63,333. The Census shows 64 percent of the population resides in Kootenai County where the city of Coeur d'Alene is located. The region's culture is influenced by three universities North Idaho College, Lewis- Clark State College and the University of Idaho (located adjacent to PSA II)(see Exhibit 1.A).

PSA II



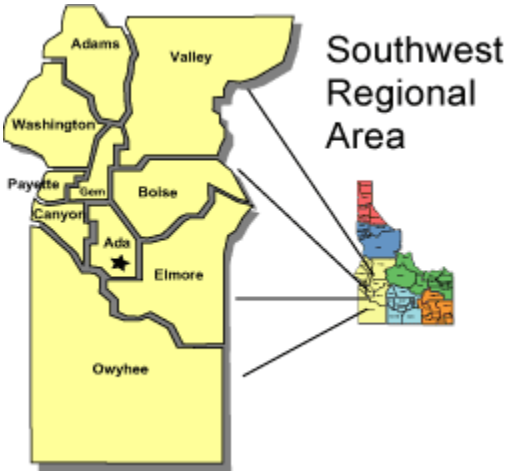
Geographic Information:
The region in PSA II covers 13,403 square miles in five north-central Idaho counties: Lewis, Idaho, Clearwater, Latah, and Nez Perce. PSA II is mostly rural except for the major university cities of Lewiston and Moscow. Students come from all over the nation and several foreign countries to enroll at Lewis-Clark State College or the University of Idaho. Their presence has a strong influence on the character of the metropolitan area.

Beyond urbanized Lewiston, Idaho's only inland port city, the region's five counties present a diverse topography which includes expanses of prairie and farmland as well as rugged mountainous terrain. Isolated communities tucked into the region's mountains and valleys are difficult to reach at any time; during the snowy winters, these tiny settlements are virtually inaccessible.

Demographic Information:
Based on the 2017 American Community Survey Estimates, the total population in PSA II was 108,520 of which 28,055 (25.9%) individuals were over the age of 60. The at risk populations which factors in Idahoans of 65 + living in poverty, Idahoans of 65+ living alone, Idahoans living in a rural county, racial minorities, Persons 60 + and Hispanic, Idahoans aged 75 and older & also

85 and older is 29,748. The Area Agency on Aging and Adult Services (AAA II) is a department within Community Action Partnership and has its office in Lewiston.

PSA III

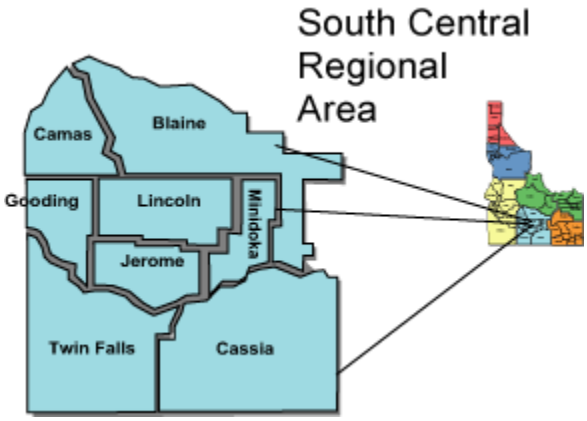


Geographic Information:
The largest region, both in terms of area (21,879 square miles), number of counties (ten: Ada, Canyon, Elmore, Payette, Washington, Adams, Boise, Owyhee, Gem, and Valley) is also the most urbanized.

The Boise Metropolitan Statistical Area (MSA) is Idaho's "megacity", sprawling over two counties (Ada and Canyon) and actually including the cities of Boise, Meridian, Nampa and Caldwell, along with several formerly small communities that have recently grown into adjoining satellite cities. The area is collectively known as the Treasure Valley. The metropolitan area's quality of life is further enhanced by the presence of several colleges and universities. The Area 3 Senior Services Agency is administered by a Board of Commissioners, and maintains an office in Meridian.

Demographic Information:
Based on the 2017 American Community Survey Estimates, the total population in PSA III was 784,838 of which 159,951 (20.4%) individuals were over the age of 60. The at risk populations which factors in Idahoans of 65 + living in poverty, Idahoans of 65+ living alone, Idahoans living in a rural county, racial minorities, Persons 60 + and Hispanic, Idahoans aged 75 and older & also 85 and older is, 135,932.

PSA IV



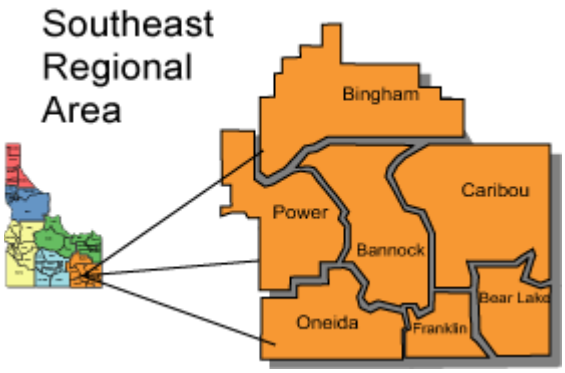
Geographic Information:
The region in PSA IV covers 11,509 square miles in eight counties (Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls). The College of Southern Idaho, located in the city also named Twin Falls, is the parent organization for the area agency on aging which serves PSA IV. All eight counties contain a high percentage of protected federal land; several are only sparsely populated.

Demographic Information:
Based on the 2017 American Community Survey Estimates, the total population in PSA IV was 196,712 of which 41,646 (21.2%) individuals were over the age of 60. A population of 47,340 (24.1%) is concentrated in the city of Twin Falls. The at risk populations which factors in Idahoans of 65 + living in poverty, Idahoans of 65+ living alone, Idahoans living in a rural county, racial minorities, Persons 60 + and Hispanic, Idahoans aged 75 and older & also 85 and older is 55,004.

Urban growth there is enhanced by Idaho's second refugee resettlement project which in recent years has fueled emerging racial and cultural diversity. Cassia County is home to one of Idaho's largest Hispanic communities, made up of agricultural workers and former agricultural workers. AAA IV takes particular pride in its outreach efforts to elders in these minority ethnic communities; it has published informational materials in several languages.

There is evidence that Twin Falls may also follow northern Idaho and the Boise Metropolitan Statistical Area (MSA) in attracting new, affluent retirees. The rest of the region remains essentially rural. The region's centerpiece is world famous Sun Valley in Blaine County.

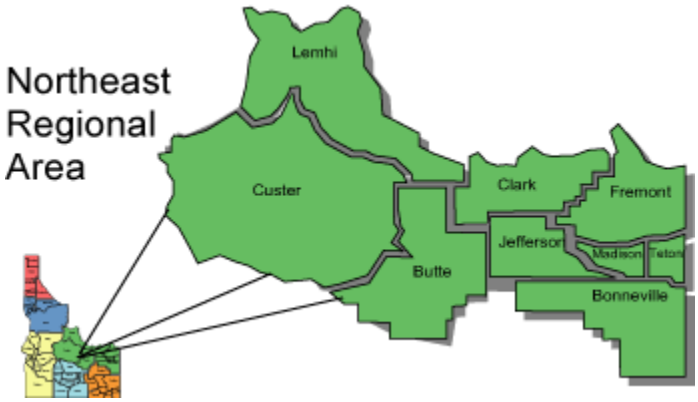
PSA V



Geographic Information:
The region in PSA V covers 9,491 square miles in seven counties: Bannock, Bear Valley, Bingham, Caribou, Franklin, Oneida, and Power. The Southeast Idaho Council of Governments hosts the AAA for this region which out of its offices in the city of Pocatello. Beyond Pocatello, most of the PSA is rural. One unique feature of the area is the Fort Hall Reservation located just a few miles out of Pocatello. The Shoshone-Bannock Tribe runs a casino nearby, as well.

Demographic Information:
Based on the 2017 American Community Survey Estimates, the total population in PSA V was 169,849, of which 34,590 (20.4%) individuals were over the age of 60. The at risk populations which factors in Idahoans of 65 + living in poverty, Idahoans of 65+ living alone, Idahoans living in a rural county, racial minorities, Persons 60 + and Hispanic, Idahoans aged 75 and older & also 85 and older is 41,404.

PSA VI



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

Demographic Information:
Based on the 2017 American Community Survey Estimates, the total population in PSA VI was 221,179 of which 40,013 (18.1%) individuals were over the age of 60. Idaho Falls is the largest city. The at risk populations which factors in Idahoans of 65 + living in poverty, Idahoans of 65+ living alone, Idahoans living in a rural county, racial minorities, Persons 60 + and Hispanic, Idahoans aged 75 and older & also 85 and older is 40,710.

Exhibit 1A Idaho Growth Change and Demographics

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

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

Year and Census date	% 65+	% 85+
1900	4.1	0.2
1910	4.3	0.2
1920	4.7	0.2
1930	5.4	0.2
1940	6.8	0.3
1950	8.1	0.4
1960	9.2	0.5
1970	9.8	0.7
1980	11.3	1.0
1990	12.5	1.2
2000	12.4	1.5
2010	13	2.0
2020	16.3	2.2
2030	19.7	2.6
2040	20.4	3.9
2050	20.7	5.0

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

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

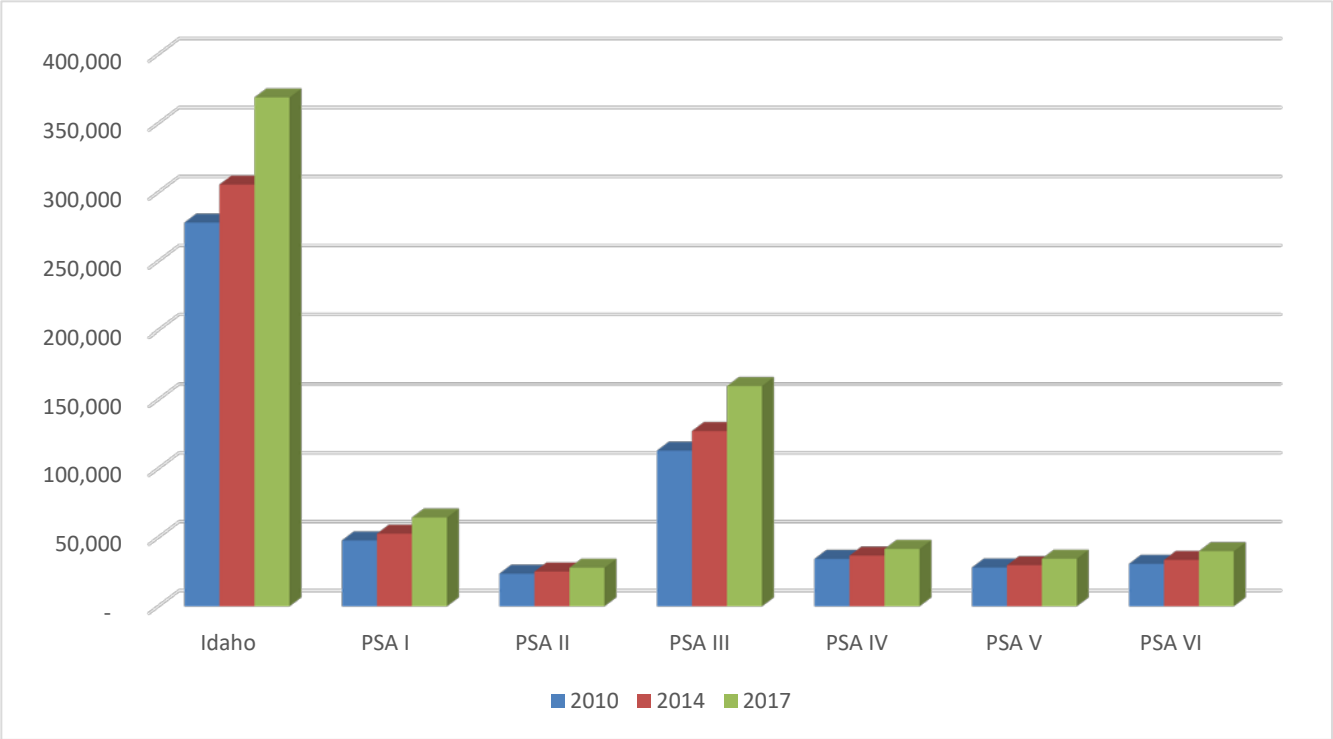
Ten years later, the Millennial Census count showed 1,293,953 Idahoans. Nearly 15% of them were aged 60 or older. The most recent post-Census estimates (the 2017 American Community Survey Estimates) show that Idaho's overall population had increased another 32.6% to 1,715,943 and nearly 22% of them were aged 60 or older.

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

Based on the 2017 American Community Survey Estimates, Idaho's total population is 1,715,943 people, 368,742 (21.5%) were aged 60 or older. Of that older subpopulation, 28,607 (7.8%) were at least 85 years old. This oldest group comprised 1.7% of the state's total population.

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

Growth of the 60+ Population, Statewide and by Area
Prepared by the Idaho Commission on Aging from *Idaho Vital Statistics 2017*



Idaho's highest percentage growth counties: April 1, 2010 to July 1, 2017 [1]

County	PSA	Percent Growth
Ada	III	16.4%
Canyon	III	14.7%
Kootenai	I	13.8%
Teton	VI	11.9%

…and greatest loss counties:

County	PSA	Percent Decline
Clark	VI	-11.1%
Butte	VI	- 10.0%
Custer	VI	- 4.5%
Power	V	- 2.8%

The state (overall):	Percent Growth	Number Added (all ages)
Idaho	9.5%	149,361

[1] From *2017 Idaho Vital Statistics,* published by the Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics.

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

Idaho Resident Life expectancy 2017

If you have reached age:	Number of additional years expected by sex (Male/Female)[2] is:	
50	30.5	33.4
55	26.2	29.0
60	22.2	24.7
65	18.4	20.5
70	14.7	16.5
75	11.3	12.7
80	8.4	9.5
85	6.0	6.8

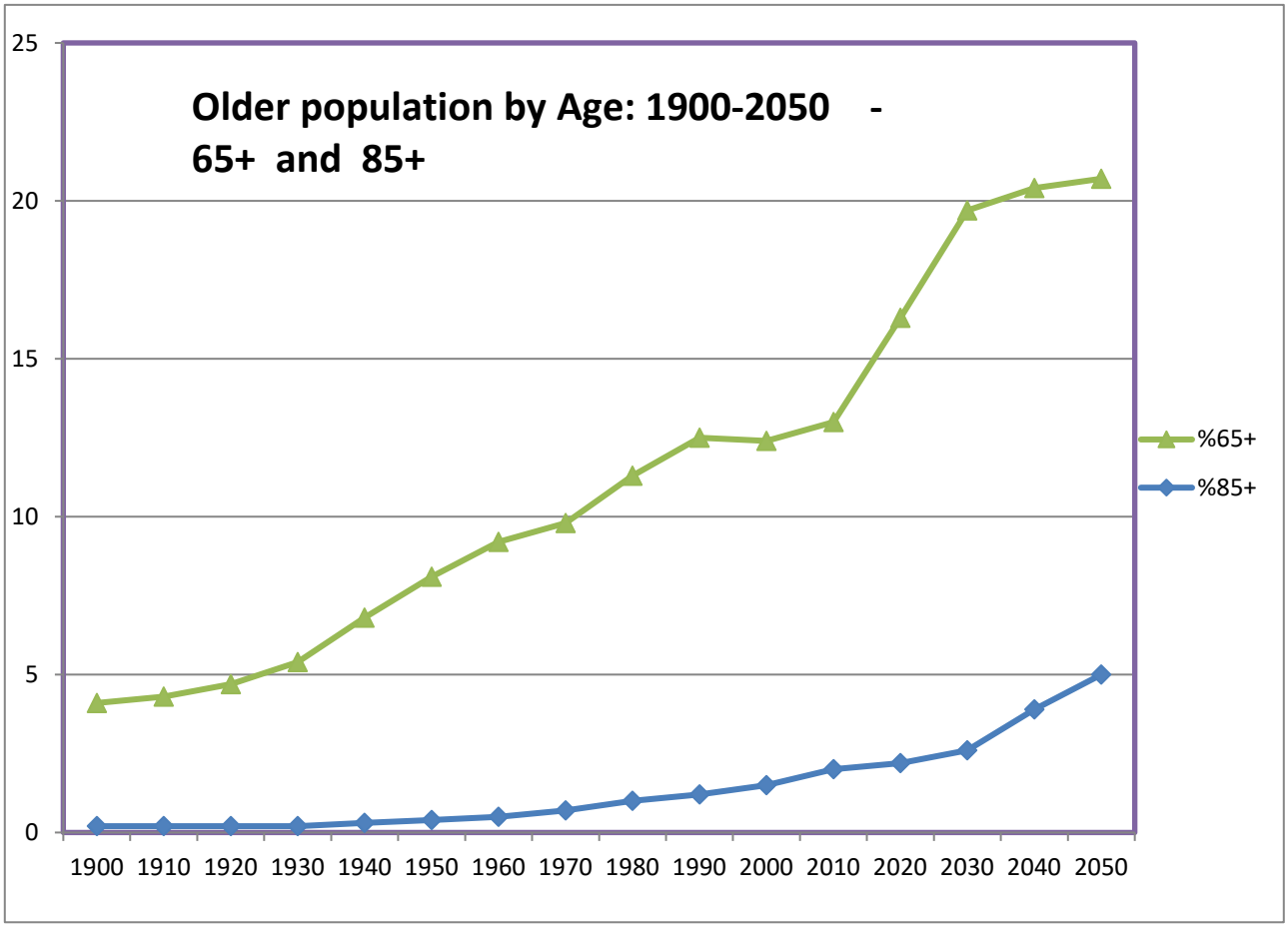
U.S. Regions and Idaho

Since the last census in 2010, Idaho's population increased by 149,361 residents from 1,567,582 to 1,716,943 in 2017. In the past seven years, the West South Central states (Arkansas, Louisiana, Oklahoma, and Texas) experienced the highest growth rate with 9.8 percent. The Mountain states region (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming) experienced the second highest growth rate at 9.5 percent. Washington DC experienced the highest growth rate (15.3 percent) followed by Texas (12.6 percent). Vermont, Illinois, and West Virginia were the only states to have had negative growth from 2010 to 2017. In the Mountain states, Utah had the highest growth rate (12.2 percent). Idaho had the 10th highest growth rate in the nation (9.5 percent).

Race

The National Center for Health Statistics contracts with the U.S. Census Bureau to develop and disseminate detailed population estimates for the states. These population estimates include "bridged" race data in which multiple race estimates are allocated to four single races. In 2017, 94.7 percent of Idaho's population was white, 1.2 percent was Black, 2.0 percent was American Indian or Alaska Native, and 2.0 percent was Asian or Pacific Islander. Persons of Hispanic ethnicity may be of any race. In 2017, 12.5 percent of Idaho's population was Hispanic and 87.5 percent of the population was non-Hispanic.

[2] From *2017 Idaho Vital Statistics,* published by the Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics.

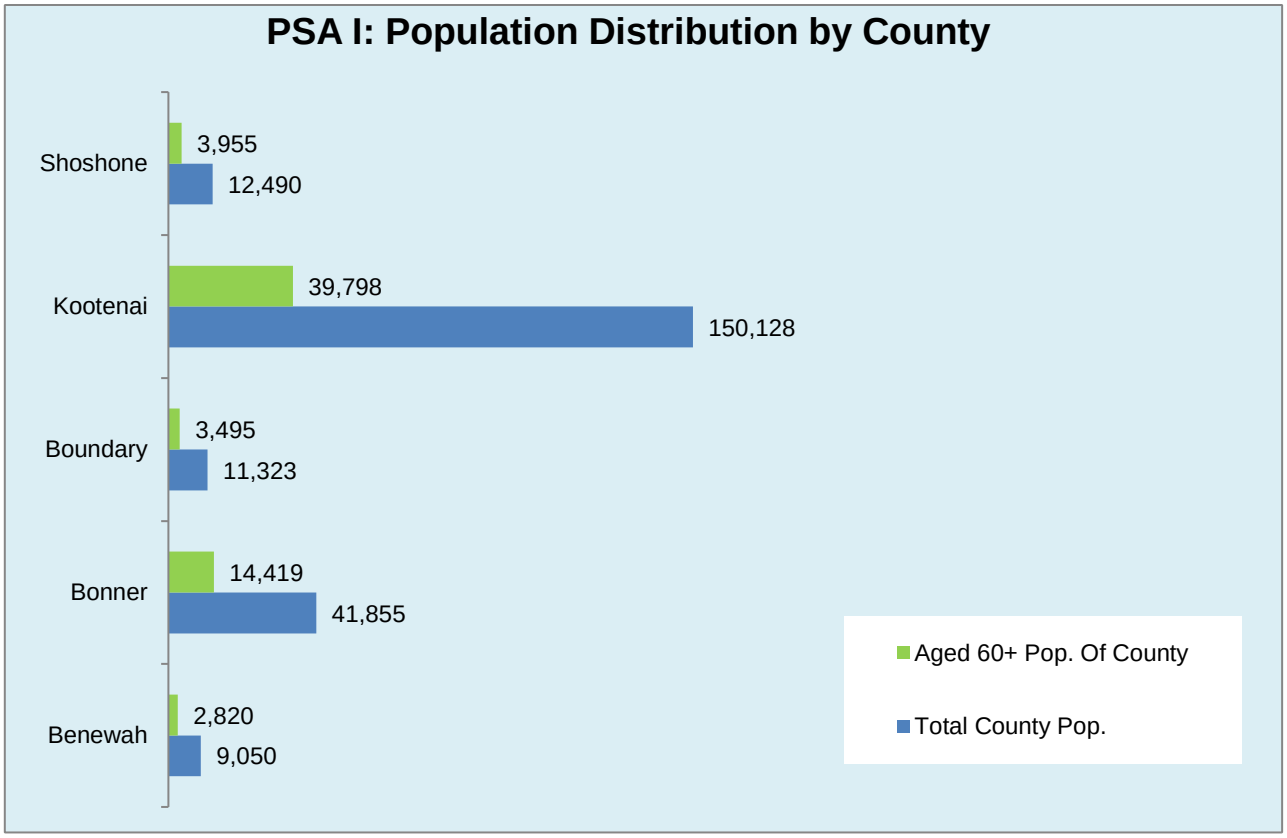


The growth of Idaho's older population reflects predicted growth in this population nationwide as a consequence of the aging of the Baby Boomer generation. The chart above depicts this anticipated growth in Idaho and *in the US overall.*

Idaho's Six Planning and Service Areas (PSAs)
Planning and Service Area I

PSA I: Population Growth Comparison			
Total Population in 2014	*Total Population in 2017	Total 60+ in 2014	*Total 60+ in 2017
216,363	**234,845**	**52,773**	**64,487**

*Data comes from the 2017 American Community Survey Estimates

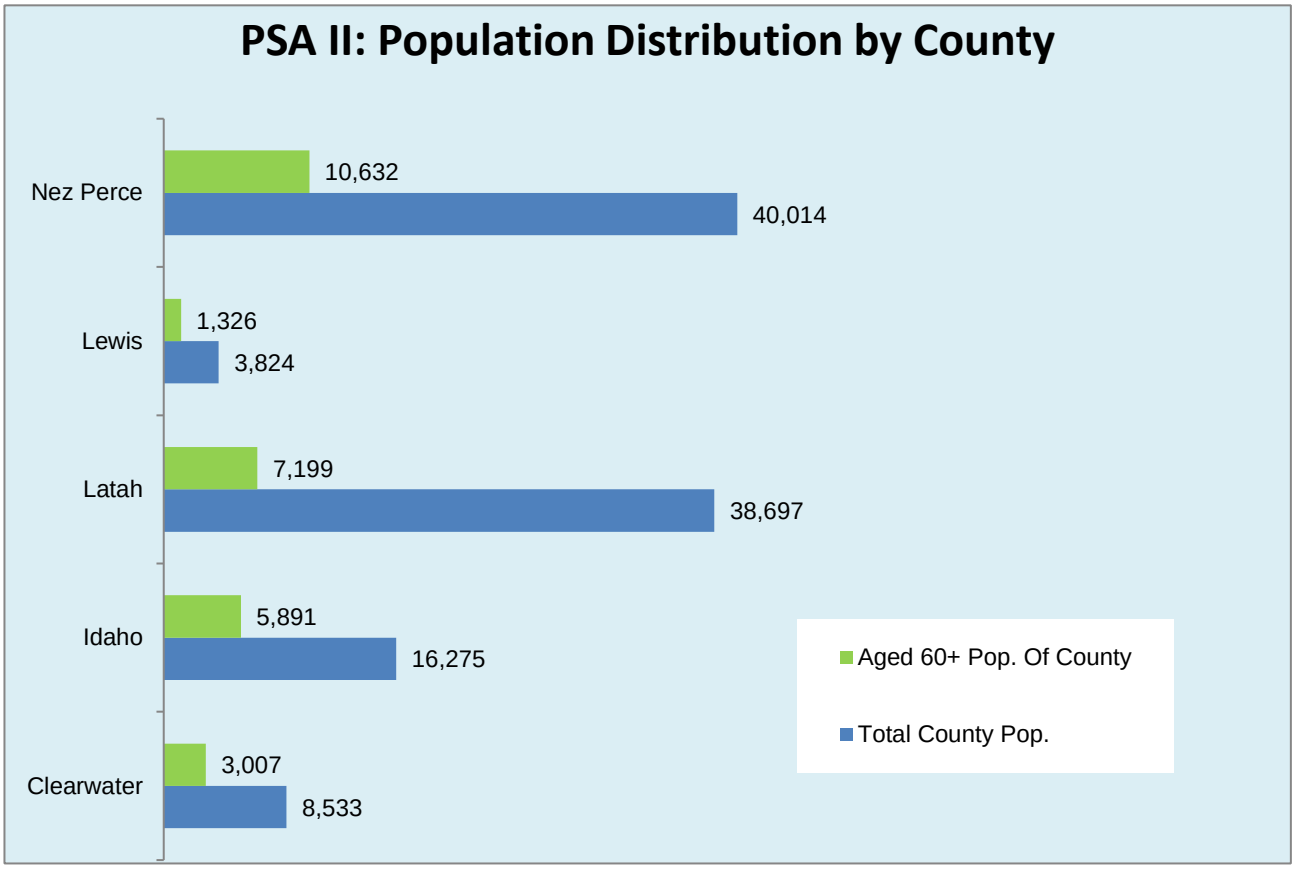


The chart shows the PSA's older population as a proportion of each county's total population. Prepared by the Idaho Commission on Aging from the U.S. Bureau of the Census,, 2013-2017 American Community Survey 5-Year Estimates

Planning and Service Area II

PSA II: Population Growth Comparison			
Total Population in 2014	*Total Population in 2017	Total 60+ in 2014	*Total 60+ in 2017
106,381	**108,520**	**25,245**	**28,055**

*Data comes from the 2017 American Community Survey Estimates

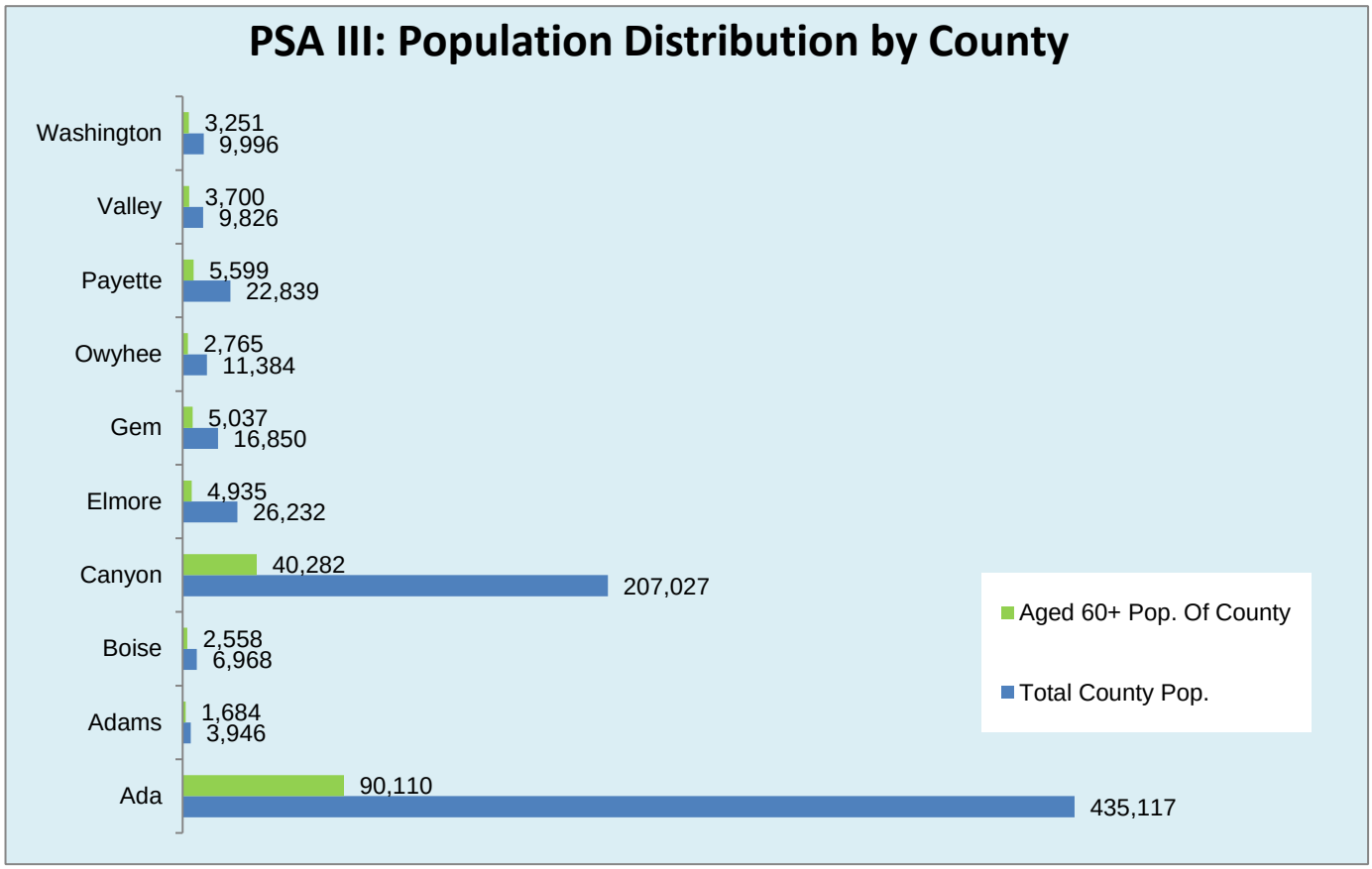


The chart shows the PSA's older population as a proportion of each county's total population. Prepared by the Idaho Commission on Aging from the U.S. U.S. Bureau of the Census,, 2013-2017 American Community Survey 5-Year Estimates

Planning and Service Area III

PSA III: Population Growth Comparison			
Total Population in 2014	*Total Population in 2017	Total 60+ in 2014	*Total 60+ in 2017
712,261	**784,838**	**127,236**	**159,951**

*Data comes from the 2017 American Community Survey Estimates

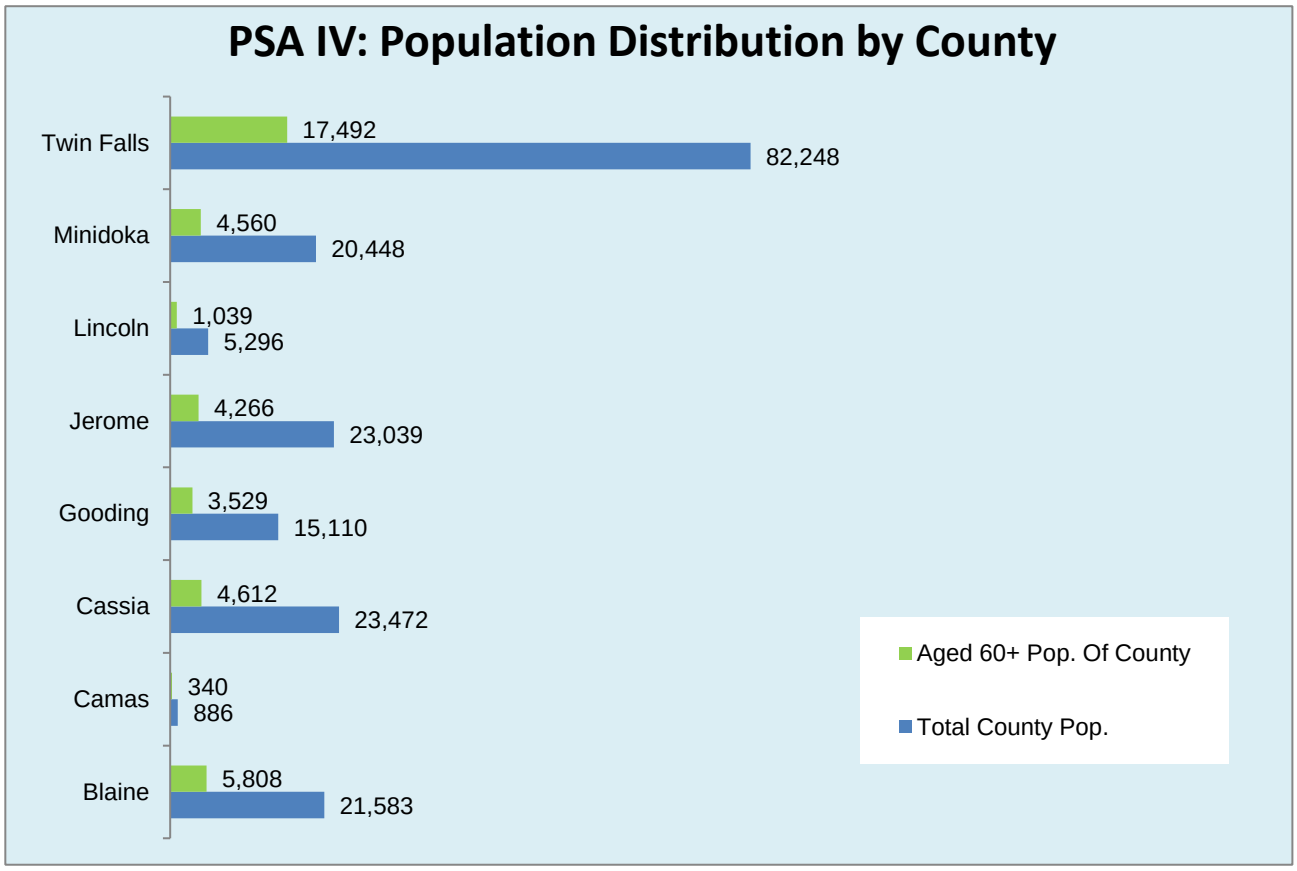


The chart shows the PSA's older population as a proportion of each county's total population. Prepared by the Idaho Commission on Aging from the U.S. U.S. Bureau of the Census,, 2013-2017 American Community Survey 5-Year Estimates

Planning and Service Area IV

PSA IV: Population Growth Comparison			
Total Population in 2014	*Total Population in 2017	Total 60+ in 2014	*Total 60+ in 2017
187,891	**196,712**	**36,834**	**41,646**

*Data comes from the 2017 American Community Survey Estimates

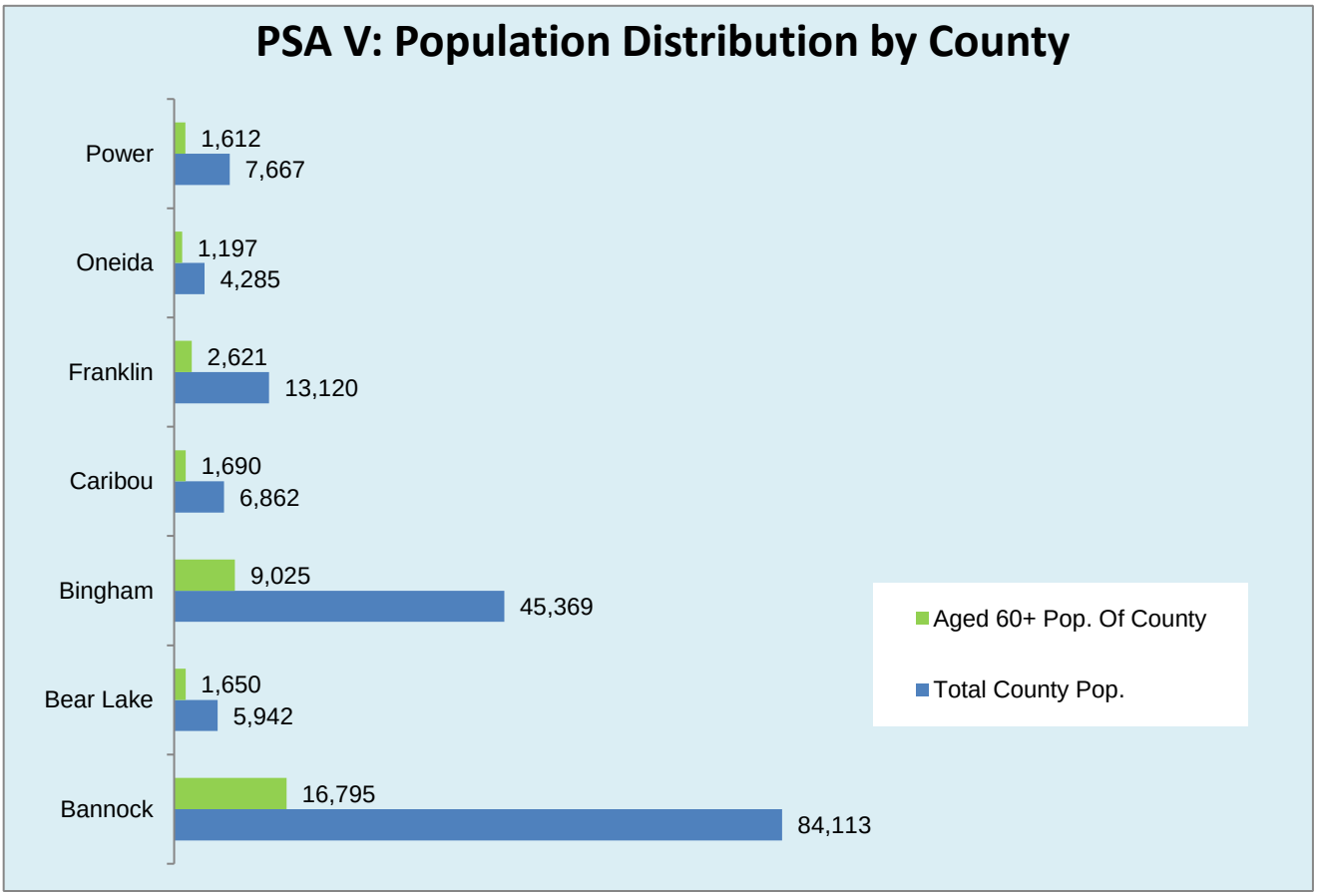


The chart shows the PSA's older population as a proportion of each county's total population. Prepared by the Idaho Commission on Aging from the U.S. U.S. Bureau of the Census,, 2013-2017 American Community Survey 5-Year Estimates

Planning and Service Area V

PSA V: Population Growth Comparison			
Total Population in 2014	*Total Population in 2017	Total 60+ in 2014	*Total 60+ in 2017
166,586	**169,849**	**29,842**	**34,590**

*Data comes from the 2017 American Community Survey Estimates

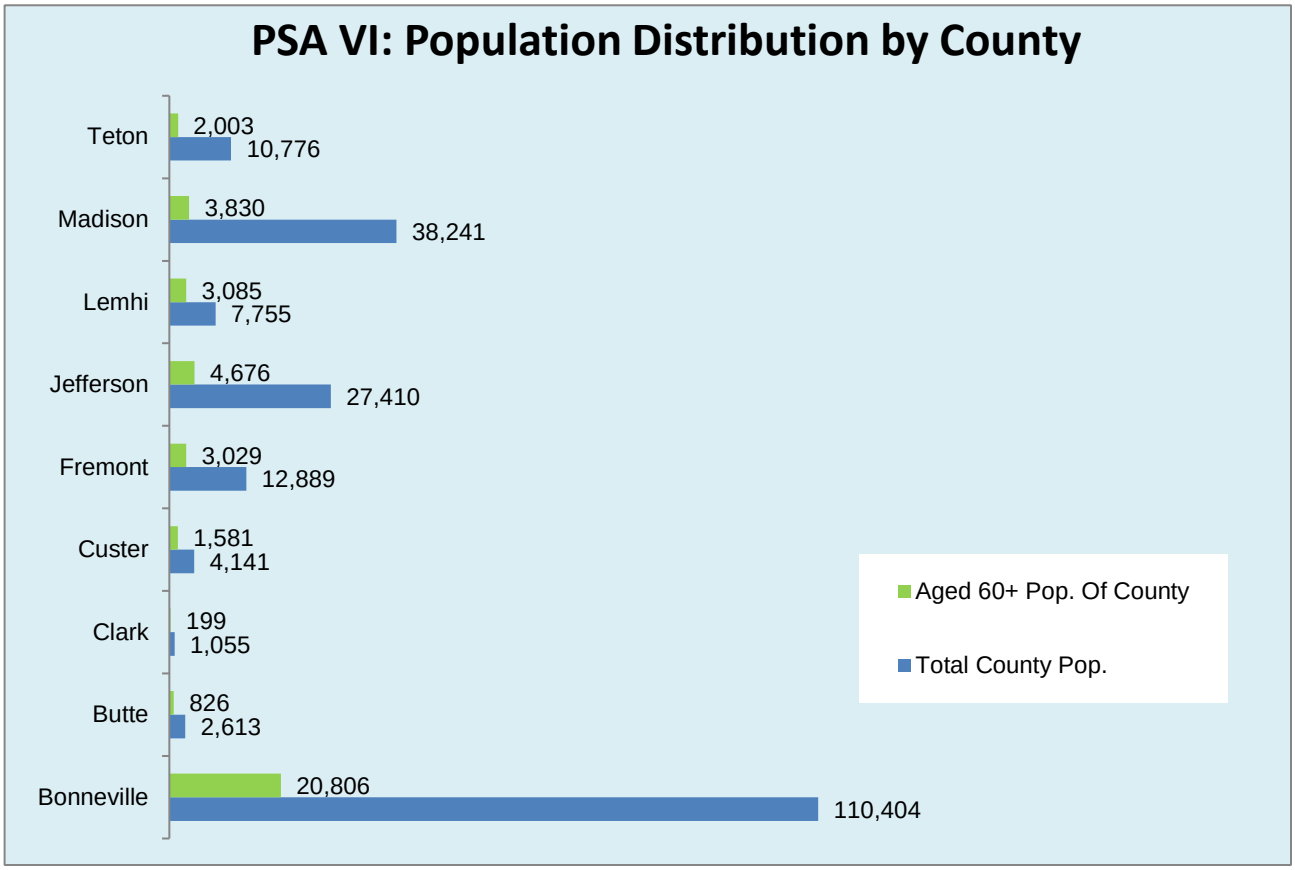


The chart shows the PSA's older population as a proportion of each county's total population. Prepared by the Idaho Commission on Aging from the U.S. U.S. Bureau of the Census,, 2013-2017 American Community Survey 5-Year Estimates

Planning and Service Area VI

PSA VI: Population Growth Comparison			
Total Population in 2014	*Total Population in 2017	Total 60+ in 2014	*Total 60+ in 2017
209,982	**221,179**	**33,677**	**40,013**

*Data comes from the 2017 American Community Survey Estimates



The chart shows the PSA's older population as a proportion of each county's total population. Prepared by the Idaho Commission on Aging from the U.S. U.S. Bureau of the Census,, 2013-2017 American Community Survey 5-Year Estimates

APPENDIX F: EMERGENCY PREPAREDNESS PLAN

IDAHO COMMISSION ON AGING'S

DISASTER AND EMERGENCY PREPAREDNESS PLAN

TO MEET THE NEEDS OF SENIORS IN THE EVENT OF NATURAL OR MAN-MADE DISASTER OR OTHER WIDESPREAD EMERGENCY

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

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

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

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

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

Statement of Understanding between the American National Red Cross and The Administration on Aging further demonstrates the commitment and responsibility of the Aging Network to prepare for and respond in disaster relief situations. This SOU emphasizes the Aging Network's ability to perform two basic types of disaster assistance service, which are:

- Advocacy and Outreach – assuring that older persons have access to and the assistance necessary to obtain needed services, including locating older persons; getting medical attention if needed, including medications and assistive devices; assisting in the completion and filing of applications for financial and other assistance; and follow-up monitoring to assure needs are met.
- Gap-filling – to assure that needed services and follow-up are provided beyond the timeframes and restrictions of other relief efforts if necessary. OAA funds can be used for chore, homemaker, transportation, nutrition, legal, and other temporary or one-time only expenses which help older persons retain maximum independent living.

Methods of Cooperation agreed upon and encouraged in the *Statement of Understanding* include; disaster planning and preparedness, sharing statistical and other data on elderly populations, establishment of disaster advocacy and outreach programs, and making congregate and home delivered meals programs available to the general public during a disaster.

To help meet these obligations, to ensure business continuity and to meet the needs of older citizens in an emergency, the Idaho Commission on Aging is required to develop an emergency disaster plan.

Basic Components of a Disaster Plan

1. Name and title of ICOA`s Administrator

NAME (ICOA staff)	TITLE/POSITION
Judy B. Taylor	Director

2. Names and titles of ICOA staff

NAME (ICOA staff)	TITLE/POSITION
Scott Carpenter	Project Coordinator
Kevin Bittner	Program Manager
Bettina Briscoe	Administrative Services Manager
Vicki Yanzuk	Project Manager
Katie Bennett	Financial Specialist Senior
Birgit Luebeck	Program Specialist
Erin Olsen	Program Specialist
Admir Selimovic	Program Specialist
Pam Catt-Oliason	Program Specialist
Deedra Hunt	Program Specialist
Amanda Scott	State Ombudsman
Susan Bradley	Technical Records Specialist I

Jenny Hill	Office Specialist II

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

LOCATION NAME AND ADDRESS	**Contact**
Idaho Department of Transportation, located 3311 W State Street, Boise, ID 83707	Contact is Bryan Smith

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

   Yes, this information is maintained on the Statewide Management Information System.

5. Following contacts that will be maintained during a disaster situation

NAME	**AGENCY NAME**
Scott Carpenter	First Emergency Coordinator, ICOA
Kevin Bittner	Second Emergency Coordinator, ICOA
Bettina Briscoe	Third Emergency Coordinator, ICOA
Vicki Yanzuk	Fourth Emergency Coordinator, ICOA
Autumn Roberts	Idaho Office of Emergency Management (IOEM)
Knute Sandahl	State Fire Marshall, DOI
Bryan Smith	Alternate Facility, ITD
Rachelle Zylstra	ACL Region X
Wade Gayler	Red Cross

6. Area Agencies on Aging Directors Contact Information

AAA Agency Director	**AGENCY NAME**
Sage Stoddard	Area Agency on Aging I, North Idaho College
Kristin Schmidt	Area Agency on Aging II, Community Action Partnership
Raul Enriquez	Area Agency on Aging III, Area 3 Senior Services Agency Board

	of Commissioners
Suzanne McCampbell	Area Agency on Aging IV, College of Southern Idaho Office on Aging
Mike Hirschi	Area Agency on Aging V, Southeast Idaho Council of Governments
Morgan Nield	Area Agency on Aging VI, Eastern Idaho Community Action Partnership

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

   Yes, this information is maintained on the Statewide Management Information System (MIS).

   Process: All recipients of Home Delivered Meals, Homemaker, Chore, Respite and Case Management Services have addresses and/or directions to their home accessed through the statewide MIS database. Those files also include listings of drugs and oxygen needs of clients per their annual assessments. The database has client demographics and emergency contact information in order to determine the status of the individual that there may be a concern about.

8. Does the ICOA disaster plan include a process for staff to record employee's time and expenses associated with disaster related activities (necessary to apply for reimbursement in the event of a presidential disaster declaration)? Yes.

Evacuation/Non-Evacuation

Evacuation

There are many types of natural and human-caused emergencies that could occur while we are at work. When an emergency arises, we will be notified through official channels.

Evacuation of facility in the event of:

- Flood
- Fire
- Chemical Spills (inside the building)
- Earthquake (non-high rise building)
- Bomb (threat or explosion)
- Violence
- Bio-Terrorism

Evacuation Procedure:

- When time allows, shut your door, before you leave the building

- Exit the building in a calm manner either through our main (south side) entrance or the private entrance (west side).
- Staff must reassemble at the predetermined location (west side gazebo) to verify everyone is safely out of the building.

No Evacuation of facility in the event of:

- Weather
- Chemical Spills (outside)
- Civil Disorder

ICOA RESPONSIBILITIES IN THE EVENT OF AN EMERGENCY OR DISASTER

The State of Idaho`s Mass Care requires ICOA to assist during an emergency in the following ways:

- **Public Information:** All State agency PIOs (Public Information Officers) will support emergency public information operations as required by the State Emergency Public Information Officer and the Governor's Press Secretary.
- **Evacuation - Preparedness Phase:** ICOA will be contacted by the Idaho Office of Emergency Management (IOEM), to help identify available transportation capabilities and mass care and feeding facilities for the elderly and handicapped, in coordination with the State Department of Education, Idaho Transportation Department, Department of Health and Welfare and the American Red Cross.
- **Evacuation - Immediate Disaster Phase:** ICOA will advise Idaho Office of Emergency Management and the Department of Health and Welfare concerning transportation, mass care, feeding capabilities, and the needs of the infirmed and handicapped.
- **Evacuation - Post Disaster Phase:** ICOA, along with all other State agencies, will continue evacuation assistance activities as required by the IOEM.
- **Mass Care and Feeding - Immediate Disaster Phase:** The State Department of Education, ICOA and Department of Health and Welfare will arrange for distribution of food commodities.
- **Preliminary Damage Assessment - Impacts Analysis:** ICOA will be called upon to assist State agencies to assess damage and the impact in the event of a disaster and to determine the extent of disaster assistance to be provided to the elderly by the State agencies and the Federal Government.
- **Preliminary Damage Assessment - Supplementary Justification in Support of Request for Assistance:** ICOA could/would be called upon to provide background information in the form of a brief narrative description of pre-disaster conditions, covering elderly populations and conditions of the affected area.
- **Processing Disaster Assistance Requests:** When requested by IOEM, ICOA will;
  - Perform disaster/emergency functions as outlined in this plan, and the Governor's executive order (No. 2010-09)
  - Provide specific supporting data for Federal assistance application and participate in preliminary damage assessment.
  - Participate in preliminary damage assessment (State and/or State-FEMA Damage Assessment.)

Disaster Application Center – Post disaster Phase:

IOEM notifies State agencies to provide personnel for staffing Disaster Application Centers. ICOA staffing may be necessary for the following functions: Assistance for the aged.

Should a disaster or state of emergency exist in the state of Idaho, the following individuals will be responsible for actions indicated. Scott Carpenter has been assigned as the Emergency Coordinator. In his absence, Kevin Bittner has been assigned alternate. Next would be Bettina Briscoe, followed by Vicki Yanzuk.

FISCAL OPERATIONS:

- Payments to AAAs for on-going operations and services. In order to ensure funds are made available so AAAs have the ability to serve vulnerable seniors during any emergency event (whether the event affects their region of the state or ours), ICOA must be able to receive federal funds and make payments to the AAAs. Transfers of funds from the federal agencies to the state, and from the state to payees are largely done electronically.
- Contact for requesting federal funds when computer systems are unavailable:
  - Call State Controller's office
- Process for paying bills through STARS in event our computer system is disabled:
  - Use STARS enabled computer at another state agency, logging on with our passwords and usernames
  - Use a computer at the State Controller's Office, logging on with our passwords and usernames
- Process for paying ICOA staff payroll through the I Time and Statewide Accounting System, in event our computer system is disabled
  - Staff will be required to fill out paper timesheets
  - Accounting staff will use I Time enabled computer in another state agency, logging on with our passwords and usernames

RECORD KEEPING

ICOA & AAA staff must maintain accurate records during an emergency event, including time worked, emergency purchases made, personal miles driven for work purposes, as well as noteworthy benchmark activities, instructions and information. These documents will be required for monetary reimbursement and payroll, and be invaluable after the event in order to improve emergency preparedness plans.

Vitals

The capability and extent of assistance the ICOA and AAA`s are able to provide, in case of a disaster or emergency are limited. Primary to the mission is disaster relief and assistance. The first 24 hours of a disaster or emergency are key to accessing relief and assistance. In case of a disaster or emergency the following information should be recorded on any known victims:

- Name
- Home address
- Telephone number, if working
- Known health conditions
- Next of kin and telephone number
- Nature of need

- Location of individual if not at home

This information should be relayed to IOEM if rescue is required. The AAA Director and Region X should be made aware of all efforts accomplished by the ICOA and IOEM.

It is imperative any meal site who provides commodities or meals during a disaster or emergency, keep extensive and accurate records of what was provided to whom, when, and under what circumstances and at whose direction. These services are reimbursable by the federal government if properly authorized but require good records in order to make a claim.

The Idaho Commission on Aging must be able to indicate how many older persons might be residing in a given area. This information is to be provided to ICOA by the AAA involved immediately after a disaster. Region X is required to contact the ICOA to obtain and forward this information to the federal government.

Alternate Business Office Location

Should a disaster or emergency occur that renders the offices of ICOA inaccessible or uninhabitable, business will be temporarily conducted from the facilities of the Idaho Transportation Department. Their location and contact are:

Bryan Smith: Idaho Transportation Department, 3311 West State Street, Boise ID 83707

Additional alternate work models may include telecommuting, when appropriate.

Checklist: Emergency Preparedness for Idahoans

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

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

Emergency Supply Checklist:

Survival

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

Sanitation Supplies

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

Personal

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

Safety and Comfort

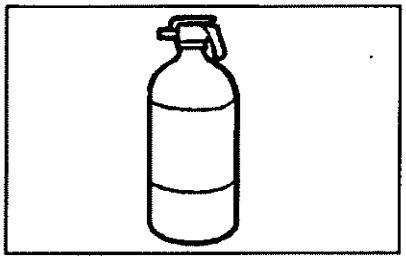
- Sturdy shoes
- Heavy gloves for clearing debris
- Candles and matches
- Knife or razor blades
- Tent
- Gun and ammunition

Cooking & Tools

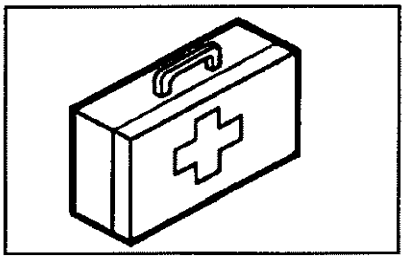
- Camp stove, propane appliances
- Fuel for cooking (camp stove fuel, etc.)
- Paper towels
- Pot for cooking
- Shovel and chainsaw

Emergency Supplies to Be Stored:

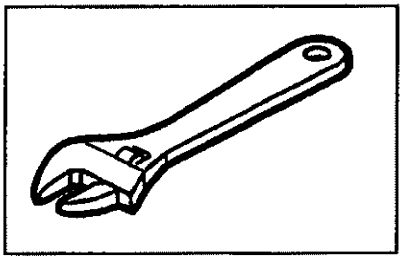
After a major earthquake, electricity, water and gas may be out of service. Emergency aid may not reach you for several days. Make sure you have the following items in your home, at your office or in your car.



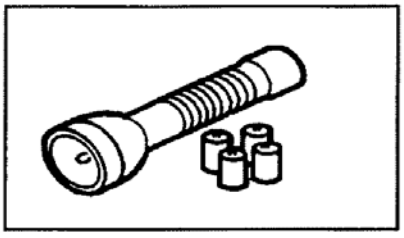
Fire extinguisher
Your fire extinguisher should be suit-able for all types of fires and should be easily accessible.



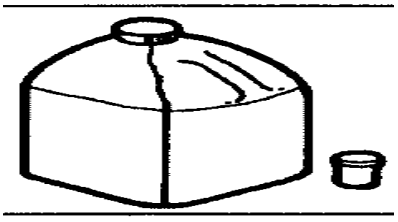
First aid kit
Put your first aid kit in a central location and include emergency instructions.



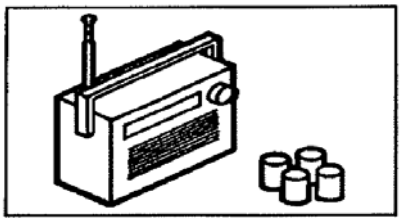
Wrench
Have crescent or pipe wrench to turnoff gas and water valves if Necessary.



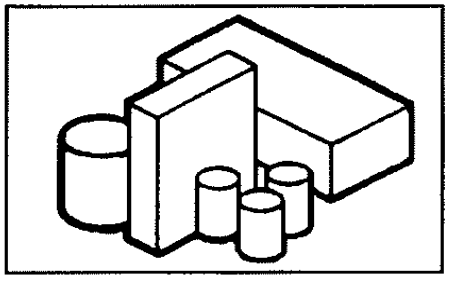
Flashlight and extra batteries:
Keep flashlights in several locations in case of a power failure. Extra bat-teries last longer if you keep them in the refrigerator.



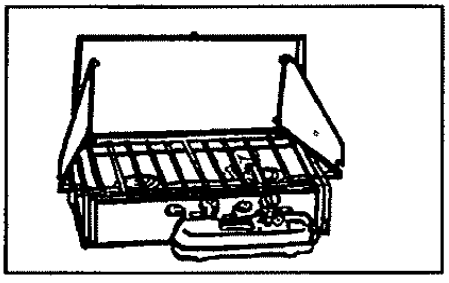
Water and disinfectant
Store several gallons of water for each person. Keep a disinfectant such as iodine tablets or chlorine bleach to purify water if necessary.



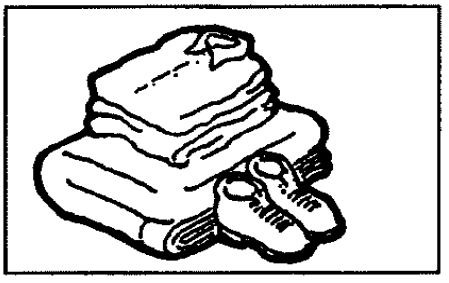
Radio and extra batteries
Transistor radios will be useful for receiving emergency broadcasts and current disaster information.



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



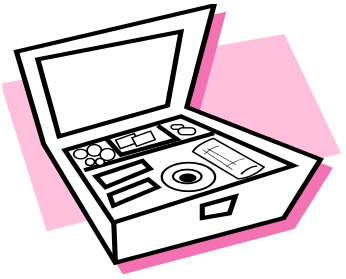
Alternate cooking source
Store fuels and appliances and matches for cooking in case utilities are out of service.



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

Recommended Items to Include in a Basic Emergency Supply Kit:

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



Additional Items to Consider Adding to an Emergency Supply Kit:

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

Pandemic Influenza &Emergency Preparedness:

Pandemic Flu
Rarely happens (three times in 20th century)
People have little or no immunity because they have no previous exposure to the virus
Healthy people may be at increased risk for serious complications
Health care providers and hospitals may be overwhelmed
Vaccine probably would not be available in the early stages of a pandemic
Limited supplies http://www.cdc.gov/flu/antivirals/whatyoushould.htm
Number of deaths could be high (The U.S. death toll during the 1918 was approximately 675,000 http://wwwnc.cdc.gov/eid/article/12/1/05-0979_article)
Symptoms may be more severe
May cause major impact on the general public, such as widespread travel restrictions and school or business closings
Potential for severe impact on domestic and world economy

Plan for a Pandemic:

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

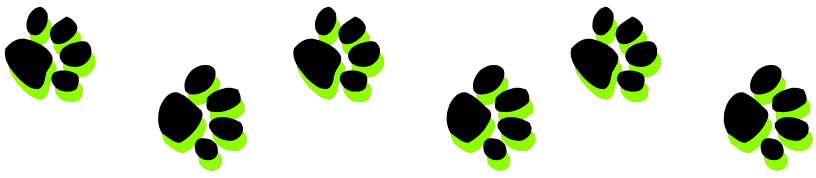
Make a Pet Disaster Supply Kit:

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

Pet Emergency Supplies:

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

Pet First Aid:



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

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

Hearing Aides

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

Batteries

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

Communication

- Determine how you will communicate with emergency personnel if there is no interpreter or if you don't have your hearing aids. Store paper and pens for this purpose.
- Consider carrying a pre-printed copy of important messages with you, such as: "I Speak American Sign Language (ASL) and need an ASL interpreter".
- If possible, obtain a battery-operated television that has a decoder chip for access to signed or captioned emergency reports.
- Determine which broad casting systems will be accessible in terms of continuous news that will be captioned and/or signed. Advocate so that television stations have a plan to secure emergency interpreters for on-camera emergency duty.

Special Considerations for Those with a Disability:

- Find two friends or family members that would be willing to help you in the event of evacuation and know how to operate equipment you might need.
- Learn what to do in case of power outages and personal injuries. Know how to connect or start a back-up power supply for essential medical equipment.
- Learn your community's evacuation routes.
- Listen to battery-operated radio for emergency information.

Disaster Supply Kit:

- In addition to the general supply kit listed above persons with disabilities might want to include:
- Extra wheelchair batteries, oxygen, medication, catheters, food for guide or service dogs, or other special equipment you might need.
- A stock of non-perishable food items that may be necessary for diet restrictions.
- A list of the style and serial numbers of medical devices such as pacemakers.
- Store back-up equipment, such as a manual wheelchair, at your neighbor's home, school, or your workplace.

- If preparation is done ahead of time the following are suggestions on how you can prepare for an evacuation easier in regards to special consideration when caring for persons with disabilities and elderly caring for those with special needs:

Special Checklist Considerations:

- Remember your special needs family member or friend is under stress and may be preoccupied during the event of an evacuation and may not pack everything they need. Following is a checklist of important items to remember in an evacuation in addition to the checklist stated above.
- Have a list of all prescription medications; times they are to be take, and an extra supply of this medication.
- Have the names and phone numbers of their doctors, pharmacy and home health agency.
- Pack all of their personal hygiene articles, including denture cleansers and adhesives.

When Do You Get Involved?

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

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

For further information go to:

www.citizencorps.gov

www.fema.gov

www.bhs.gov

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

Emergency Checklist:

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

Create an Emergency Plan:

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

APPENDIX G:
NATIONAL CAMPAIGNS

National Campaigns

It is expected that each Program Specialist, and the ICOA management team lead a National Campaign each year.

March – National Nutrition Month
April – Boost your Budget (MIPPA)
May – Older American's Month
June – Elder Abuse Prevention
September – Fall Prevention Month
October – Residents Rights month
October – United Way Campaign
November – Family Caregiver Month

Campaign Activities – lead at the local level

1. Locate and disseminate toolkit
2. Host call with AAAs at least 90 days prior for brainstorming
3. Activities (State, County, City)
    a. Press release
    b. Proclamations
    c. Social media
    d. Blog articles
    e. Letters to the editor
    f. Classes and demonstrations
    g. Radio and TV interview shows
    h. Email signature
    i. Vendor presence at meetings or celebrations
4. Conduct an After-Action Review to inform next year's planning
5. Discuss with your supervisor if a budget is needed
6. Package – expectations/schedule of activities

APPENDIX H:
POVERTY GUIDELINES

Idaho Commission on Aging

Department of Health and Human Services 2020 Poverty Guidelines:

Persons In Family or Households	100% Poverty	125% Poverty	150% Poverty
1	12,760	15,950	19,140
2	17,240	21,550	25,860
3	21,720	27,150	32,580
4	26,200	32,750	39,300
5	30,680	38,350	46,020
6	35,160	43,950	52,740
7	39,640	49,550	59,460
8	44,120	55,150	66,180
Families with more than 8 persons:	Add	Add	Add
	4,480	5,600	6,720

The 2020 poverty guidelines will be in effect as of January 15, 2020.

HHS Website for obtaining program fiscal year poverty guidelines is located at

https://aspe.hhs.gov/poverty-guidelines

Note: the poverty guideline figures listed on HHS website normally are calculated at 100%. Provided is the HHS chart that has been calculated to meet the 100%, 125% and 150%.

When computing the percentage of poverty guidelines that are required for your program client eligibility, remember HHS charts are always at 100% of poverty. Agencies need to multiply the % of the threshold by your set program eligibility of poverty guidelines.

State Plan: Attachment H

GU_AD_02_Poverty Guidelines: 1/17/2020: Previous Editions are Obsolete

APPENDIX I:
SLIDING FEE SCALE

SLIDING FEE SCALE

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

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

Client's Name: _____ Date: _____

MONTHLY INCOME	ANNUAL INCOME	FEE	HMK FEE	RESPITE FEE	ADULT DAY CARE FEE
Individual Income		___%	___%	___%	___%
- $1,063.00	- $12,760.00	0%			
$1,063.00 - $1,276.00	$12,760.00 - $15,312.00	20%			
$1,277.00 - $1,489.00	$15,313.00 - $17,864.00	40%			
$1,490.00 - $1,701.00	$17,865.00 - $20,416.00	60%			
$1,702.00 - $1,914.00	$20,417.00 - $22,968.00	80%			
$1,915.00 - & Over	$22,969.00 - & Over	100%			
TWO Persons in Household		___%	___%	___%	___%
- $1,437.00	- $17,240.00	0%			
$1,437.00 - $1,724.00	$17,240.00 - $20,688.00	20%			
$1,725.00 - $2,011.00	$20,689.00 - $24,136.00	40%			
$2,012.00 - $2,299.00	$24,137.00 - $27,584.00	60%			
$2,300.00 - $2,586.00	$27,585.00 - $31,032.00	80%			
$2,587.00 - & Over	$31,033.00 - & Over	100%			
THREE Persons in Household		___%	___%	___%	___%
- $1,810.00	- $21,720.00	0%			
$1,810.00 - $2,172.00	$21,720.00 - $26,064.00	20%			
$2,173.00 - $2,534.00	$26,065.00 - $30,408.00	40%			
$2,535.00 - $2,896.00	$30,409.00 - $34,752.00	60%			
$2,897.00 - $3,258.00	$34,753.00 - $39,096.00	80%			
$3,259.00 - & Over	$39,097.00 - & Over	100%			
FOUR Persons in Household		___%	___%	___%	___%
- $2,183.00	- $26,200.00	0%			
$2,183.00 - $2,620.00	$26,200.00 - $31,440.00	20%			
$2,621.00 - $3,057.00	$31,441.00 - $36,680.00	40%			
$3,058.00 - $3,493.00	$36,681.00 - $41,920.00	60%			
$3,494.00 - $3,930.00	$41,921.00 - $47,160.00	80%			
$3,931.00 - & Over	$47,161.00 - & Over	100%			

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

Percentage Above Poverty Line: 100%
Each Additional Person: $ 4,480.00
The 2020 poverty guidelines are in effect as of January 15, 2020
The Federal Register notice for the 2020 Poverty Guidelines was published January 17, 2020.
https://aspe.hhs.gov/poverty-guidelines

APPENDIX J: STEERING COMMITTEE AND STRATEGIC PARTNERS

Steering Committee

Last Name	First Name	Agency -Title - Location
English	Dan	North Idaho College, Current-past Area Agency on Aging Director - North Idaho
Stoddard	Sage	North Idaho College, Area Agency on Aging Director - North Idaho
Zorans	Jenny	Community Action Partnership, Current-past Area Agency on Aging Director - North Central Idaho
Ulrey	Zeke	Community Action Partnership, Current-past Area Agency on Aging Director - North Central Idaho
Schmidt	Kristin	Community Action Partnership, Area Agency on Aging Director - North Central Idaho
Enriquez	Raul	Council of Government, Area Agency on Aging Director- Southwest Idaho
McCampbell	Suzanne	College of Southern Idaho, Area Agency on Aging Director - South Central Idaho
Hirschi	Michael	Council of Government, Area Agency on Aging - Southeast Idaho
Nield	Morgan	Community Action Partnership, Area Agency on Aging Director - Eastern Idaho
Magera	Chris	ICOA Commissioner - North Idaho
Pankey	David	ICOA Commissioner - North Central Idaho
Elfering	Lorraine	ICOA Commissioner - Southwest Idaho
Palagi	Jennifer	ICOA Commissioner - At Large
Morley	Roger	ICOA Commissioner - South Central Idaho
Reiland	Debra	ICOA Commissioner - Southeast Idaho
Nielson	Dean	ICOA Commissioner - Eastern Idaho
Taylor	Judy	ICOA Director - State
Bittner	Kevin	ICOA Program Manager - State

Oliason	Pam	ICOA National Family Caregiver Program Specialist - State
Scott	Amanda	ICOA Ombudsman - State
Luebeck	Birgit	ICOA Nutrition Program Specialist - State
Selimovic	Admir	ICOA SMP, MIPPA, SCSEP Program Specialist - State
Olsen	Erin	ICOA Supportive Service and Disease Prevention Health Promotion Program Specialist - State
Hunt	Deedra	ICOA Adult Protective Services Program Specialist - State
Carpenter	Scott	ICOA Project Coordinator - State
Briscoe	Bettina	ICOA Administrative Services Manager - State
Yanzuk	Vicki	ICOA Project Manager - State
Bennett	Katie	ICOA Senior Financial Specialist - State
Hill	Jenny	ICOA Office Specialist II - State
Bradley	Susan	ICOA Technical Records Specialist I - State

Strategic Partners

Last Name	First Name	Agency
Kriete	Elizabeth	Medicaid
Dizney-Spencer	Dieuwke	Public Health
Westcott	Gina	Behavioral Health
Smith	Heidi	211 Careline
Haddad	Jen	211 Careline
Sheridan	Mary	Rural Health
Sayegh	Stephanie	Rural Health
Hohl	Shannon	State Health Insurance Benefits Advisors (SHIBA)

Pisani	Christine	Council on Developmental Disabilities
Leviton	Mel	State Independent Living Council (SILC)
Mueller	Debra	Veterans Administration (VA) Medical Center - Behavioral Health
Hall	Marcia	Shoshone Bannock Tribe
	Valda	Shoshone Bannock Tribe
	Germaine	Shoshone Bannock Tribe
Cook	Jim	Idaho Legal Aid
Piscette	Rachel	Idaho Legal Aid
Nelson	Lyle	Saint Luke's Regional Medical Center (SLRMC)
Vauk	Karen	Idaho Foodbank
Tucker	Karen	Jannus
Bender-Kitz	Stephanie	Jannus
Jones	Grant	Metro Meals
Morley	Roger	Idaho Commission on Aging (ICOA) Commissioner
Enriquez	Raul	AAA I4A Representative
Secrist	Wendi	Idaho Department of Labor (DOL)
Carr	Kristyn	DOL federal/grantee/fiscal agent WIOA

APPENDIX K: WORK-SESSION AND PUBLIC COMMENTS

Work-sessions: September – November 2019

The Idaho Commission on Aging in coordination with the six Area Agencies on Aging set up two Town Hall meetings in each of the six Planning and Services Areas (PSAs) across Idaho September through November 2019. One meeting was in a rural community and the other was in an urban for each of the PSAs.

This work session helped ICOA identify those areas where seniors need more information and resources and helped identify strategies and opportunities that were built into the service outcomes of this Plan.

	SFY 2020 State Plan Town Hall Meeting Outreach: September - November									
	Total Individual + Group Surveys Received	**93**								
	Identify **needed** community services and supports as we age:	Excellent	Adequate	Not Adequate	Not Familiar with Service	Total Survey Responses	% with Excellent Response	% with Adequate Response	% with Not Adequate Response	% not familiar with Service
1	Caregiving education, services and supports (including respite)	12	31	28	15	86	14%	36%	33%	17%
2	Dementia and Alzheimer's services and supports	5	25	22	17	69	7%	36%	32%	25%
3	Knowing who to contact for services and supports	6	32	31	9	78	8%	41%	40%	12%
4	Opioid education and services	2	14	36	19	71	3%	20%	51%	27%
5	Long-term care planning education	3	32	28	15	78	4%	41%	36%	19%
6	Legal assistance services (current needs and future planning)	1	25	33	12	71	1%	35%	46%	17%
7	Community activities (events and gatherings including intergenerational opportunities)	19	39	16	5	79	24%	49%	20%	6%
8	Transportation options	7	26	41	8	82	9%	32%	50%	10%
9	Assistance with affordable health care and drug prescription costs	2	26	49	9	86	2%	30%	57%	10%
10	Assistance affording housing, taxes, and/or living expenses	2	15	48	11	76	3%	20%	63%	14%
11	Access to affordable and healthy food options	15	38	27	8	88	17%	43%	31%	9%
12	Grandparents raising grandchildren	1	19	34	19	73	1%	26%	47%	26%
13	Senior employment opportunities	3	22	34	11	70	4%	31%	49%	16%
14	Access to durable medical equipment	11	33	22	14	80	14%	41%	28%	18%
15	Abuse, neglect and exploitation services	4	42	22	10	78	5%	54%	28%	13%
16	Home safety and maintenance services	2	31	30	16	79	3%	39%	38%	20%
17	Mental health including suicide prevention	3	18	45	14	80	4%	23%	56%	18%
18	Management of chronic disease programs	4	31	27	13	75	5%	41%	36%	17%
		102	499	573	225	1399	7%	36%	41%	16%

Public Comments: April 14 – May 7, 2020

The Idaho Commission on Aging released a final draft of the State Plan (Plan) for public comment during April. The Plan was placed on ICOA's website and the link was incorporated into the notification. The following demographics, survey questions and comments were collected through SurveyMonkey.:

Demographic Questions:

1. What is your zip code
2. Are you 60 or older

Please tell us how much you agree with the following statements. If wanted, you can add comments after each question.

Scale: Disagree somewhat agree. Agree strongly agree

3. The Commission on aging has adequately researched issues and trends that will affect aging in Idaho for the next 4 years.
4. The Commission has used a logical process to assess and plan aging needs in Idaho for the next 4 years.
5. The goals and objectives selected by the commission are meaningful and relevant
    a. Universal Services – Goal is to Invest in Healthy Aging:
    Objectives - To access reliable and trustworthy information, services and supports; To stay active in the community; and to plan for our own independent living needs
    b. Targeted Services – Goal is to preventing institutionalization
    Objectives - To live as independent as possible; To choose our own caregiver; and to provide caregiver training and resources
    c. Crisis Services – Goal is to Preserve Rights and Safety
    Objective - To live without abuse, neglect and exploitation; To live with dignity; and to make our own choices
6. The outcomes selected by the commission are meaningful and measurable
7. Reading the state plan should increase Idahoans knowledge of services offered in their communities.
8. This state plan should positively impact older Idahoans

Comment: optional

ICOA coordinated the public comment with the Area Agencies on Aging, Aging and Disability Resource Center and other network partners to assist in distributing the Plan for comment to their constituents.

In addition, Idaho State University worked with a resource company and provided ICOA with email addresses used during the Statewide Needs Assessment. ICOA also used the email addresses collected during the Town Hall meetings at the 12 Senior Center meal-sites.

Survey Results and Comments Received:

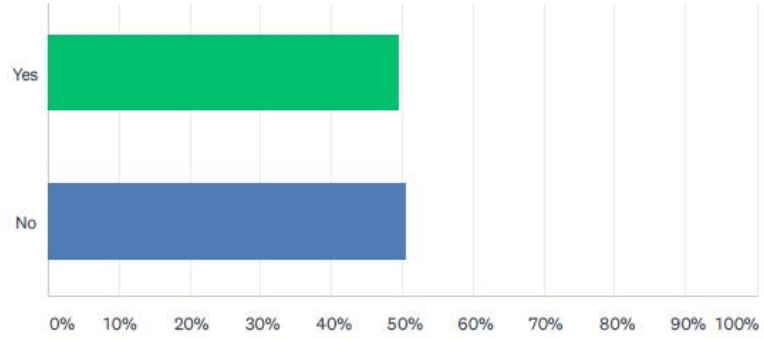
There were 107 respondents, and 31 of them provided comments.

Demographic Question:

Q1: Zip codes: Respondents of the survey came from 28 of the 44 counties:
Planning and Service Areas (PSA) breakdown:

- PSA 1: Bonner, Boundary and Kootenai
  - Did not respond: Benewah and Shoshone
- PSA 2: Lewis and Nez Perce
  - Did not respond: Clearwater, Idaho, and Latah
- PSA 3: Ada, Boise, Canyon, Gem, Payette and Washington
  - Adams, Elmore, Owyhee and Valley
- PSA 4: Blaine, Cassia, Gooding, Jerome, Lincoln, Minidoka and Twin Falls
  - Did not respond: Camas
- PSA 5: Bannock, Bingham, Franklin, and Oneida
  - Bear Lake, Caribou and Power
- PSA 6: Bonneville, Butte, Custer, Fremont, Madison and Teton
  - Clark, Jefferson, and Lemhi

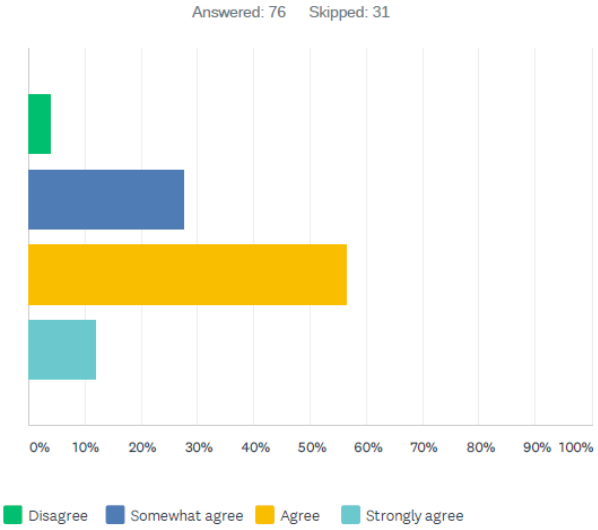
Q2: Are you age 60 years or older?



ANSWER CHOICES	RESPONSES	
Yes	49.53%	53
No	50.47%	54
TOTAL		107

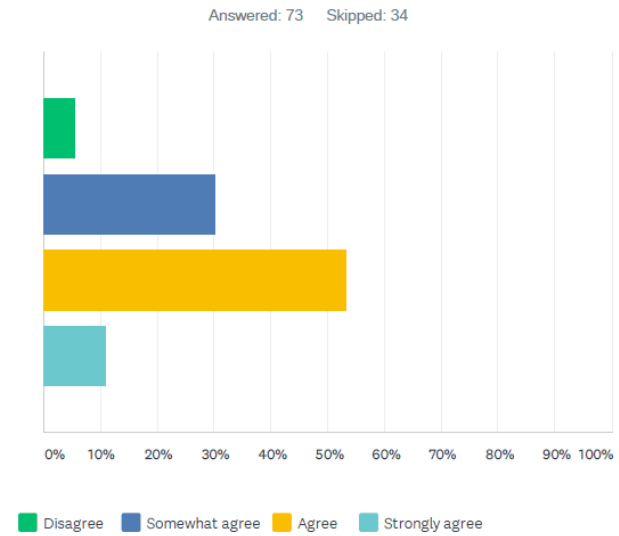
Survey Questions:

Q3: The Commission on Aging has adequately researched issues and trends that will affect aging in Idaho for the next 4 years.



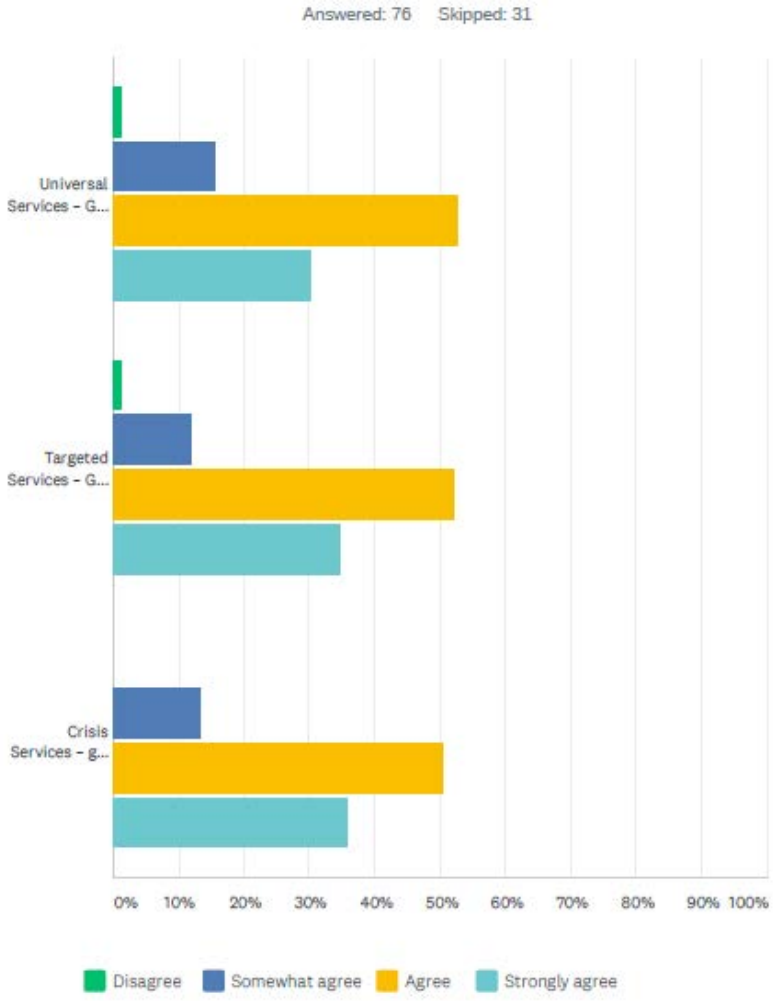
	DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
	3.95% 3	27.63% 21	56.58% 43	11.84% 9	76	2.76

Q4: The Commission has used a logical process to assess and plan aging needs in Idaho for the next 4 years.



	DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
	5.48% 4	30.14% 22	53.42% 39	10.96% 8	73	2.70

Q5: The goals and objectives selected by the Commission are meaningful and relevant.

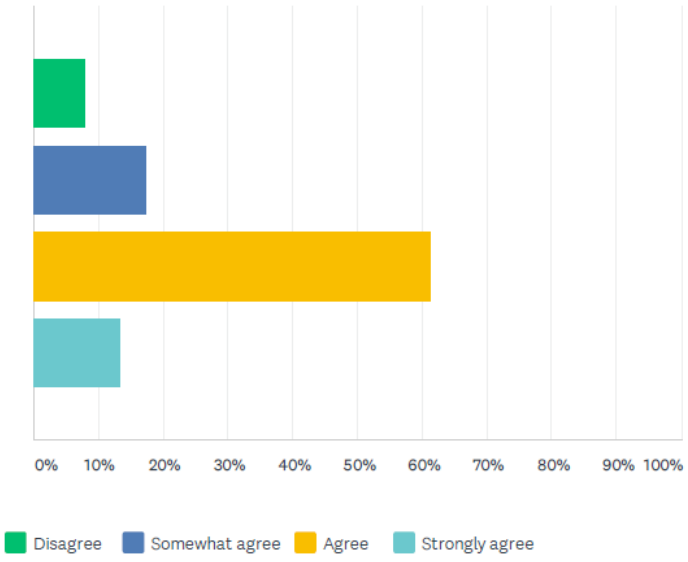


Idaho Commission on Aging State Plan Survey

	DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
Universal Services – Goal is to Investing in Healthy Aging:Objectives - To access reliable and trustworthy information, services and supports, To stay active in the community, and To plan for our own independent living needs	1.32% 1	15.79% 12	52.63% 40	30.26% 23	76	3.12
Targeted Services – Goal is to preventing institutionalization:Objectives - To live as independent as possible, To choose our own caregiver, and To provide caregiver training and resources	1.33% 1	12.00% 9	52.00% 39	34.67% 26	75	3.20
Crisis Services – goal is to Preserve Rights and Safety: Services: Ombudsman, Legal Assistance, Adult Protective Services.Objective - To live without abuse, neglect and exploitation, To live with dignity, and To make our own choices	0.00% 0	13.33% 10	50.67% 38	36.00% 27	75	3.23

Q6: The outcomes selected by the Commission are meaning and measurable.

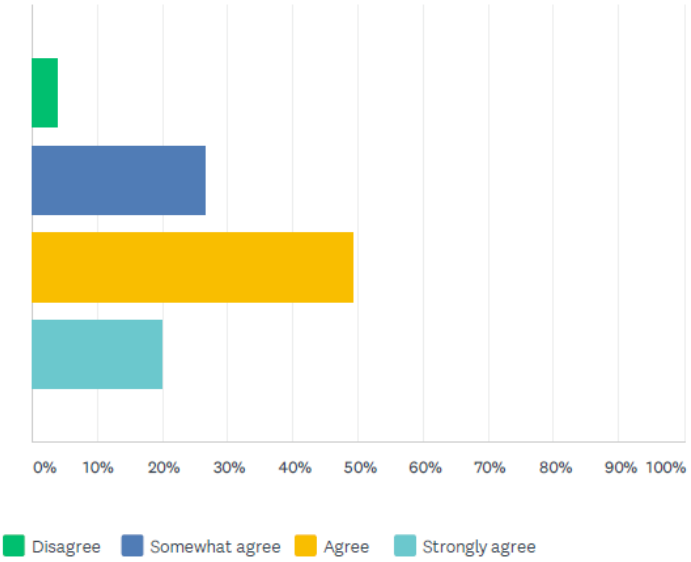
Answered: 75 Skipped: 32



	DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
	8.00% 6	17.33% 13	61.33% 46	13.33% 10	75	2.80

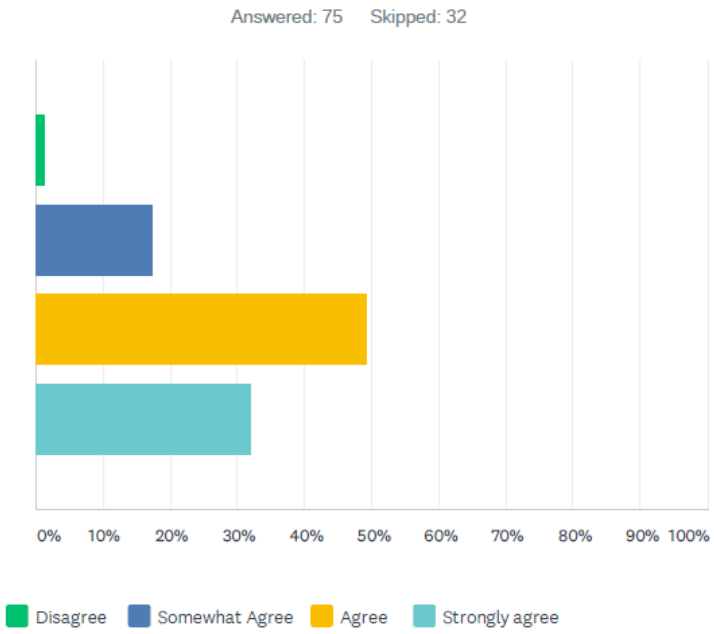
Q7: Reading the state plan should increase Idahoans knowledge of services offered in their communities.

Answered: 75 Skipped: 32



	DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
	4.00% 3	26.67% 20	49.33% 37	20.00% 15	75	2.85

Q8: The state plan should positively impact older Idahoans.



	DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
	1.33%	17.33%	49.33%	32.00%		
	1	13	37	24	75	3.12

Q9: Do you have any final comments or suggestions: 31 answered and 76 skipped:

Planning and Service Area (PSA) 1: 8 respondents and 3 commented:

- 83814: PSA 1-Coeur d'Alene – I have had my 80 year old mother staying with me for 6 weeks now due to covid. The state plan is putting emphasis on choosing own caregiver and having freedom of choices. You get to an age and while you hope they are living this great senior lifestyle they are old and tired and want outside help and assistance with their choices. I"m 58. At 55 I can order senior menu at Denny's. If you are talking about the "young" seniors yes I want my personal choices. At 80 she just wants someone to make choices for her and she doesn't want to travel or live this great lifestyle. She wants to hang at home. That's the reality.

- 83815: PSA 1-Coeur d'Alene – The ability to tax is the ability to destroy. We have Democrats everywhere. – Your saying so does not make it so. – Keep saying and maybe it will happen someday. – I am 85 so it wont matter in a few short years.

- 83854: PSA 1-Post Falls 1 – I don't know.

PSA 2: 2 respondents and 0 commented

PSA 3: 40 respondents and 9 commented:

- 83702: PSA 3 – Boise – Have no idea, but assume so. – Again, haven't see the plan so would assume so. – Not sure how they will be measured, that's not indicated in any of the goals listed. – As long as the seniors get a copy or link to the state plan, yes. Send out the State plan to all who are being asked these questions so it can be reviewed (and request it be reviewed as there will be questions following!) Because I've not seen the plan, I and, I suspect many others are answering these questions in the blind.

- 83702: PSA 3-Boise – The section on transportation seems to be a little light. More can be done to assist in getting older adults out of their homes for social engagement and to meet needs of shopping, doctor visits, etc. – It was very helpful to see the big picture of services offered. I don't think the average Idahoan will read this plan to find services, but will go to local service providers to find services. – Outreach to local providers, such as Senior Centers can help in spreading the work and reaching more people. – I don't see Senior Centers listed as resources. Senior Center in all parts of the state are resources for their local community to be hosts for programs as well as to assist in getting information out to constituents. I think they could be utilized more in this plan to reach a greater audience.

- 83703: PSA 3-Boise – These objectives are not SMART (Specific, Measurable, Attainable, Realistic, Timely) objectives. It appears the objectives are strategies instead and I recommend writing SMART objectives to reach these strategies.

- 83704: PSA 3-Boise – Another option for respite services across the state, including rural areas, are certified family homes who offer Hourly Adult Care. There are 90 such homes today.

- 83705: PSA 3-Boise – I don't think anyone can have adequately researched issues and trends as they relate to COVID 19, since it is a process unfolding at the moment, but is also something that may have long-term impacts in a variety of situations. – The Commission should be aware and implement options for people who do not read, do not retain, or do not comprehend information in the State Plan or other documents.

- 83631: PSA 3-Idaho City – There seems to be a gap for pre-retired (between the ages of 55 and 65). We seem to fall between the cracks as far as affordable healthcare (if not receiving through employer) and other important issues. So many things needed are cost prohibited.

- 83716: PSA 3-Robie Creek, Atlanta – Just want to acknowledge that reading the state plan isn't the primary mechanism for Idahoans to learn about services offered in their community.

- 83660: PSA 3-Parma – More focus on individuals focusing homelessness - how can an individual be independent and have a care giver if they don't have a home. Individuals who experience homelessness chronically usually "age" faster than those sheltered.

- 83672: PSA 3-Weiser – no, looks good !

PSA 4: 17 respondents and 12 commented

- 83330: PSA 4-Gooding – They seem to be behind today's information and updates.. – I believe having Business individuals such as myself and my Health Insurance Business available/and or on the board that daily aid Idaho Individuals with these programs that work directly with community population as a advocate. Offering assistance with only the best for programs that fit the need and finical profile of each unique client would be a excellent source of information to this agency.

- 83325: PSA 4-Eden – I am concerned as a Senior Center Site manager that the plan does not take into consideration what might happen to Seniors if this current Covid pandemic continues. We have been closed other than meals on wheels since March 17. With no hope of opening until July, and the distinct possibility that the centers might have to close again in the fall due to flu and covid. I am sure that most of the Senior Centers are in the same situation that we are. We do not have the ability to weather the storm financially for very may months. We have had no income from congregate meals since March 17. We continue to have insurance, phone, water, power, garbage and salaries. We are limited on our fundraising abilities because of the economic disaster that is on going around us. If we loose the ability to stay open there will be dire consequences for Seniors all over the State of Idaho. Who will be left to offer them services? I hope that together we can come up with a real plan or the we face closure of Senior Centers all over the state.

- 83338: PSA 4-Jerome – Where are your plans for taking care of senior centers in case another "pandemic" or other emergency should arise. We all love to come to the senior center for the food and company. Shutting down a senior center is very detrimental to seniors who need to not be isolated. – Too clinical, asking a university to reach out to seniors for information, when seniors don't use computers was very counter productive. Go to senior centers and speak with the seniors don't expect them to get on line. They don't do technology. – Get down to grass roots, go to the seniors and get information. Friendly callers is NOT a good idea. How many seniors have been told don't talk to people you don't know, don't answer the phone if you don't know the number calling. Too many scams out there, they don't want to take the chance on answering such a phone call. Info by mail asking if they are interested in calls might be okay, but don't just start making "friendly calls". – Too much clinical talk, put out a report that the everyday senior can understand. – Too confusing with way too many agencies involved that the normal person wouldn't have a clue about who they are. - Seniors will not have any idea what this is plan is trying to do. Simplify it to where they can understand it. How are you going to keep seniors interested in something they can't figure out. – Go to

the senior population, not the local university that doesn't have a clue who these people are. Come to the each senior center and have an honest discussion with them.

- 83350: PSA 4-Rupert – We need something to cover the Senior Centers financially if there is a flu epidemic or another pandemic, to help them survive the closures.

- 83350: PSA 4-Rupert – Yes for senior centers to understand the ethnic groups of the area they serve by including them on their boards

- 83316: PSA 4-Buhl – Increase the income limits for MSP's. A person on Medicare should also received full Medicaid benefits up to 138% FPL.

- 83301: PSA 4-Twin Falls – Seniors with Dementia who live alone with little support in rural Idaho is a very large concern. – Difficult to say meaningful until after we see the - And also the caregivers/family support systems

- 83301: PSA 4-Twin Falls – I do not agree that the Commission has talked enough with the people in the AAA that do the "on the ground work." Often when i talk with other AAA we wonder where the Commission comes up with plans. The Commission does not ask the I & A, Ombudsman, PI, Nutrition Contracts Managers, AP, what they think would help the seniors in our local areas. The Commission tells us what to do, and when we object or say this is not what we need, we are dismissed. – I think that one of the GOALS of the Commission should be to help make Senior Centers be more viable. Senior Centers are our biggest budgets, they are dealing with COVID-19. i feel the Commission should engage with them and learn from them, as to what they see working on the ground, day in and day out. They do the most when it comes to keeping our clients at home and fed, with welfare checks. They are hurting because of COVID-19 and many feel they will be bankrupted by the end of this. Their budgets were already strained- they are overwhelmed now. This should always be a GOAL of the Commission: How do we keep our Centers open, how do we help them. Most of my Centers, when the Commission tells us they have to do something, ask me, "Have any of these people ever been in a Senior Center?" I wonder sometimes too. I wonder how many of our Centers will survive COVID-19, and it is nowhere in your GOALS to deal with this issue.

- 83301: PSA 4-Twin Falls – Listen more to the people one the ground that actually do the work of keeping seniors safe in their own homes.

- 83301: PSA 4-Twin Falls – Considerable efforts have gone into this plan to address the needs of our growing aging population. As an aging person myself and having worked with the aging community for the past 20 years, I am proud to be a part of this aging movement that I feel does our state proud. I would also like to give kudos to AAA Director in Twin Falls for her tireless, dedication to Area 4. – Thank you

-

- 83301: PSA 4-Twin Falls – The state plan is rather hard to read with all the boxes of information. It does not flow well. – Remove some of the boxes and clipart to help the readability of the plan.

- 83301: PSA 4-Twin Falls – needs more work

PSA 5: 24 respondents and 9 commented

- 83202: PSA 5-Fort Hall-Chubbuck – But need to be condensed to keep their interest. I do believe each, city, county and state elected officials should be given the whole plan including addendum. – I think Idahoans in general are unaware of the amount of people turning 60 everyday and the hardships many see.

- 83202: PSA 5-Fort Hall-Chubbuck – More financial support is needed for local Senior Activity Centers throughout Idaho. Most Senior Centers are antiquated and uninviting. If more support were offered to local Centers, the Universal Goal could be accomplished with greater ease.

- 83201: PSA 5-Bannock – Although the commission has identified many of the issues facing seniors there are insufficient recommendations for addressing those issues – Again - well done on identification - how are you planning to fix it, especially in rural communities. What about certified senior care givers - with set guidelines on wages - what about transportation to congregant meals – With the growth in rural living seniors - and the general increase in senior population - some of the state emergency funds should be used to create rural community centers - one to service several communities with transportation services. If you get a senior out 3 times a week to a congregant meal and activity - they will live better and longer lives and reduce senior suicide.

- 83201: PSA 5-Bannock – Great goals..maybe hard to reach to be realistic – Formatting can be distracting but content great.

- 83201: PSA 5-Bannock –The commission needs to pay particular attention to EVV--Electronic Visit Verification that the Federal Government is requiring as of January 2021. This is going to put a strain on agencies who are already struggling with staff. The commission needs to also pay particular attention to rural areas and the understaffed areas in Idaho. The care that is received in these rural areas has to be worth a provider's/caregiver's time (ie. they are having to use their own gas and wear and tear on their vehicle to go for a couple of hours as a time.) Agencies are struggling to staff these areas. – See above also. Consumer Direct model is horrifying. It does not ensure that background checks are done, insurance is maintained by the individual and this can cause an adverse issue. Also, I would imagine that less Adult Protection complaints will come in as there will be no accountability.

- 83201: PSA 5-Bannock – After reviewing the Strategies and Outcomes outlined in the Senior Service State Plan, I find them to be: clear in their intent, beneficial to each of the programs, possible to coordinate, feasible to assess and measure and attainable. This format makes so much more sense to me. Thanks for requesting our input.

- 83204: PSA 5-Pocatello – Never heard of this whole thing prior to a friend suggesting I read the pdf and fill out the survey.

- 83221: PSA 5-Blackfoot – I am too ignorant of the multitude and variety of things that need to be researched to adequately answer this question. – The documentation makes the approach seem logical. – Sounds like they are meaningful and measurable to a degree. No small task. – It is a bit daunting. Perhaps a synopsis? – Hang in there and keep trying, you are providing desperately needed services. p.s. You'll be old someday.

- 83241: PSA 5-Grace – I would like to see The respite care program looked at. At this time the care giver is required to live with that person. Many care givers spend hours taking care of a family member and do not live with them. So respite care is not available to them. I would hope there could be some way to include those family members in the respite program.

PSA 6: 15 respondents and 4 commented

- 83401: PSA 6-Idaho Falls – Pg 10 suggests: Universal Goal – Investing in Healthy Aging Lack of available Home and Community Based Service providers • Lack of direct care workers in all areas of the State is exacerbated in rural areas. Opportunities: A combination of statewide contracts and consumer-directed services would help fill the shortage. **This doesn't solve the fact that rural areas struggle to find workers to go out to provide services. No one wants to pay someone to drive 6 hrs round trip. This opportunity doesn't help fill the shortage. – Not sure why living in an assisted living facility and utilizing ombudsman services, legal assistance would be considered crisis services. – I don't think the opportunities to bring services to rural areas would lead to a meaningful outcome. – They will read this and assume we provide services in all areas as that is not the case. We do not have public transportation in all areas, and case management is not offered in all areas.

- 83401: PSA 6-Idaho Falls – The State Plan is not "user friendly" at all and is an overload of information that a lay person may find difficult to follow. – Page 14 of State Plan—Disease Prevention/Health Promotion •There should be at least two rural and two urban class in each Planning and Service Area every six months. ACL-Focus Area A2—Not sure this is realistic, maybe 4 classes per year—2 rural, 2 urban •There is also a Diabetes Self-Management program in Area VI Page 33 of State Plan—MIPPA •Provide SMP/MIPPA related content on Facebook twice per week. This seems like too much. I think once per week is more realistic.

- 83401: PSA 6-Idaho Falls – thank you for your attempts

- 83420: PSA 6-Ashton – But it is lonnnnnggggg. If I wasn't involved in a Senior Center, I would not have taken the time to read it. And even then, I only studied the parts which would involve our Senior Center services and only glanced through the other areas.