Area Plan

October 1, 2013 – September 30, 2017

AREA PLANS. (IDAPA 15.01.20.052) Each AAA shall submit a four (4) year area plan to the Idaho Commission on Aging (ICOA) by close of business January 1, 2002, and by October 15 every four (4) years thereafter. Annual updates shall be submitted by October 15 of each year. The area plan and annual updates shall be submitted in a uniform format prescribed by the ICOA to meet the requirements of the Older Americans Act and all pertinent federal regulations.
VERIFICATION OF INTENT

This Area Plan is hereby submitted for the four-year period beginning October 15, 2013 and ending September 30, 2017, pending approval by the Idaho Commission on Aging.

On behalf of all older persons in the Planning and Service Area V, the Area Agency on Aging V assumes the lead role relative to aging issues. In accordance with the Older Americans Act (OAA) and all pertinent federal and state regulations, the AAA serves as the public advocate for the development and enhancement of comprehensive, coordinated community-based service systems within each community throughout the PSA. (IDAPA 15.01.20.041)

This Area Plan becomes part of ICOA’s Annual Performance Agreement. It incorporates all assurances pertaining to the AAA required under the OAA, Idaho’s State Senior Services Act, the Civil Rights Act, and other applicable federal or state statutes.

This Area Plan has been reviewed and approved by this agency’s governing board. The Area Council has had an opportunity to review and comment on the Plan; their remarks have been incorporated in Attachment 2D with the public comments.

(Signature)  AAA Director—Sister Anthony Marie Greving  (date)

(Signature)  Area Advisory Council Chairperson- Bobbie Branch  (date)

(Signature)  Governing Board Chairperson- Joan Hawkins  (date)
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Executive Summary

Every four years, with annual updates thereafter, the Area Agency on Aging V submits an Area Plan to the Idaho Commission on Aging (ICOA) for approval. This Area Plan is required to continue to receive federal and state funding allocations through ICOA.

The Area Plan establishes a “Single Access Point” for all consumers to access aging and disability resources and services available to Idahoans over the age of 60, their families, and vulnerable adults aged 18 and older living in Area V. It provides opportunities for individuals to choose between private and public pay, long-term care services and other resources.

In developing the Area Plan, the AAA utilized ICOA’s statewide goals and objectives approved by the Administration for Community Living (ACL). The Area V Plan serves as a road map for the AAA in its PSA. Through a qualitative and quantitative analysis of the PSA, the AAA determined strategies, established baselines, and set measures through the use of following data and methodology:

How Data was used to build Strategies and Priorities
The AAA used a variety of sources for identifying unmet needs among older persons and caregivers in order to build strategies and priorities for serving older people in the seven county area:

- 2010 Census Data
- SAMS Database
- Transportation Data from the Bannock Planning Organization (MPO), CTIdaho, and the D5 Mobility Management Groups (LMM)
- Idaho Department of Health and Welfare---Facts, Figures and Trends, 2012-2013
- Idaho Department of Labor
- Boise State University Needs Assessment Survey, 2012
- Southeast Idaho Public Health Department, Gateway 2 Health Committee

In each of the following Core Services listed, overall area data was researched; these numbers were compared and contrasted with the current service delivery, as well as potential clients not being served as identified in the 60+ risk population groups in the Census.
The Area Agency on Aging

Overview

The seven counties of southeast Idaho encompass 9,491 square miles and is a diverse landscape of mountain ranges, foothills, lava fields, ranches, irrigated farms, and small cities. The region is part of two major watersheds. The southern portion in Bear Lake, Franklin, Oneida, and Caribou counties is drained by the Bear River which enters Idaho heading north, but loops around the Bear River Range and leaves the state flowing south toward the Great Salt Lake. The Malad River which drains much of Oneida County is a tributary of the Bear River. The northern part of the region which includes Bannock, Bingham, Power, and part of Caribou counties, is in the Snake River watershed. The Snake flows west into the Columbia River and the Pacific Ocean.

The landscape of the Bear River watershed is composed of alternating, northwest-southeast trending mountains and valleys. Most of its mountainous grazing lands are in the Caribou National Forest. Foothill areas are used for grazing and dry land grain farming. The valley floors are irrigated where water is available. The Snake River watershed has a more varied landscape. The Portneuf and Blackfoot Rivers and smaller tributaries flow north and west toward the Snake River from mountainous divides with the Bear River watershed. The landscapes drained by these tributaries are similar to those on the south side of the divide, but the northwestern part of the region, in Bannock, Bingham, and Power counties, is on the relatively level Snake River Plain, where extensive irrigated croplands are interspersed with lava fields, and the horizon is punctuated by occasional volcanic buttes.

The economy of southeast Idaho reflects its landscape. The counties in the Bear River watershed, Bear Lake, Franklin, and Oneida, are predominantly agricultural. None has less than 25 percent of its total employment in agriculture and all have strong trade ties with Northern Utah. Caribou County, which is divided between the watersheds, also occupies an intermediate position in the regional economy. It has significant agricultural employment and an industrial base in phosphate mining and processing. The northwestern counties of Area V ~ Bannock, Bingham, and Power, have more cropland and food processing area used than the area used by the major industrial employers. The Chubbuck-Pocatello urban area is the trade center of Bannock, Caribou, and Power counties and much of Bingham County. The northern parts of Bingham County area are included in the Idaho Falls trade area.

Public ownership of land is predominant in the area with approximately 37 percent of the land administered by the Federal government. Agencies involved include the Bureau of Land Management (BLM), U.S. Forest Service, the Bureau of Reclamation, and the Department of Energy (DOE/Idaho National Engineering and Environmental laboratory). The State of Idaho owns roughly 6.5 percent of the area’s land. Another portion of land is held in trust for the Shoshone-Bannock Tribes and the Fort Hall Reservation.

Area V’s Population: (2010 Census data)

<table>
<thead>
<tr>
<th>County</th>
<th>Total Population</th>
<th>Aging Population (60+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bannock County</td>
<td>82,539</td>
<td>13,397</td>
</tr>
<tr>
<td>Bear Lake County</td>
<td>5,774</td>
<td>1,492</td>
</tr>
<tr>
<td>Bingham County</td>
<td>44,668</td>
<td>7,314</td>
</tr>
<tr>
<td>Caribou County</td>
<td>6,914</td>
<td>1,485</td>
</tr>
<tr>
<td>Franklin County</td>
<td>12,676</td>
<td>2,171</td>
</tr>
<tr>
<td>Oneida County</td>
<td>4,221</td>
<td>972</td>
</tr>
<tr>
<td>Power County</td>
<td>7,734</td>
<td>1,346</td>
</tr>
</tbody>
</table>
AAA Vision
To safeguard the independence of elderly in southeast Idaho and provide them with a choice of services for their long-term needs.

AAA Mission
To provide the growing aging population and its caregivers with access to a system of services with options that promotes well-being and independence and embodies the values of dignity and choice.

AAA Funding
The ICOA receives an annual allocation of federal funds under Title III and VII of the Older Americans Act (OAA), as amended, from the ACL. The federal funds are allocated to the six AAAs based on a federally approved intrastate funding formula Attachment 3A.

The funding formula takes into account the best available statistics on the geographical distribution of individuals aged 60 and older residing in Idaho, with particular attention to the number of individuals in greatest social or economic need. The formula projects anticipated demand for services by weighing in each PSA those population segments most likely to be vulnerable and frail, i.e., those who are over 75 or over 85, those who are over 60 living in rural county, and are a racial or ethnic minority, and those who are over 65 living alone and /or in poverty. Under the formula, regions of Idaho having a higher percentage of residents who are very old, poor, living alone, etc., receive a higher proportion of funding to offset their expected higher service demands.

Older Americans Act (OAA) Core Programs

Title III-B: Supportive Services
1. Access to Service: (OAA Section 306(a)(2)(A))
   A. Transportation
      (State Code 67-5008(1))
      Transportation services are designed to take older persons to and from community facilities and resources for the purpose of applying for and receiving services, reducing isolation, or promoting independence. IDAPA (15.01.01.010.45.)

      Each AAA, in accordance with Section 306, OAA, shall assure that continuing efforts are made to make transportation services available to older individuals residing within the geographical boundaries of the PSA. IDAPA (15.01.01.023.01.)

      1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

      Qualitative
      National Data identifies that the lack of transportation for seniors negatively impacts their ability to maintain a healthy lifestyle (National Center on Senior Transportation, 2010), causes isolation (Berke, 2014; NCST, 2010), and adversely affects their nutritional and medical needs (Koffman et al. 2010; Litman, 2010; NCST, 2010). Data also shows (Berke, 2014; NCST, 2010) that seniors who live in rural areas, in households where no car is available / who are unable to drive, and those that live alone are at higher risk for placement in assisted living or skilled nursing facilities without some means of transportation support.
Quantitative
The 2010 Census data for the senior population in PSA–V is **28,194**. Out of that population, **14,780 or 52%** live in rural areas. The local data from the (US Census Bureau, 2008-2012 American Community Survey) identified **1036 or 4%** of households (owner & renter occupied) where no vehicle is available/ persons are unable to drive. Information referenced identified other households where 1 or more vehicles was available, but did not distinguish if seniors where able to drive. Again the 2010 Census identified **4766 or 17%** of seniors in PSA-V live alone.

<table>
<thead>
<tr>
<th>County</th>
<th>Owner Occupied / No Vehicle Available / 65+</th>
<th>Renter Occupied / No Vehicle Available / 65+</th>
<th>Total Households / No Vehicle Available / 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bannock</td>
<td>347</td>
<td>226</td>
<td>573</td>
</tr>
<tr>
<td>Bear Lake</td>
<td>13</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>Bingham</td>
<td>60</td>
<td>203</td>
<td>263</td>
</tr>
<tr>
<td>Caribou</td>
<td>23</td>
<td>41</td>
<td>64</td>
</tr>
<tr>
<td>Franklin</td>
<td>35</td>
<td>16</td>
<td>51</td>
</tr>
<tr>
<td>Oneida</td>
<td>23 (+/-)</td>
<td>27</td>
<td>50</td>
</tr>
<tr>
<td>Power</td>
<td>17 (+/-)</td>
<td>17 (+/-)</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>1036</strong></td>
</tr>
</tbody>
</table>

2. How does the AAA support the above program in the PSA?

The AAA supports transportation by the participation of membership on the Idaho Transportation Department planning group known as the District Coordination Council (DCC). The DCC represents those in the local area who are low income and in poverty as well as those who are disabled and elderly. The AAA coordinates with the local 13 senior centers in southeast Idaho to further market transportation services to the elderly and disabled as well as to the general public.

3. Specifically address activities and funds that are being used to support these activities.

The AAA has budgeted $ 60,000 federal and state funding to provide services to the target population in the seven counties of southeast Idaho. For more information concerning access to these services as well as routes and costs, please contact the AAA at 233-4032 or visit the AAA website at [www.sicog.org](http://www.sicog.org)

B. Information and Assistance (I&A)
(State Code 67-5006(6))
Information and Assistance provides individuals with current information on opportunities and services available within their communities, including information relating to assistive technology. I&A assesses the problems and capacities of the individuals, links the individuals to the opportunities and services that are available and to the maximum extent practicable, ensures that the individuals receive the services needed. Additionally, I&A establishes adequate follow-up procedures.

I&A serves the entire community of older individuals, particularly, older individuals with greatest social and economic need, and older individuals at risk for institutional placement.
1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

Qualitative
According to the National Council on Aging, the number of individuals needing Information about long term care supports is projected to double. As our population ages, these long-term services and supports allow our senior population to live healthy, secure, and independent lives right in their own homes and communities. The Administration on Aging states that by 2030, there will be about 72.1 million older persons, almost twice their number in 2007.

Quantitative
The 2010 Census identifies that there are 28,194 individuals in Area V who are over 60 years of age and who may be eligible for AAA services now or sometime in the future. The 2010 Census reported that 52% of Area V elders live in rural towns outside of Pocatello and 17% live alone. According to the AAA SAMS Database, 13% took advantage of the Information and Assistance Program in the past year.

2. How does the AAA support the above program in the PSA?
Area V continues to support the Information and Assistance program as a key service to our seven county area, highlighting its ability to bring services and people together. The I & A staff stay involved in the communities we serve by creating and nurturing meaningful collaborative partnerships. An I&A Task Force was formed which meets regularly with key area partners, LIFE, Inc., Southeast Idaho Community Action Agency, Home Helpers of Idaho, the Pocatello Veterans Clinic, the Veterans County Service Coordinator and Pocatello Housing Authority, evaluating and sharing future needs of the I&A program. Presentations and outreach are also provided to the community by the I&A staff.

3. Specifically address activities and funds that are being used to support these activities.
The AAA has earmarked $126,000 of federal funding to provide these services in the seven county area of southeast Idaho to individuals 60+, their families and to the general public. For more information concerning Information about elderly services, contact the AAA at 233-4032 or visit the AAA website at www.sicog.org

C. Case Management (CM)
(IDAPA 15.01.21.010.01.) (State Code 67-5008(3))
Case management is a consumer-driven service that empowers individuals and their families to make choices concerning in-home, community-based or institutional long-term care services. (IDAPA 15.01.056.01.)

Case management provides responsible utilization of available informal (unpaid) supports before arranging for formal (paid) services. The case manager and client, or client’s legal representative shall work together in developing an Individual Supportive Service Plan (SSP) to establish the frequency and duration of needed services. Services shall be arranged subsequent to approval by the client or legal representative. Services provided shall be recorded and monitored to ensure cost effectiveness and compliance with the SSP. (IDAPA 15.01.056.07.)
Eligibility criteria for CM service—each of the following elements MUST be met by the consumer:

☐ Consumer requires minimal assistance with one or more ADLs or IADLs
☐ Consumer requires services from multiple health/social services provider
☐ Consumer is unable to obtain, coordinate, and monitor the required service for self without assistance.
☐ Consumer does not have a designated person acting on their behalf that is able and willing to provide adequate coordination and monitoring of services.
☐ Consumer agrees to receive CM service including an in-home comprehensive assessment
☐ Consumer is not eligible for duplicative CM services through any other agency.

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

Qualitative
The National Council on Aging (http://www.ncoa.org) states that the lack of community supports for elderly and frail individuals may increase hospitalizations and higher admissions to Assisted Living or Nursing homes. This national agency also suggests that failure to effectively link individuals to needed community resources could ultimately lead to a decline in health status.

Quantitative
Area V’s SAMS data from one quarter in 2012 show that 29 clients for a total of 89 units have used case management services. 2 caregivers also took advantage of case management services; with the vast majority being those living alone. The 2010 U.S Census for Area V cites that 17% of the 60+ population live alone. Without case management services these individuals may not have been able to remain independent in their communities with services.

2. How does the AAA support the above program in the PSA?

The AAA supports case management through coordination with local entities such as county hospitals, doctor offices, 10 home care agencies, 13 senior centers, and other social service agencies to assist homebound elderly needing assistance. The AAA advocates on the behalf the elderly and/or with families to coordinate these services. Information and Assistance staff does a comprehensive assessment via phone; when necessary, refers to case management for the development of the individual’s supportive services plan to work with the client and/or family for coordination of additional resources or services.

3. Specifically address activities and funds that are being used to support these activities.

AAA V has budgeted $73,500 of its state and federal funding to provide case management services to the target population in the southeast Idaho service area. For more information concerning access of these services, please contact the AAA at 208-233-4032 or get information through the AAA website at www.sicog.org
D. Outreach

(IDAPA 15.01.21.022)(OAA,Section.207.(c)(1-5))
Outreach is for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits. (Title III and VII Report Requirements)

Outreach efforts are focused on identifying those older persons who have the greatest economic or social need, with particular attention to low-income minority elderly, elderly living in rural communities, and severely disabled elderly. (IDAPA 15.01.21.022.01.)

Annually data is reviewed to determine the success in reaching those older individuals having greatest economic or social need, especially low-income minority elderly, elderly living in rural communities, and severely disabled elderly. (IDAPA 15.01.21.022.02.)

Outreach is recorded as “one-on-one contact between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted as a unit of service. Such services might be termed public information and reported on the public information category.” (Title III and VII Report Requirements).

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

Qualitative
Outreach efforts across the Nation will be expanding too many diverse populations. It is reported by the U.S. Department of Commerce that between 2010 and 2050, the U.S. population is projected to grow from 310 million to 439 million, an increase of 42 percent. The nation will also become more racially and ethnically diverse, with the aggregate minority population projected to become the majority in 2042. The population is also expected to become much older, with nearly one in five U.S. residents aged 65 and older in 2030.

Quantitative
Area V conducts outreach activities within community settings and speaking with individuals on a one-on-one basis, identifying their service needs, and if needed, providing them with information to link them with appropriate services. Outreach efforts to the Hispanic community are a large focus as well. 87 Hispanic consumers were assisted in office after learning about the services that the Area Agency on Aging offers.

2. How does the AAA support the above program in the PSA?
As the population ages and seniors desire to live at home, there is a growing need from the AAA to provide greater outreach in the area. In the next four years, the AAA seeks to support and expand its Outreach efforts by county presentation programs to make the Aging and Disability Resource concept known. The AAA will continue to encourage the senior centers to provide outreach specifically in their site areas.
3. Specifically address activities and funds that are being used to support these activities. Area V has not budgeted any federal and state funds for outreach services. Area V will provide this service as part of our responsibilities as aging staff. If additional information is needed, please call the AAA at 208-233-4032 or visit the AAA website at [www.sicog.org](http://www.sicog.org).

2. In-Home Services (OAA Section 102(a)(30))

A. Homemaker (IDAPA 15.01.01.040) (State Code 67-5008(3))

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

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

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

1. Provide a quantitative and qualitative analysis identifying how needs for the above services were assessed.

**Qualitative**

The Administration on Aging pinpointed a lack of community and family supports as being a key indicator for those 60+ entering a nursing home prematurely. The Administration on Aging also identifies information that states at least 5 out of 10 participants of those currently being served through some form of home care are age 75 years or older, living alone, and in poverty. These might be potential individuals for nursing home care if home services were not provided.

**Quantitative**

Area V’s SAMS data for fiscal year 2013 show that 56 clients utilized 3489 units of homemaker services. The 2010 U.S. Census indicates that 17% of the area’s senior population live alone, 32% are 75+ 9% are 85+, and 5% live in poverty. Without homemaker services, the area’s senior population is at increased risk for entering a nursing home.
2. How does the AAA support the above program in the PSA?

The AAA supports its Homemaker Program by contracting its Homemaker funds to ten Home Care Agencies covering the seven county area. The program unit rate per hour is standardized at $15.00 per hour of service. The AAA sponsors a quarterly Homemaker meeting for all service providers, where participants share their concerns and successes, and a speaker strategizes for the future.

3. Specifically address activities and funds that are being used to support these activities.

The AAA has budgeted $73,620 of State funds for Homemaker Services in the seven county area. If more information is needed for this service, please call 208-233-4032 or visit the AAA website at www.sicog.org

B. Chore (IDAPA 15.01.01.041) (State Code 67-5008(3))
Chore service is designed to be provided to individuals who reside in their own residence. Chore can provide assistance with routine yard work, sidewalk maintenance, heavy cleaning, or minor household maintenance to persons who have functional limitations that prohibit them from performing these tasks. Clients qualify to receive chore service if:

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

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

Qualitative
The Administration on Aging reports that basic upkeep and minor changes to a home are key for safety for any elderly resident. Between 2008-2009, Chore expenditures for the nation were at $21,061,577. Part of minor changes are the installation of grab bars in bathrooms, putting in special seating in the shower and even building ramps for a wheelchair.

Quantitative
According to the Boise State University Needs Assessment Survey, 38% of Area V’s residents do not have the ability to do heavy chores indoors or outside of their homes and reportedly have no informal supports to assist them.

2. How does the AAA support the above program in the PSA?
For the first time, the AAA supports Chore Services by budgeting dollars to provide this service. This service is for those who are homebound and have no family supports. In the past and continuing, Chore services have been provided through volunteer and private pay programs for those who could afford this service. Area V has also partnered with one of the area High School Key Clubs in setting up a volunteer program during the winter months to shovel walks for the homebound.
3. Specifically address activities and funds that are being used to support these activities.

The AAA has set aside $10,000 State Funds to initiate this in-home services. If you wish additional information about Chore Service, please call 208-233-4032 or go to the AAA website at www.sicog.org.

C. Telephone Reassurance (State Code 67-5008(3))
Telephone Reassurance allows individuals who would normally require assistance to remain in their homes. Phone calls are placed by volunteers to older individuals and disabled adults at home to ensure their well-being. Where available, Telephone Reassurance may be part of a supportive service plan including an emergency procedure to send help if the phone is unanswered.

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

Qualitative
The National Retired Senior Volunteer Program reports that many telephone assurance networks across the nation are successfully recruiting dependable church members to take turns calling the elderly once a day to speak with them, ask about health concerns and possible prayer requests.

Through the Telephone Reassurance Program, RSVP Volunteers phone individuals who are elderly, isolated, ill or lonely on a regular basis to chat and to provide contact with an outside individual. Through the course of normal conversation, volunteers discover that the client might be right for those services, activities or programs that the AAA offers and will make appropriate referrals.

Quantitative
Area V covers seven counties and 9,491 square miles, it is not always feasible or realistic that someone can make a face to face visit on a daily basis to ensure the individual’s wellbeing. Telephone Reassurance can fill that void when needed and provide an individual’s peace of mind.

2. How does the AAA support the above program in the PSA?
In order to support the choice of aging in place (home), Area V is coordinating a Telephone Reassurance Training Program with the assistance of the RSVP Volunteers in the area.

The Pink Ladies in some of the more rural county hospitals have a program in place for their area seniors. Contacts will be made to these programs to enhance and provide support to these ladies efforts.

Some local pharmacies are taking part in a telephone reassurance program by contacting their customers on a daily basis.

Area V has strong faith-based communities and some organizations are already providing this service within their churches. Area V will collaborate with them as needed and provide training and outreach and support.
3. Specifically address activities and funds that are being used to support these activities.

AAA has not set aside funds for this service, but will assist the volunteers with training in collaboration with SEICAA, the Southeast Idaho Community Action Agency, sponsor of the RSVP program. For more information, contact the AAA by phone at 233-4032.

D. Friendly Visiting  
(State Code 67-5008(3))
Friendly Visiting is performed by individuals (usually volunteers) who visit or read to an older individual during a home visit.

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

Qualitative
According to the National Council on Aging, seniors without the motivation for social interaction and friendship can experience poor health, a lack of strength and energy, depression, and other physical, emotional, and mental health problems. Weekly friendly visits can change that.

Quantitative:
Area V has 16.8% of its aging population who live alone and according to the Boise State University Needs Assessment Survey, 6% of the elderly in Idaho do not have an informal support system to call if needed. Area V served a total of 625 homebound clients in 2013.

2. How does the AAA support the above program in the PSA?

Area V supports the Friendly Visiting Program by working closely with the Meals On Wheels delivery drivers and faith based organizations. Area V is partnering with the Retired Senior Volunteer Program and United Way to train new volunteers for this program.

3. Specifically address activities and funds that are being used to support these activities.
The AAA has not allocated federal or state funds for this service, but through partnering with other local agencies for training, this service will strengthen the bonds of relationships between visitor and client for the overall good of both. For more information or to be a Friendly Visiting Volunteer, contact the AAA at 233-4032.

E. In-home Respite  
(IDAPA 15.01.01.043) (State Code 67-5008(3))
Respite is designed to encourage and support the efforts of caregivers to maintain functionally or cognitively impaired persons at home. Respite is intended to restore or maintain the physical and mental well-being of the caregiver. Paid respite staff and volunteers provide companionship or personal care services, or both, when needed for the care recipient and/or the caregiver. Respite services may include, but are not limited to, the following:

- Meeting emergency needs.
- Providing relief for the caregiver and socialization for the care recipient.
- Caregiver training.
1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

Qualitative
National data from Hartford Institute For Geriatric Nursing finds that the lack of help for a caregiver will increase stress levels, have more depression and caregivers will have lower levels of subjective well-being and physical health. Mortality rates will be higher. National data by Administration on Aging identifies that families are the major providers of long term care. Nearly 40 percent of caregivers report they have been providing care for 2-5 years while approximately 29 percent of family caregivers have been providing care for 5-10 years. Almost half of all caregivers are over age 50, making them more vulnerable to a decline in their own health, and one-third describe their own health as fair to poor.

Quantitative
Area V’s SAMS data for fiscal year 2013 show that 19 caregivers used 1119 units of respite services, with the vast majority living in poverty but who still do not qualify for Medicaid services. Without these services the caregivers would not have a break, or worse, may die and their loved ones would have to be put into a facility.

2. How does the AAA support the above program in the PSA?

The AAA supports in home respite services through coordination with local entities such as hospitals, home care agencies, and other social service agencies to assist these caregivers in getting the needed supports to ward off sadness, depression, and angry feelings. Area V has a growing Caregiver Support Group at this time. These services not only give the caregiver a break but allow the caregiver to take care of him/her self as well and cope with the changes they are dealing with.

3. Specifically address activities and funds that are being used to support these activities.

The AAA provides $30,000 of Federal III-E Caregiver funds for this service, provided by 6 Home Care Agencies in southeast Idaho at a standardized rate of pay for $15.00 / hour. If more information is needed, contact the AAA at 208-233-4032 or visit the AAA website at www.sicog.org

3. Adult Day Care
(IDAPA 15.01.01.042) (State Code 67-5008(4))

Adult Day Care is designed to meet the needs of eligible participants whose functional or cognitive abilities have deteriorated. It is intended to provide relief for care providing family members. It is a comprehensive program which provides a variety of social and other related support services in a protective setting other than the participant’s home during any part of a day, but for duration of less than twenty-four (24) hours.
1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

Qualitative
According to data from the National Adult Day Services Association (NADSA), the number of adult day care centers increased nationally by 35% over the past decade. Many of these centers are connected with nursing homes (11%), or assisted living facilities (8%) or 2% with hospitals. Services vary from center to center, but most offer a combination of both social and medical programs.

Quantitative
The AAA does not offer a specific adult day care program, but there are many of our 47 assisted living facilities who offer day services from recreation to meals and weekend respite care for seniors, as well as family support groups and socialization from isolation.

2. How does the AAA support the above program in the PSA?

The AAA supports adult day programs in the assisted living and nursing home facilities as a way of curbing isolation and depression in the senior population. This support is in the form of coordination for all facilities that sponsor adult day services.

3. Specifically address activities and funds that are being used to support these activities.

The AAA has not budgeted funds for adult day care services in Area V, but coordinate and refer elderly and families to facilities who do provide day services in the area.

4. Legal Services
(IDAPA 15.01.21.031.)
Legal services include legal advice and representation provided by an attorney to older individuals or caregivers with economic or social needs and includes:

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

Qualitative
The 2010 United States Census determined that 5,847,000 persons age 60 and older are below poverty level. Another 5,907,000 are between 100-149% of the poverty level. Access to income based Legal Services is crucial for this segment of our population. Issues that negatively impact seniors that can be resolved through access to the legal system cover a wide range, including (but not limited to): Abuse/domestic violence, discrimination, guardianship/power of attorney, health benefits, and probate. The 2010 United States Census determined that there are 10,245 grandparents in the state of Idaho responsible for grandchildren age 18 and under. The 2012 Boise State University Needs Assessment Survey indicated nearly 13% of all seniors in Idaho have legal issues and would benefit from access to the judicial system.
Quantitative
The 2010 Census data for the senior population in Area V is 28,194, of which 5% of that number are 65 years of age and living in poverty. The Boise State University Needs Assessment Survey of 2012 indicated that nearly 13% of all seniors in Idaho had legal isues and needed assistance. In the caregiver role, 8% needed help of some kind to better their role and be a support for their loved one.

2. How does the AAA support the above program in the PSA?
The AAA V contracts with the Pocatello office of Idaho Legal Aid in three specific areas of service: Adult Protection, Caregivers and Senior Citizens. The AAA V supports Idaho Legal Aid by coordinating and providing outreach and education of legal services available to seniors. Public presentations by AAA staff throughout our seven county area include services offered by Idaho Legal Aid. Joint presentations and educational forums presented by Idaho Legal Aid staff and AAA V have been conducted to reach the aging population who may benefit from legal services.

3. Specifically address activities and funds that are being used to support these activities.
AAA V has budgeted $16,000 federal funds and $8,000 State funds to provide services to the targeted population in the seven county region. For more information concerning access to these services, please contact the AAA at 208-233-4032 or visit the Aging website at www.sicog.org

Title III-C1: Congregate Meals
(IDAPA 15.01.21.011.) (State Code 67-5008(2))
Congregate meals are prepared and served in a congregate setting providing older persons a well-balanced diet, including nutrition counseling, education, and other nutrition services. The goals of providing congregate meals are to:
- Reduce hunger and food insecurity.
- Promote socialization of older individuals.
- Promote the health and well-being of older individuals by assisting them to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

One hot, or other appropriate meal, is provided in congregate settings, including adult day care facilities and multigenerational meal sites, 5 or more days a week (except in a rural area where such frequency is not feasible). Established procedures allow a nutrition site coordinator options for offering meals to:
- Participating older individuals and individuals providing volunteer services during the meal hours.
- Individuals with disabilities who reside at home with older eligible individuals.
- Spouse of eligible individual.
- Individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided.
1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

Qualitative:
According to the National Feeding America data of 2011, 8.4% of all seniors experienced some food insecurity. For elderly, protecting oneself from not having enough to eat and dire hunger was more difficult than for the general population. This percentage is projected to increase by 50% as the Baby Boomer Generation reaches age 60 in 2025.

Quantitative:
The senior population in Area V according to the 2010 Census is 28,194. The SAMS Database states that in 2013, 8% or 2158 of all Area V clients participated in the congregate meals served at 13 local centers. With a 20% increase of the 65+ population going to the Idaho FoodBank in Pocatello, there is a higher risk of elderly people making difficult choices about food over monthly payments for medicines and utilities to sustain themselves at home.

2. How does the AAA support the above program in the PSA?

The AAA V contracts with thirteen senior centers for Congregate Meals. The standardized unit rate per Congregate Meal is $3.25/meal for 60+ elderly. A suggested donation is established and posted in each senior center for those elderly who wish to contribute to the cost of the meal. Quarterly the managers meet in Pocatello with the AAA and share projections for the future. The Registered Dietitian of the AAA sponsors a training session during this time as well relating to menus, sanitation and disaster planning.

3. Specifically address activities and funds that are being used to support these activities.

AAA has budgeted $227,195 Federal funding to provide services to those 60+ population in greatest social and economic need. For more information and a listing of meals sites in the seven county of southeast Idaho, contact the AAA at 208-233-4032 or get information off our website at www.sicog.org

Title III-C2: Home Delivered Meals (HDM)
(IDAPA 15.01.21.011) (State Code 67-5008(3))
The Home Delivered Meals program provides at least one home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods, for five or more days a week. Meal providers offer nutrition education, nutrition counseling, and other nutrition services based on the needs of meal participants.

The consumer must meet all eligibility criteria of A-E or otherwise meet one eligibility criteria through F.
A. ☐ The consumer must be 60 years of age or older.
B. ☐ The consumer must be Homebound.
C. ☐ The consumer must be Frail (must have at least 2 ADL’s).
D. ☐ The consumer must be unable to independently prepare a meal.
E. ☐ The consumer is not eligible for duplicative HDM services through any other agency.
Other eligible individual(s):

- ☐ Spouse under 60 of an eligible client who is receiving HDM service.
- ☐ Disabled child of an eligible client who is receiving HDM service.
- ☐ Caregiver over 55 years of age, caring for an eligible client who is receiving HDM service.

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

**Qualitative:**
The National Feeding America Senior Hunger Study cites that those elderly living in poverty, 9.1% aged 65 and older, at times did not have enough money to purchase food. 30% of client households with seniors did not have the resources to access or prepare food and had to choose between food and medical care.

**Quantitative**
The SAMS database for Area V cites that 500 participants (2%) took advantage of home delivered meals in 2013. Since 17% of the 65+ population in the area is living alone and furthermore, with 5% of those living in poverty, a greater outreach effort will be made for marketing the Home Delivered Meals Service in the seven county area.
The 2012 Boise State University Needs Assessment Survey states that 9% of seniors do not have enough to eat; that same percentage requires some assistance in the preparation of a meal. 16% of seniors in Area V receive some support from outside agencies, and one of these services is Home Delivered Meals.

2. How does the AAA support the above program in the PSA?

The AAA V contracts with 12 senior providers for Home Delivered Meals. The AAA pays each provider $3.50/meal delivered, the standardized unit rate per meal for those 60+ elderly who are frail, homebound and do not drive a car. The homebound senior is free to donate towards the cost of the meals delivered. Area V’s largest contractor is SEICAA Meals On Wheels in the greater Pocatello area, which delivers 125 meals daily. All providers deliver meals to the participant with the outreach factor to ascertain the client’s status. Needs expressed are reported to the provider who does follow-up on the client. The total meal count for 2012 was 48,536 and for 2013, meals served totaled 50,972, a five percent increase over the previous year.

3. Specifically address activities and funds that are being used to support these activities.

The AAA has earmarked $193,845 federal and state dollars for Home Delivered Meals service. For additional information about this much needed service, call the AAA at 208-233-4032, or visit the AAA website at sicog.org
Nutritional Service Incentive Program (NSIP)
(IDAPA 15.01.21.011)
Provide supplemental incentive funding to each Area Agency on Aging to be distributed to the meal sites based on the number of meals served in the prior year.
- Funds cannot be used for administrative cost and must go directly to purchasing food.
- Area Agencies on Aging have an option to decide if they want their award in cash or in commodities.

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

Qualitative
The Department of Health and Human Services Administration on Community Living/Administration on Aging administers the NSIP Program and provides State agencies the funds to purchase food. These funds, in part or in total are used to purchase food to enhance senior congregate and home delivered meals programs in the country. These funds, coupled with the Title III-C Older American Act funds help to reduce hunger and food insecurity, and promote the health and well-being of older individuals. 2.4 million dollars were allocated and distributed to states in 2013.

Quantitative
Area V received $85,003 for fiscal year 2013 for 130,104 meals served for fiscal year 2012. These funds helped to increase the senior centers’ nutrition program’s raw food budget to ward off occasions for seniors going hungry. With 5% of the Area V’s senior population living in poverty, and 32% aged 75+, these funds help to enhance the quality of meal served to seniors in this area.

2. How does the AAA support the above program in the PSA?
Area V supports this program by allocating NSIP funds to the 13 area senior service providers. All Area V nutrition service providers have opted for 100% cash over actual USDA commodities. These funds are used specifically for raw food costs and not for administrative or other operational costs in the program.

3. Specifically address activities and funds that are being used to support these activities.
Funds are distributed by developing a percentage of meals served per provider from the previous year with that of the area’s total. Payments are made to the provider within ten days of receipt of funds.

Title III-D: Disease Prevention and Health Promotion Services (OAA.Section.214.)
Title III-D of the OAA provides limited funding for disease prevention and health promotion. Disease prevention covers measures not only to prevent the occurrence of disease, but also to arrest its progress and reduce its consequences. Health promotion is the process of enabling people to increase control over, and to improve their health. Health education reduces the need for costly medical interventions.

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.
Qualitative
According to the Centers for Disease Control in Atlanta, GA, by 2015, one in every five persons will be between the ages of 50 and 64. As individuals enter this age group, 70% will already be diagnosed with at least one chronic condition and nearly half will have two or more. The resulting disease and disability may seriously compromise their ability to carry out the multiple roles they play at this point in their lives. Regular preventive screenings can effectively impact the health of the upcoming senior population.

Quantitative
According to the Boise State University Needs Assessment Survey, 15% of Idaho seniors have major health problems with two or more chronic health ailments. As the senior ages, the higher this percentage is projected to be. Age compounded by loneliness and depression can only exacerbate the situation.

2. How does the AAA support the above program in the PSA?
The AAA supports Health Promotion programs by contracting with the ISU Pharmacy Department at the Physician Residency Center in Pocatello to concentrate on the Area V homebound elderly for medication management and reconciliation. Initially, these clients will be those receiving home delivered meals. An added advantage to this health promotion program is for all residency doctors as he/she will experience first hand how the elderly live in their homes.

3. Specifically address activities and funds that are being used to support these activities.
The Area Agency on Aging contracts $15,000 Title III-D funds to ISU for this service. If more information is needed about health promotion for seniors, contact the AAA at 208-233-4032 or visit the Aging website at [www.sicog.org](http://www.sicog.org)

Title III-E: National Family Caregiver Support Program (NFCSP) (OAA. Section 373.)
The National Family Caregiver Support Program is funded by Title III-E and supports coordination of community and volunteer-based organizations that provide relief to families who would otherwise become weary from the demands of caregiving.

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

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

Qualitative
According to the American Association for Marriage and Family Therapy, nearly 25% of US households are providing care to individuals 50 years of age and older. Of those providing care to loved ones, 80% are stressed or depressed, caregivers are experiencing physical health problems themselves, such as more colds and other viral illnesses. It is noted within the report that strained caregiver spouses are at increased risk of dying.
Quantitative
According to the 2012 Boise State University Needs Assessment Survey results, 8.5% of the survey respondents declared themselves as caregivers in Area V. Of those respondents, nearly 98% stated they were aware of the various services in Area V. These caregivers are seeking assistance and support from faith-based organizations, families, clubs or groups of various kinds for continued support for themselves and those they care for.

2. How does the AAA support the above program in the PSA?

The AAA supports the Caregiver Program by budgeting funds for Caregiver Home Delivered Meals as well as caregiver legal, respite and chore services. Caregiver support groups are also held monthly, giving caregivers the personal time needed to be successful caregivers. The I&A staff also use this opportunity to discern the existing needs of an in home caregiver.

3. Specifically address activities and funds that are being used to support these activities.

The AAA allot over $100,000 for caregiver services. If additional information is needed, contact the AAA at 208-233-4032 or visit the AAA website at www.sicog.org

Title III and Title VII: Ombudsman
(IDAPA 15.01.03) (State Code 67-5008(5))
Titles III and VII of the OAA authorize the Long-Term Care Ombudsman Program to work toward improving the quality of life of residents in nursing homes and assisted living facilities. The Ombudsman program provides a mechanism to receive, investigate, and resolve complaints made by, or on behalf of, residents of long-term care facilities.

The Ombudsman visits long-term care facilities to monitor conditions, provide education regarding long-term care issues, and identify long-term care concerns.

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

Qualitative
National data derived from the National Ombudsman Resource Center (NORs) indicate that maintaining the health, safety, welfare and rights of persons residing within long term care facilities will continue to be a foremost concern with state long term care ombudsman. These issues negatively impact the quality of life for seniors. Widely reported substandard care issues dominate Ombudsman caseloads across the nation. In 2012, 193,650 complaints were investigated within 16,528 long term care facilities across the nation (NORs). A study (Broyles, 2000) interviewed 2,000 individuals residing in long term care facilities, “44% stated they had been abused and 95% stated they had been neglected or seen another resident neglected”.

Quantitative
As of 2013, Area V’s 47 assisted living facilities and 12 long term care facilities were visited and reviewed on a quarterly bases. During 2013, 125 clients were served, 286 complaints were investigated and 184 consultations were completed. These activities were conducted by AAA V Sub State Ombudsman and Volunteer Ombudsman.
2. How does the AAA support the above program in the PSA?
The AAA supports Ombudsman through participating in coordination with multiple agencies within our Area V that serve the 60+ population residing in Long Term Care facilities. The Ombudsman coordinates with ISU Social Work Department to educate new Social Workers on ever changing issues of Long Term Care. The Area V Ombudsman and H&W Regional Medicaid meet monthly to coordinate services and advocate for individuals on the Aged and Disability Waivered Service residing in long term care facilities. The Ombudsman also participates with the iCARE Committee which advocates for culture change within long term care settings.

3. Specifically address activities and funds that are being used to support these activities.
AAA V has budgeted $59,600 of State Funds to support the Ombudsman services for long term care residents in the seven county service area. For more information concerning access of these services, please contact the AAA at 208-233-4032 or get information through the Aging website at www.sicog.org

Title VII: Vulnerable Elder Rights Protection (OAA.Section.705.(a)(A))
Title VII of the OAA established the Prevention of Elder Abuse, Neglect, and Exploitation Program to promote activities to develop, strengthen, and carry out public education and outreach to identify and prevent elder abuse, neglect, and exploitation.

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

Qualitative
The National Committee for the Prevention of Elder Abuse has estimated that tens of billions of dollars are spent each year “in health care, social services, investigative and legal costs and lost income and assets” in Elder Abuse and mistreatment cases. The Administration on Aging in 2012 expended $4,986,098 for prevention of Elder Abuse, neglect and exploitation. National data includes a study (Broyles, 2000) which interviewed 2,000 Individuals residing in long term care facilities, “44% stated they had been abused and 95% stated they had been neglected or seen another resident neglected”.

Quantitative
The Ombudsman in PSA V provides education to 12 long term care facilities, families and individuals in a coordinated effort to raise awareness and enhance prevention of Elder Abuse.

2. How does the AAA support the above program in the PSA?
The AAA supports the program under Title VII to enhance the Ombudsman Program to carry out specific presentations which address the above issues. Public education/presentations are also given to ISU students and interns who wish to pursue geriatric social work in the field of advocacy. An annual Residents Rights Week is sponsored in October to highlight this important issue.

3. Specifically address activities and funds that are being used to support these activities.
The AAA earmarks the entire Title VII Budget of $ 8806 to the Ombudsman Program for the purposes stated above. For additional information on the Elderly Rights Protection, call 208-233-4032 or visit the Aging website at www.sicog.org
Title V: Senior Community Service Employment Program (SCSEP)(OAA.Section502.)

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

Requirements are:

- The dual goals of the program are to promote useful opportunities in community service activities through training assignments in public and non-profit agencies and to provide participants with the skills they need to move into unsubsidized employment, so they can achieve economic self-sufficiency.

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

Qualitative

The US Bureau of Labor Statistics states that people 65 and older are working more than ever. As the Baby Boomers continue to age, the number of 65-and-older workers will continue to rise as well. In 2011, there were 10,000 Boomers retiring EVERY DAY and this trend will continue for the next 19 YEARS! Senior citizens throughout this country are making a choice to work. Money is a big factor, but seniors want to avoid boredom, feel useful, connect with others and most importantly, learn new things. The number of employed men 65+ rose 75% between 2002-2010, while the number of employed 65+-women jumped over 90% in those same years.

Quantitative

Older Workers (55+) under the Senior Experience Program have 20 slots open for them. In four of the Area V seven counties, 15 are filled and five are pending. Four of these seniors employed are over the age of 75.

63% of Area V respondents to the ICOA Needs Assessment said they were not interested in working for pay, but 19% declared they would work for pay as often as they chose to work.

2. How does the AAA support the above program in the PSA?

The AAA supports the Senior Employment Program by housing its program at the AAA. Its Regional Coordinator is also a member of the Area Advisory Council and reports monthly on the status of this program. Coordinator states that senior workers are often attractive to employers. Seniors rely on Medicare and generally prefer to work part time, making them a lot cheaper to employ than full-time staff with healthcare benefits. And because they tend to have a lot of experience and be rooted in their communities, they also tend to be highly reliable.
3. Specifically address activities and funds that are being used to support these activities.

Area V does not allocate any funds to this endeavor, but assists in the referral process (1-2 monthly) to Experience Works.

**Older Americans Act Discretionary Programs**

**Senior Medicare Patrol (SMP)**

Senior Medicare Patrol is a nationwide program funded by the Administration for Community Living in partnership with Centers for Medicare and Medicaid (CMS) to identify and prevent Medicare/Medicaid fraud. SMP empowers and assists Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. The SMP program coordinates with the Idaho Department of Insurance’s Senior Health Insurance Benefits Advisors (SHIBA) program. SMP creates and supports education opportunities for consumers and the public about fraud, such as financial exploitation, identity theft, computer, mail and telemarketing scams.

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

**Qualitative**

The United States spends more than $2 trillion on health care every year. The National Health Care Anti-Fraud Association estimates conservatively that at least 3 percent -- or more than $60 billion dollars each year -- is lost to fraud. Although it is not possible to measure precisely the extent of fraud in Medicare and Medicaid, the Office of the Inspector General (OIG) continues to find fraud against these programs. ... OIG opened 1,750 new health care fraud investigations in FY 2008."

**Quantitative**

In 2013, according to the Client Contact sheets in SHIP TALK, Area V counseled 504 Medicare Beneficiaries individually, provided 38 outreach and public events, such as health fairs, and sponsored articles and publications, reaching over 50,000 readers.

The SMP program helps Medicare and Medicaid beneficiaries avoid, detect, and prevent health care fraud. SMP staff and volunteers work with individual beneficiaries to review Medicare Summary Notices for accuracy, make presentations to groups about how to avoid getting taken by scam artists, exhibit at community health fairs and more.

2. How does the AAA support the above program in the PSA?

Area V supports this program by providing education and outreach to Medicare Beneficiaries and their families throughout the seven county area. Area V currently has one active Volunteer who is assisting with SMP awareness in the Hispanic community. Area V is proud of the strong partnerships that have evolved due to continuous outreach efforts.
3. Specifically address activities and funds that are being used to support these activities.

Area V has received $40,000 for SMP efforts to secure volunteers to raise awareness to prevent Medicare/Medicaid fraud.

Aging and Disability Resource Center (ADRC) (State Code 67-5006(8))

The Aging and Disability Resource Center is “a single access point” for Long-term Care services and resources and provides options counseling for non-OAA funded programs. The Idaho ADRC concept is guided by the goals and objectives of the Idaho ADRC Five Year Plan. Through a Memorandum of Understanding, the ICOA has designated Idaho’s six AAAs as local ADRC sites. The Aging and Disability Resource Centers can be accessed through the 211 CareLine as well.

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

Qualitative

According to the National ADRC Website, the Aging and Disability Resource Centers began as a joint or collaborative effort between the Administration on Community Living and the Centers for Medicare and Medicaid. By 2012, all 50 states and 4 territories had the beginnings of an ADRC program which assisted individuals of all ages to find much needed information about services and supports for their elderly and disabled loved ones. Programs such as Benefits counseling and Options counseling were among the leading services offered for support.

Quantitative

The ADRC program can only work if staunch partnerships are in place according to the Five Year Plan initiated by the Idaho Commission on Aging. These stakeholders assist in the collaborative efforts of streamlining access to services. Each of the six AAAs are designated as ADRCs and work with Health and Welfare’s 211 CareLine to access services and programs. Concentration on maintaining elderly and disabled people at home with services is a major goal for all ADRC’s, especially assisting those who wish to return home from nursing facilities and live independently --- Options Counseling and Idaho Home Choice for person-centered transitional services.

2. How does the AAA support the above program in the PSA?

AAA V is designated as an ADRC for southeast Idaho. The AAA supports the ADRC program in the following ways:

- Area V has a signed MOA with LIFE, Inc. This partnership is very active and creative in its approach to helping seniors and disabled address and secure much needed services.
- LIFE, Inc.scheduled Options Counseling Training October 2013.
- Strong partnership between AAA and the regional SHIBA office to provide Benefits Counseling for the Open Enrollment Period in the seven county area.
3. Specifically address activities and funds that are being used to support these activities.

The AAA does not have separate funds to provide this service, but the ADRC is an overall concept embraced by the AAA and lends a single door access for individuals looking for information and supports for loved ones. For additional information, contact the AAA at 208-233-4032 or visit the Aging website at [www.sicog.org](http://www.sicog.org)

**Money Follows the Person/ADRC (MFP)**

The goal of the Money Follows the Person/Aging and Disability Resource Center grant is to strengthen the role of the ADRC with respect to coordinating transitions from nursing homes (and other MFP qualified institutional settings) to community based settings for older adults and people with disabilities or chronic conditions. The objectives of the MFP/ADRC grant is to provide a web-based self-assessment tool, provide a shared definition of Options Counseling between the Centers for Independent Living and the Area Agencies on Aging and develop a process for the Local Ombudsman to act as the Local Contact Agency for the Minimum Data Set 3.0 Section Q.

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

**Qualitative**

According to the Medicaid.gov website, 44 states and the District of Columbia are participating in this program. Money Follows the Person has transitioned over 31,000 individuals from institutional settings to community based living as of December 2012. This program assists states in the re-balancing of its Medicaid budgets and gives the nursing home resident a choice of where he/she desires to live in the community.

**Quantitative**

According to the Health and Welfare Idaho Home Choice website as of January 2014, 149 residents have taken part in the Money Follows the Person Program in Idaho. These participants are coming from various regions of the state, with Region 6 of southeast Idaho having 16 clients participating in this program. 85% of respondents to the Boise State University Needs Assessment Survey stated that they wanted to remain in their own homes because it is a good place to grow old, whether that be in a city or in the rural environs.

2. How does the AAA support the above program in the PSA?

The AAA supports Idaho’s Home Choice Program (MFP) with the Area V Ombudsman taking an active part with nursing home residents who express wishes to return home or live in alternate housing in the community. As of 2013, three have expressed interest in looking into the transitional phase. Seven AAA staff took the three day training and became Transition Managers for this program. The AAA partners with Life, Inc. through a Memorandum of Agreement to assist individuals in transitioning residents into community living.
3. Specifically address activities and funds that are being used to support these activities. Presently, there are no specific funds allocated to this program, but within the AAA goals for the ADRC concept of providing options for all older and disabled persons, this service coordinates with overall strategies of the AAA. For additional information about the Idaho Home Choice Program, call 208-233-4032 or visit the Aging website at [www.sicog.org](http://www.sicog.org).

**Veterans Directed Home and Community Based Services (VD-HCBS)**

The VD-HCBS program provides Veterans the opportunity to self-direct their long-term supports and services that enable them to avoid institutionalization and continue to live independently at home. Veterans enrolled in VD-HCBS have the opportunity to manage their own flexible budgets, to decide for themselves what mix of goods and services best meet their needs, and to hire and supervise their own workers. The Aging Network provides facilitated assessment and care/service planning, arranges fiscal management services, and provides ongoing options counseling and support to Veterans.

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

**Qualitative**

The Veterans Directed Home and Community Based Services Program (VD-HCBS) is serving nearly 1400 Veterans nationwide in 23 States and the District of Columbia (US Department of Health and Human Services Administration for Community Living April 2012). The program is being offered through collaboration with over 40 Veterans Affairs Medical Centers (VAMCs) and more than 90 Aging and Disability network agencies. (US Department of Health and Human Services Administration for Community Living). The goal of the VD-HCBS Program is to provide veterans and their families the services they need within their own communities.

**Quantitative**

Even though the AAA does not have a contract with this program, work continues to forge ahead for a contractual agreement with VD-HCBS and the VISN (Veterans Integrated Service Networks) in Salt Lake City in the near future. The AAA in PSA III (Boise) is the only collaborative project in Idaho at this time.

There are over 130,000 Veterans in Idaho—12% of the adult population. The AAA strives to continue serving the 60+ Veteran population through services under the Older Americans Act.

2. How does the AAA support the above program in the PSA?

The AAA supports Veterans Services through partnerships with the VA Clinic, VA Hospital, the State Service Officer for Veterans Services, and with the seven VA County Service Coordinators within Area V. The AAA Information and Assistance program provides a wide array of information critical to veterans, their caregivers and families. This program is accessed via telephone, website, and visits to the AAA offices.
3. Specifically address activities and funds that are being used to support these activities. The AAA does not have VD-HCBS funds at this time, but assists 60+ veterans with Older American Act funding through its current social services program.

**Title VI Coordination**

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

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

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

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

**Qualitative**

2010 Census indicates there are 370,494 American Indian and Alaska Natives living in the US, with 21,441 residing in Idaho. The percentage of American Indians living below the poverty line is 28.2% in the US and as high as 63% for those living on reservations. (2008, American Indians Census Facts). The high levels of poverty negatively impacts tribal seniors nutritional and medical needs. Indian Health Services and the Tribal Nutrition Programs provide services to address many of the barriers senior tribal members encounter which can place them at risk.

**Quantitative**

According to the 2010 Census, there is a total of 3201 individuals in Fort Hall, Idaho, of which 650 or 26% are 50 years of age and older. 45.8% of the residents live at the poverty level, in comparison to 19.9% statewide.

2. How does the AAA support the above program in the PSA?

Area V partners and collaborates with the Shoshone-Bannock Tribal Aging Program in Fort Hall in the following ways:

1) The Title VI Adult Protection staff comes to the AAA to meet with the Area V APS staff to review the difficult APS cases in Fort Hall.
2) The Shoshone-Bannock Tribes invite the AAA to its annual Health Fair for SMP and general information on aging services.
3) The Title VI Aging Program has invited the AAA staff to present various topics on aging, specifically Alzheimer’s and Dementia.
3. Specifically address activities and funds that are being used to support these activities.
The AAA does not budget funds for this program; it is strictly a coordination effort between the two agencies. The Shoshone Bannock Tribes receive their funding from Title VI of the Older Americans Act.

State Program

Adult Protection Services (AP) (IDAPA 15.01.02)(State Code 67-5011)(IC 39-53 Health and Safety)

Adult Protection (AP) provides services to protect vulnerable adults from abuse, neglect, and exploitation. The AP services are also intended to provide assistance to care giving families experiencing difficulties in maintaining functionally impaired relatives in the household. The AP program focuses on promoting education as a means of prevention.

1. Provide a quantitative and qualitative analysis identifying how needs for the above service were assessed.

Qualitative
National data derived from the National Elder Abuse Incidence Study (National Center on Elder Abuse, 1998) estimated that 84% of incidents of abuse go unreported. Across the nation, Elder Abuse is the collective term for physical, sexual and mental mistreatment, financial exploitation and neglect. The National Committee for the Prevention of Elder Abuse has estimated that tens of billions of dollars are spent each year “in health care, social services, investigative and legal costs and lost income and assets” in Elder Abuse cases. The negative impact on the physical and mental health of victims is staggering. Those who have experienced elder abuse are at a higher risk of loss of independence, facility placement and have a shortened life span by 7 to 9 years. (Dong X, Simon M, Mendes de Leon C, Fulmer T, Beck T, Hebert L, et al. (2009).

Quantitative
The 2010 Census data for the senior population 60+ in Area V is 28,194. Census statistics also show approximately 72,000 persons age 18 to 64 reported a work limitation/disability. From these numbers, an unknown number is considered vulnerable under IDAPA 15.01.02. During 2013, Adult Protection in Area V served 367 clients and conducted 331 investigations.

2. How does the AAA support the above program in the PSA?

The AAA supports Adult Protection (AP) through participating in coordination with multiple agencies within the seven county area which serves the vulnerable adult 18+ as well as those 60+. AP coordinates with the Shoshone Bannock Tribal Adult Protection Services to serve the needs of Native Americans living on and off the Fort Hall Reservation. AP participates on the Area 5 & 6 Mental Health Task Force. AP and H&W Regional Medicaid meet each month to coordinate services to reduce the risk of Aged and Disability Waivered Service participants who are victims of Abuse, Neglect or Exploitation. AP provides presentations throughout the area to educate, prevent and heighten awareness regarding all aspects of elder abuse and exploitation.
3. Specifically address activities and funds that are being used to support these activities.

AAA V budgets $154,557.00 of State funding to provide services to the targeted population in the seven county areas. For more information concerning these services, please contact the AAA at 208-233-4032 or visit the Aging website at www.sicog.org.
Planning and Service Areas

Overview

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

Demographic Information:

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 2010 Census, the total population in PSA V was 116,284, of which 28,194 (17%) individuals were over the age of 60. The at risk populations which factors in Idahoans of 65+ living in poverty, Idahoans of 65+ living alone, Idahoans living in a rural county, racial minorities, Persons 60+ and Hispanic, Idahoans aged 75 and older & also 85 and older is 53,139.

Cost Sharing

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

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

When using Federal funds to provide a service, cost sharing by a low-income older individual is not allowed if their income is below 150% the Federal Poverty Guidelines. Assets, savings, or other property owned by older individuals are not considered when defining low-income individuals exempt from cost sharing. Older individuals’ eligibility for cost share is determined by a confidential declaration of income. If Idaho permits cost sharing for programs and services that utilize federal funds, then the State shall establish a sliding fee scale, based solely on individual income and the cost of delivering services. Idaho and its AAAs will not deny any service to an older individual due to their income or their failure to make a cost sharing payment.

Rules governing State Act programs also permit cost sharing in the form of a sliding fee scale for services supported with state funds. Cost sharing payments are required from certain clients receiving Homemaker services. Clients, whose household income exceeds 150% of poverty, after certain adjustments for medical expenses, are required to make a cost sharing payment according to an ICOA sliding fee scale. ICOA updates the sliding fee scale annually. A copy of the sliding fee scale is attached as Attachment 3D.

Both the OAA and Idaho’s rules governing State Act programs and services provide that the State, AAAs, and providers, will protect the privacy and confidentiality of each older individual, and that the State, AAAs and providers will maintain records of cost sharing payments received and will use each collected cost share payment to expand the service for which such payment was given.
AAA Collaborative Partners
The Area V Agency on Aging has developed a number of significant partnerships with the following agencies:

**The Pocatello Regional Transit** is a program that the AAA has partnered with since 1976. The system began as Pocatello’s only bus system, but in the 37 years of operation, the AAA assisted in its becoming a public transportation system for all seven counties. Through survey conducted in the seven county area and seniors desirous to participate in the regional bus system, it is a model for Idaho because of the other 12 partners on the transportation council. Collaboration is the key.

**Life, Inc.** is a relatively new partner in the AAA world of planning services. With the recent signed MOA with Life, Inc., the AAA has utilized Life’s expertise in serving the disability community. The AAA has collaborated with Idaho Falls’ Assistive Technology Lending Closet with Life, Inc. and that has been very productive in keeping elderly in their homes with AT equipment and supplies.

A promising partnership is the **Care Transitions** in Pocatello Regional Medical Center. The AAA Director and Information and Assistance Coordinator attend the quarterly Acute Care Meetings at the hospital, and since we are the only non-health or medical agency in attendance, this gives the AAA a first-hand preview of what the hospital and home health agencies are facing regarding upcoming care for the elderly. It is also a great place to promote our aging services, and engage in fact-finding issues.

**Idaho State University Pharmacy Department** is proving to be a budding partnership. Their department is anxious to get the word out about drugs for the elderly, how and when to take them for best results, as well as what to do with discontinued medications. The AAA proposed the drafting of a newsletter to disseminate information, and with the help of interns and students, they publish a one-page information letter each month for the AAA.

**SHIBA (Senior Health Insurance Benefits Advisors)** has assisted the AAA with a number of health fairs and in-services, especially in understanding the Medicare Part D program. Our SMP staff person spent two years co-located in its office to gain first-hand information and knowledge about the Medicare and Medicaid system. Currently, the partnership has developed that the AAA is assisting all Hispanic elders with Open Enrollment and Medicare/Medicaid/Social Security issues.
### AAA Strategic Plan: Goals, Objectives, Strategies, Measures and Baselines

The AAA V goals and objectives are parallel to those found in the Plan submitted by the Idaho Commission on Aging. The strategies, baseline and measure sections below reflect the work researched by the AAA staff, the Advisory Council members and partners for the AAA. Steering Committee members reviewed sections of the Plan and will make comments as they see fit.

<table>
<thead>
<tr>
<th>ICOA Goal 1: Improve opportunities to access up-to-date community resources addressing health and long-term care options for Idahoans.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICOA Objective 1: Increase outreach efforts to target population.</td>
</tr>
<tr>
<td><strong>AAA Strategy 1:</strong> Target small rural cities annually in Area V to outreach for AAA services</td>
</tr>
<tr>
<td><strong>AAA Strategy 2:</strong> Continue to promote caregiver services in Area V through KinCare presentations and its Newsletter</td>
</tr>
<tr>
<td><strong>AAA Strategy 3:</strong> Engage and train AAA Advisory Council members to outreach the elderly and agencies in their specific localities</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>ICOA Objective 2: Strengthen and sustain the “AAA’s” ADRC website and services as the single entry point for public and private resources.</th>
</tr>
</thead>
</table>
| **AAA Strategy 1:** Activate the 2013 signed MOA with LIFE, Inc. | **Baseline:** The AAA needs to identify on a practical basis future collaboration efforts with LIFE, Inc. | **Measure:** Meet with Life, Inc. once a month to identify, define and exchange ideas for greater involvement with the ADRC.
### AAA Strategy 2:
Evaluate how to better market the Area V Senior Resource Directory.

**Baseline:** More Baby Boomers across the country are seeking information through the SICOG Website.

**Measure:** Schedule a quarterly meeting with ISU Webmaster to enhance the marketing of resource information and promote the ADRC concept.

### AAA Strategy 3:
Enhance the Area V’s website with new partners’ website information in order to become a greater one-stop clearinghouse.

**Baseline:** Currently the AAA/ADRC website is the focus for exhibiting minimal information about AAA partners/ collaborators who also serve the elderly and disabled.

**Measure:** Identify and publicize three new partners a year for a more viable ADRC website.

### ICOA Objective 3: Improve the collection and distribution of resource information on the ADRC website and local AAA offices.

#### AAA Strategy 1:
Publicize the SMP Program for an increase of minority participation.

**Baseline:** The SMP Program through Open Enrollment is seeing an increase in services to minorities by 13%.

**Measure:** Distribute 100 brochures and other resource materials annually to Hispanics and pursue a Spanish section on SICOG’s website.

#### AAA Strategy 2:
Research the financial possibility of certification for additional I&A staff

**Baseline:** Currently there is one certified I&A staff.

**Measure:** If funding is possible, certify three additional I&A counselors in the next 4 years for greater efficiency of data collection.

#### AAA Strategy 3:
Establish additional features to the ADRC website to improve quality of information for the consumer.

**Baseline:** Presently, there is no method of tracking website utilization or obtaining user feedback.

**Measure:** AAA will increase traffic to SICOG’s AAA website by 20% annually because of Outreach and increased publicity of services.
**ICOA Goal 2: Strengthen existing home and community-based and evidence-based services.**

**ICOA Objective 1: Increase the efficiency and effectiveness of home and community-based services.**

<table>
<thead>
<tr>
<th>AAA Strategy</th>
<th>Description</th>
<th>Baseline</th>
<th>Measure</th>
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</thead>
<tbody>
<tr>
<td><strong>AAA Strategy 1:</strong></td>
<td>Initiate a Chore Service in Area V.</td>
<td>The AAA currently does not have this service and has had requests for assistance.</td>
<td>The AAA will identify providers in the area to begin service in 2 counties per year.</td>
</tr>
<tr>
<td><strong>AAA Strategy 2:</strong></td>
<td>Support Area V homebound elderly in time of a disaster</td>
<td>85% of the people surveyed stated they wished to remain in their own home for as long as possible.</td>
<td>To partner with 2 counties annually to utilize its GIS program to map the homes of homebound elderly for services and health assistance.</td>
</tr>
<tr>
<td><strong>AAA Strategy 3:</strong></td>
<td>Partner with Pocatello Regional Transit to increase its elderly ridership on the Public Transportation System.</td>
<td>Pocatello Regional Transit is the sole transportation provider in Area V.</td>
<td>Collaborate with the District 5 Mobility Manager to evaluate the current area transportation system and discern how to increase both urban and rural ridership in the seven county area by 10% annually.</td>
</tr>
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</table>

**ICOA Objective 2: Build participation in evidence based-services.**

<table>
<thead>
<tr>
<th>AAA Strategy</th>
<th>Description</th>
<th>Baseline</th>
<th>Measure</th>
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</thead>
<tbody>
<tr>
<td><strong>AAA Strategy 1:</strong></td>
<td>Partner with Idaho State University Rural Health Institute to sponsor workshops or printed materials on Suicide Prevention.</td>
<td>The AAA receives information from SPAN (Suicide Prevention Action Network) Idaho from Boise and the ISU Rural Health Department regarding suicide rates in all the 44 counties of Idaho.</td>
<td>The AAA will partner with ISU Rural Health and its SPAN Program to disseminate brochures and suicide information quarterly to service providers, and annually co-sponsor a workshop with ISU for 25-50 people about the warning signs and preventive measures.</td>
</tr>
<tr>
<td><strong>AAA Strategy 2:</strong></td>
<td>Implement a medication management &amp; reconciliation education program.</td>
<td>The AAA is researching a partnership with Idaho State University for medication-related problems, such as drug interactions and medication reconciliation.</td>
<td>The AAA will partner with ISU Pharmacy to implement a medication management and reconciliation program, specifically to serve 60 homebound elderly yearly.</td>
</tr>
<tr>
<td><strong>AAA Strategy 3:</strong></td>
<td>Research with local dentists to begin a “Healthy Dental Program” for the elderly.</td>
<td>Currently the AAA has no involvement with a dental health program in any of its seven counties.</td>
<td>The AAA will seek the involvement of 2 dentists to provide services at free or reduced rates for low income seniors.</td>
</tr>
<tr>
<td>ICOA Goal 3: Promote healthy and active lifestyles for Idahoans.</td>
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<td>---------------------------------------------------------------</td>
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<tr>
<td><strong>ICOA Objective 1: Provide additional opportunities for older adults to engage in social and physical activity to develop healthy behaviors.</strong></td>
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<tr>
<td><strong>AAA Strategy 1:</strong> Initiate an Area V Senior Center Task Force to be a resource for nutritious meals and greater physical activities. <strong>Baseline:</strong> The AAA and its Registered Dietitian are attempting to address and improve the overall nutritional health and physical activities of the southeast Idaho seniors. <strong>Measure:</strong> The AAA will form a 5 member Nutrition and Health Task Force comprised of representatives from senior centers, a medical center, home health and a business leader to meet quarterly to address future needs of Area V Senior Centers.</td>
<td></td>
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</tr>
<tr>
<td><strong>AAA Strategy 2:</strong> Continue to promote senior involvement in the Southeast Idaho Senior Games in Pocatello. <strong>Baseline:</strong> The AAA promotes the senior games for physical activity and healthy competition. <strong>Measure:</strong> The AAA will continue to actively promote the Southeast Idaho Senior Games each year and have AAA representation and brochures available at each year’s Opening Session.</td>
<td></td>
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<tr>
<td><strong>AAA Strategy 3:</strong> Research a partnership with ISU’s Baby Boomer Medical Home Grant. <strong>Baseline:</strong> ISU’s Physical and Occupational Therapy Department received a multi-million dollar grant for evaluating the nutritional and health aspects of seniors. <strong>Measure:</strong> The AAA will meet with ISU initially and see this program on site. The AAA will then determine with ISU how to partner or enhance the existing grant program through information and education of AAA service.</td>
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<table>
<thead>
<tr>
<th><strong>ICOA Objective 2: Increase volunteerism to support long-term care and home and community based services.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AAA Strategy 1:</strong> Grow a volunteer network in the Senior Medicare Patrol program. <strong>Baseline:</strong> The AAA has currently two active volunteers in the SMP program. <strong>Measure:</strong> The AAA will increase 2 volunteers annually for the SMP program, especially concentrating on assistance for the Hispanic population.</td>
</tr>
<tr>
<td><strong>AAA Strategy 2:</strong> Begin a volunteer Telephone Reassurance Program for the elderly. <strong>Baseline:</strong> The AAA currently does not provide a Telephone Reassurance Program in the area. <strong>Measure:</strong> Partner with United Way of southeast Idaho to implement this service for the elderly.</td>
</tr>
<tr>
<td><strong>AAA Strategy 3:</strong> Identify younger volunteers (55+) to assist with ESL for minorities. <strong>Baseline:</strong> This program has not been implemented. <strong>Measure:</strong> Collaborate with SEICAA /RSVP to secure and train two volunteers to assist minorities with English as a second language.</td>
</tr>
</tbody>
</table>
### ICOA Objective 3: Increase employment opportunities by connecting employers with unemployed older Idahoans.

<table>
<thead>
<tr>
<th>AAA Strategy 1:</th>
<th>Baseline: The AAA houses Experience Works and makes one/two referrals a month in house.</th>
</tr>
</thead>
<tbody>
<tr>
<td>To increase senior referrals to Experience Works for employment.</td>
<td>Measure: The AAA will sponsor a Senior Employment Fair each May during Older Americans Month.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AAA Strategy 2:</th>
<th>Baseline: The AAA has not involved Experience Works with our local attendance in Area V Health Fairs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>To publicize Experience Works at Area V health fairs.</td>
<td>Measure: The AAA will invite Experience Works staff to all health fairs and share the table to publicize their services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AAA Strategy 3:</th>
<th>Baseline: The AAA has had a 30+ year partnership with the Pocatello IDOL, not only for economic forecasts but also for referrals to regular and senior employment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>To continue the partnership with Idaho’s Department of Labor for increased efforts in getting seniors back to work.</td>
<td>Measure: The AAA will secure pertinent employment information for publication in AAA and senior center newsletters.</td>
</tr>
</tbody>
</table>

### ICOA Objective 4: Increase health promotion and disease prevention outreach through materials and education.

<table>
<thead>
<tr>
<th>AAA Strategy 1:</th>
<th>Baseline: At the beginning of each calendar year, Health Fairs are scheduled in all seven counties and in local hospitals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend health fairs in each county and disseminate health, social service and disease prevention materials to participants.</td>
<td>Measure: The AAA will continue to rotate staff in order to participate in 10 Area V Health Fairs, because of information sharing, gathering, and partnerships wishing to be formed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AAA Strategy 2:</th>
<th>Baseline: Through various church denominations, census of members is maintained and new minorities are signed up when they come into the localities searching for work.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through faith-based organizations, continue to outreach minorities in need of assistance in order for them to remain in their own homes.</td>
<td>Measure: Contact 10 church associations to further outreach minorities in English and in Spanish.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AAA Strategy 3:</th>
<th>Baseline: There are eleven members of the Area V Advisory Council. It would be most beneficial for each to distribute to local churches and businesses in their area.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilize Advisory Council members to assist with distributing health and disease prevention outreach materials.</td>
<td>Measure: The AAA will secure a number of printed materials for disease and health prevention and give to Council members to distribute in the area.</td>
</tr>
<tr>
<td>ICOA Objective 5: Identify opportunities to increase community transportation options to enable seniors to travel to community events, volunteer work, services, shopping and medical appointments.</td>
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</tbody>
</table>
| **AAA Strategy 1:**  
Continue to serve as a working member of the District Mobility Committee for Transportation. |
| **Baseline:** Partnership with 12 diverse members on this committee is most valuable to keep abreast of funding and expansion opportunities for elderly transportation. |
| **Measure:** AAA will email all 24 senior service providers to publicize Idaho’s Transportation Department funding along with equipment opportunities; quarterly the Mobility Manager and the AAA Director will evaluate the ridership numbers in each county, chart the results and share with each Center Manager to discern future transportation needs. |
| **AAA Strategy 2:**  
Be part of a triage evaluation team to assess the regional service for seniors in the seven county area. |
| **Baseline:** The AAA is studying trends as to why the public transportation service is utilized more in one county that the other for events. |
| **Measure:** In the next four years, the AAA, the DS Mobility Manager, Pocatello Regional Transit and Bannock Planning Organization will evaluate the last five years of documented data and plan for future options of transportation services. |
| **AAA Strategy 3:**  
To study and advertise alternate means of transportation for seniors in the area. |
| **Baseline:** There are five other smaller transportation systems in the greater Pocatello area. |
| **Measure:** To advertise and promote the Salt Lake Express as an alternate provider for seniors travelling to and from connecting flights or cities in Utah and the rest of Idaho. |
### ICOA Goal 4: Protect the rights of older people and prevent their abuse, neglect and exploitation.

<table>
<thead>
<tr>
<th>ICOA Objective 1: Increase coordination with state entities, organizations, and institutions that protect vulnerable adults from abuse, neglect, and exploitation.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AAA Strategy 1:</strong> To identify key components of elder rights and advocacy training presentations. <strong>Baseline:</strong> The AAA began a elder rights presentation plan in the past 2 years and never completed the task. <strong>Measure:</strong> Finalize the development of a training packet between APS and Legal Services to be used in 2 elder rights presentations/month.</td>
</tr>
<tr>
<td><strong>AAA Strategy 2:</strong> To continue to meet with the Region VI Medicaid Unit. <strong>Baseline:</strong> The AAA meets monthly with the Regional Medicaid Unit (RMU) to collaborate with common cases. <strong>Measure:</strong> To continue to collaborate with the RMU not only with common cases, but to add an education component to these meeting for both the AAA and the RMU.</td>
</tr>
<tr>
<td><strong>AAA Strategy 3:</strong> Contact utility companies (gas and electric) as on-going and future gatekeepers for the elderly. <strong>Baseline:</strong> The AAA had been actively involved with training the area’s utility companies line staff when detecting a potential problem in an elderly home. <strong>Measure:</strong> To evaluate the present Gatekeeper Program and re-train local utility companies existing field staff on what it means to be a Gatekeeper and evaluating current brochures and materials sent out with monthly utility bills.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>AAA Strategy 1: Provide the general public with information about skilled nursing facilities, assisted living homes and housing complexes. <strong>Baseline:</strong> The AAA has presented to specific groups about the long term care support system currently in place for assisted living homes and nursing homes. <strong>Measure:</strong> Provide 3 presentations annually to the general public at a health fair, at the university setting and a faith based organization about options for long-term care services.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AAA Strategy 2:</strong> Assist the local Ombudsman in visiting and doing presentations in the local skilled facilities and assisted living homes <strong>Baseline:</strong> With one Ombudsman in Area V, there are over 50 facilities a quarter to visit. <strong>Measure:</strong> To invite ICOA’s State Ombudsman annually to provide basic training to the other eight (8) AAA V staff in order to assist the current Ombudsman with basic facility visitations when out in the field.</td>
</tr>
<tr>
<td><strong>AAA Strategy 3:</strong> Anticipate the future social work staff for the Area Agency on Aging <strong>Baseline:</strong> The AAA partners with ISU to train social workers in the field of gerontology. <strong>Measure:</strong> To continue to partner with ISU to train 4 senior social work interns annually to gain hands-on experience with elderly in facilities.</td>
</tr>
</tbody>
</table>
## ICOA Objective 3: Increase public outreach to recognize and report signs of elder abuse, neglect and exploitation.

<table>
<thead>
<tr>
<th>AAA Strategy 1:</th>
<th>Baseline: The AAA has not done a formal training highlighting the signs of abuse, exploitation and neglect.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Measure: Identify signs of adult abuse, exploitation and neglect and have in-service training in each county, inclusive of SICOG Board of Directors.</td>
</tr>
<tr>
<td>Train SICOG’s administrative board and county staff how to identify adult abuse, exploitation and elderly neglect.</td>
<td>Measure: Identify signs of adult abuse, exploitation and neglect and have in-service training in each county, inclusive of SICOG Board of Directors.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AAA Strategy 2:</th>
<th>Baseline: There is only one APS staff at Fort Hall under the Title VI Program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase public outreach to Fort Hall’s Title VI Adult Protection Program.</td>
<td>Measure: To be present at all major Health Fairs sponsored by the Tribes to outreach and train about abuse and exploitation; to include Title VI staff in general mailings about trainings and communications re: elder rights.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AAA Strategy 3:</th>
<th>Baseline: There are nine radio stations throughout southeast Idaho for PSA news and information.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilize the media for disseminating information on adult abuse, exploitation and neglect.</td>
<td>Measure: Develop “radio spots” on 3 radio stations throughout southeast Idaho re: the signs to watch for with adult abuse, exploitation and neglect.</td>
</tr>
</tbody>
</table>
**ICOA Goal 5: Maintain an effective and responsive management and administrative structure.**

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

<table>
<thead>
<tr>
<th>AAA Strategy 1:</th>
<th>Baseline: AAA currently maintains spreadsheets on units of service for all 20 service providers.</th>
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<tbody>
<tr>
<td></td>
<td>Measure: To assess the overall service program of five providers annually, to discuss and discern the reason why the fluctuation of service units, and to determine best practice strategies.</td>
</tr>
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<thead>
<tr>
<th>AAA Strategy 2:</th>
<th>Baseline: Currently, the AAA had begun to develop a desktop monitoring instrument.</th>
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<tbody>
<tr>
<td></td>
<td>Measure: Perform desktop monitoring on a quarterly basis on all units of service, verifying the numbers with the inputted SAMS database information.</td>
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<tbody>
<tr>
<td></td>
<td>Measure: By August 31, 2014, Implementation Guide will be completed and tried on 2 existing service providers before actual implementation is begun.</td>
</tr>
</tbody>
</table>

---

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

<table>
<thead>
<tr>
<th>AAA Strategy 1:</th>
<th>Baseline: The AAA regularly updates records and purges past and unused data from the SAMs Database.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Measure: Input current and most recent data into SAMs Database on a monthly basis and continue to cross-train the AAA staff quarterly on all updates.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>AAA Strategy 2:</th>
<th>Baseline: Currently this is being tested and is not operational.</th>
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<tbody>
<tr>
<td></td>
<td>Measure: Implement and learn the new APS database reporting system for greater accuracy and effectiveness.</td>
</tr>
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<table>
<thead>
<tr>
<th>AAA Strategy 3:</th>
<th>Baseline: The AAA reviews each of the Program Manuals for program updates.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Measure: Review the manuals quarterly and implement as specified by ICOA.</td>
</tr>
</tbody>
</table>
Attachment 1 Area Plan Instructions

HOW TO CREATE YOUR AAA AREA PLAN

General Instructions

The AAA Plan should mirror the State Plan both in content and in format to the greatest degree possible. This assures that ACL’s current priorities, which form the basis for the state unit’s statewide goals, will be addressed on the regional level in each PSA. By presenting the same informational categories within a single shared format, users of these plans will find it easy to discern how needs and priorities identified by ACL or by ICOA will be addressed locally. Readers will be able to easily locate and simply compare items between the Area Plans for each PSA and the State Plan because the document information will be ordered the same way.

The Plan must follow requirements in Chapter 5: AAA Planning Service Areas (PSA) Requirements in ICOA’s Program Manual.

Four Year AAA Area Plan Shell: Instructions by Section:

1. **Cover Page:** Insert the AAA title, street address, city, state, and zip code where indicated at the top center of the cover sheet.

2. **Verification of Intent:** The AAA Director, the Area Advisory Council Chairperson and the Governing Board Chairperson must each sign and date the this page in order for the Area Plan to be accepted by the State Unit.

3. **Table of Contents:** This section should be created *last in order to assure* that pages of all sections are correctly listed.

4. **Executive Summary:** Explain the data and methods used by the AAA to determine the strategies and priorities. (Start this section on a new page regardless of where the previous section ended).

5. **The Area Agency:** (start this section on a new page regardless of where the previous section ended).
   - **Overview**— An AAA Introductory section. The purpose is to give basic information about how the AAA functions and its relationship to the state unit, etc.
   - **AAA Vision**— The AAA’s current official *vision statement* should be quoted here in **bold type**.
   - **AAA Mission**— The AAA’s current official *mission statement* should be quoted here in **bold type**.
   - **AAA Funding** This section has been provided by ICOA and should not be modified.
6. **Older Americans Act (OAA) Core Programs:**

   - Title III B: Supportive Services - This section contains information provided by ICOA regarding:
     - Title III B: Supportive Services
     - Title III-C1: Congregate Meals
     - Title III-C2: Home Delivered Meals
     - Nutritional Services Incentive Program (NSIP)
     - Title III-D: Disease Prevention and Health Promotion Services
     - Title III-E: Family Caregiver Support Program
     - Title III and Title VII: Ombudsman
     - Title VII: Vulnerable Elder Rights Protection
     - Title V: Senior Community Service Employment Program

   The information provided by ICOA should not be modified.
   Where space has been provided, after section explain how the AAA supports the service/program in the PSA. Specifically address activities and funds that are being used to support activities.

7. **Older Americans Act Discretionary Programs:** This section contains information provided by ICOA regarding:

   - Senior Medicare Patrol
   - Aging and Disability Resource Center
   - Money Follows the Person / ADRC
   - Veterans Directed Home and Community Based Services
   - Title VI Coordination

   Where space has been provided, explain how the AAA supports the service/program in the PSA. Specifically address activities and funds that are being used to support these activities.

8. **Evidence Based Programs:** The purpose of this section is for the AAA to identify projects that are not included in the discretionary funds. (i.e. Fit and Fall Proof). For each evidence based program, explain how the AAA supports the program(s) in the PSA. Specifically address activities and funds that are being used to support these activities.

9. **State Program:** This section contains information provided by ICOA regarding the Adult Protective Services. The information provided by ICOA should not be modified.

   Where space has been provided, explain how the AAA supports the program in the PSA. Specifically address activities and funds that are being used to support these activities.
10. Planning and Service Areas: The information in this section is provided by ICOA.

- Overview- This section should not be modified.
- PSA- ICOA has prepared geographic and demographic information for each PSA. Keep the information that applies to your AAA and delete the other PSA information.

11. Cost Sharing: The information for this section is provided by ICOA and should not be modified.

12. AAA Collaborative Partners: Each AAA will have “partners” within its PSA. These partners may be agencies that serve other segments (or a broad segment) of the area’s population; they may be county or city agencies, private foundations based in the PSA, or local charitable organizations. Where space has been provided name the AAA’s partners and describe any recent or ongoing collaborative projects with particular attention to how such coordination effort is benefiting seniors in the region.

13. AAA Strategic Plan: Goals, Objectives, Strategies, Measures and Baselines:

- Where space is provided write an introduction paragraph to explain the development of the AAA Strategic Plan: Strategies, Measures and Baselines.
- ICOA has prepared a table which indicates the five (5) ICOA goals and corresponding objectives as approved by ACL in the ICOA Senior Services State Plan. Where space has been provided, indicate AAA Strategies, Baselines, and Measures that will support the ICOA Goals and Objectives.
  The table and prepopulated information should not be altered.

14. Attachments: The following attachments must accompany the AAA Plan when it is submitted.

Attachment 1: Instruction for completing the PSA Shell.

Documents to be filled out:
Attachment 2A: The Area Agency on Aging Organization Chart. Insert a copy of the AAA Organizational chart onto this page.

Attachment 2B: Steering Committee Members. Identify the Steering Committee Members that assist in the development of the AAA Area Plan. Utilize this template without modification to the format.

Attachment 2C: PSA Development Schedule. Identify the AAA Area Plan development review schedule. Include the dates and purpose of meetings for the AAA Area Plan Steering Committee and Public Comment. Utilize this template without modification to the format or prepopulated information.

Attachment 2D: Public Comment Process and Comments. The format for this document has been provided by ICOA and should not be modified. Provide AAA specific information as indicated where space has been provided.

Attachment 2E: Advisory Council Profile. The template for this attachment had been provided by ICOA and should not be modified. Provide information as indicated where space has been provided.

- Indicate Term End (Dates)
- Indicate Yes or No as appropriate
Financial Documents:

**Attachment 3A: Intra-State Funding Formula.** A reference document provided by ICOA. This attachment should not be modified.

**Attachment 3B: Allocation of Resources.** A reference document provided to the AAA by ICOA. This attachment should not be modified.

**Attachment 3C: Budget**
- **3C1 ICOA Title III AAA FFY Funding Allocation Comparison.** A reference document that will be updated and provided to the AAA by ICOA.
- **3C2 ICOA Title III, Title VII and State Funding Allocation Summary.** A reference document that will be updated and provided to the AAA by ICOA.

**Attachment 3D: Sliding Fee Scale.** A reference document provided to the AAA by ICOA. This attachment should not be modified.

**Attachment 3E: Poverty Guidelines.** A reference document provided to the AAA by ICOA. This attachment should not be modified.

Documents to be signed:

**Attachment 4A: Required Area Plan Assurances and Required Activities.** A reference document provided to the AAA by ICOA. This attachment should not be modified.

**Attachment 4B: Civil Rights.** Insert the AAA’s address and phone number on page 2 where space has been provided.

**Attachment 4C: Emergency Preparedness Plan.** The template for this document has been provided by ICOA. Provide AAA specific information as indicated where space has been provided.

Information Only:

**Exhibit 1A: Idaho Growth Change and Demographics.** A reference document provided by ICOA. This attachment should not be modified.

**Exhibit 1B: Definitions.** A reference document provided to the AAA by ICOA. This attachment should not be modified.
# Attachment 2B Steering Committee

## AAA Area Plan Steering Committee Members

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<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Telephone Number</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mori Byington</td>
<td>Bannock Transportation and Planning Organization</td>
<td>208-233-9322</td>
<td><a href="mailto:mori@bplan.org">mori@bplan.org</a></td>
</tr>
<tr>
<td>April Mills</td>
<td>ID Comm. For the Blind</td>
<td>208-236-6392</td>
<td><a href="mailto:amills@icbvi.idaho.gov">amills@icbvi.idaho.gov</a></td>
</tr>
<tr>
<td>Melissa Hartman</td>
<td>Veterans Officer</td>
<td>208-282-4245</td>
<td><a href="mailto:melissah@bannockcounty.us">melissah@bannockcounty.us</a></td>
</tr>
<tr>
<td>Dean Neilson</td>
<td>Life, Inc.</td>
<td>208-232-2747</td>
<td><a href="mailto:dean@idlife.org">dean@idlife.org</a></td>
</tr>
<tr>
<td>Bobbie Branch</td>
<td>NAACP</td>
<td>208-241-1232</td>
<td><a href="mailto:branbobb@cableone.net">branbobb@cableone.net</a></td>
</tr>
<tr>
<td>Morgan Anderson</td>
<td>Mayor of Aberdeen</td>
<td>208-681-6990</td>
<td></td>
</tr>
<tr>
<td>Lucetta Holt</td>
<td>Councilwoman--Grace</td>
<td>208-251-7078</td>
<td></td>
</tr>
<tr>
<td>Patricia Bonman</td>
<td>Health &amp; Welfare-KinCare</td>
<td>208-235-2809</td>
<td><a href="mailto:bonmanp@dhw.idaho.gov">bonmanp@dhw.idaho.gov</a></td>
</tr>
<tr>
<td>Debby Day</td>
<td>Area Advisory Council</td>
<td>208-232-2747</td>
<td><a href="mailto:debby@idlife.org">debby@idlife.org</a></td>
</tr>
<tr>
<td>Susie Stricker</td>
<td>SHIBA</td>
<td>208-244-2758</td>
<td><a href="mailto:Susan.stricker@doi.idaho.gov">Susan.stricker@doi.idaho.gov</a></td>
</tr>
<tr>
<td>Sharon Sturm</td>
<td>ICOA Commissioner</td>
<td>208-782-3098</td>
<td><a href="mailto:ssturm@co.bingham.id.us">ssturm@co.bingham.id.us</a></td>
</tr>
<tr>
<td>Lin Whitworth</td>
<td>Area Advisory Council</td>
<td>208-775-3773</td>
<td><a href="mailto:Whits1933@q.com">Whits1933@q.com</a></td>
</tr>
<tr>
<td>Lois Cluff</td>
<td>Area Advisory Council</td>
<td>208-226-2713</td>
<td><a href="mailto:Mumzy455@yahoo.com">Mumzy455@yahoo.com</a></td>
</tr>
<tr>
<td>Sharon Morse</td>
<td>Senior Experience Works</td>
<td>208-380-5242</td>
<td><a href="mailto:morshar@hotmail.com">morshar@hotmail.com</a></td>
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...
### Attachment 2C Development Schedule

**AAA Area Plan Steering Committee and Public Comment Review Schedule**

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose of Meeting</th>
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<tbody>
<tr>
<td>April 2013</td>
<td>Review of the ICOA’s Needs Assessment Document</td>
</tr>
<tr>
<td>May 2013</td>
<td>AAA Advisory Council suggestions for strategies</td>
</tr>
<tr>
<td>July 2013</td>
<td>Began writing of the Plan and gathering documentation</td>
</tr>
<tr>
<td>August 2013</td>
<td>Writing and completing the Plan, specifically refining the strategies</td>
</tr>
<tr>
<td>September 2013</td>
<td>Reviewing with staff, seeking input from Community leaders</td>
</tr>
</tbody>
</table>
Attachment 2D Public Comment Process and Comments

Public Comment Process:

STAGE #1

- Before submittal, it was reviewed by members of the Area Advisory Council and members of the Steering Committee who assisted in the development of the Plan.
- Three Community at-large Committee members also reviewed the Plan.

Comments:

- There were no specific program comments to the plan, but more generalized comment that the abbreviations referring to programs and services get cumbersome and sometimes take away from understanding service delivery. There are too many of them.

AAA Response

- The AAA will make a concerted effort to not use the abbreviations with the general public, not unless he/she explains what that means in the public arena.

STAGE #2

Comment Process

- After corrections and final data are submitted, members of the Advisory Council and the Steering Committee will have another opportunity to comment on the Plan until April 14th.
- News Release will be posted in the Idaho State Journal for anyone wishing to send comments on the Plan.
- The Area Plan for 2013-2017 will be placed on the SICOG website www.sicog.org for comments from the general public.

Comments:

- To be forthcoming

AAA Response

- To be forthcoming
Final Submission and Comments from reviewers and the general public will be on April 18, 2014.

**Attachment 2E PSA Advisory Council Profile**

**ADVISORY COUNCIL PROFILE: 2013**

In Accordance with Section 306 (a)(6)(D) of the Older Americans Act and IDAPA 15.01.20.051.01. The AAA shall 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;

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<td>801 Bitterroot Drive</td>
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<tr>
<td>NAME &amp; ADDRESS</td>
<td>Patricia Bonman</td>
<td></td>
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<tr>
<td></td>
<td>1090 Hiline Road, Floor #1</td>
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<tr>
<td></td>
<td>Sharon Morse</td>
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<td>1742 Falcon Circle North</td>
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<td>NAME &amp; ADDRESS</td>
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<td>Pocatello, ID  83201</td>
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<tr>
<td>NAME &amp; ADDRESS</td>
<td>Business Community</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Melissa Hartman</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>921 South 8th, ISU- # 8095</td>
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<tr>
<td>NAME &amp; ADDRESS</td>
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<tr>
<td></td>
<td>Sharon Sturm</td>
<td></td>
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### Idaho Intrastate Funding Formula

**Attachment 3A Intrastate Funding Formula**

OAA Title III Funds (not including Title VII) and State of Idaho General Funds

Effective July 1, 2013

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<td>Source: U.S. Bureau of the Census, American Community Survey, 2007-2011, 5-year estimates, December 2012, Table B10010</td>
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<td>Source: U.S. Bureau of the Census, 2007-2011 American Community Survey 5-Year Estimates, December 2012, Table S0101</td>
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Notes RE Calculations and Sources:

The source documentation is from the ID Dept. of Labor.

Column Ref. #: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16

Columns 1 to 10 add up to column 11 and are used in column 12.

Column 12: Federal fund base divided by 6

Column 13: State fund base divided by 6

Column 14: Federal Funds multiplied by the Weighted Percentage

Column 15: State Funds multiplied by the Weighted Percentage

Column 16: Federal and State fund base plus Federal and State funds distributed by formula.

---

**OAA Title III Funds (not including Title VII) and State of Idaho General Funds**

**Effective July 1, 2013**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>OAA Title III Funds</td>
<td>$3,579,390</td>
</tr>
<tr>
<td>State of Idaho General Funds</td>
<td>$5,197,246</td>
</tr>
</tbody>
</table>

---

**Total Funds**

Balance to be Distributed by Formula: $8,277,521

**Factors used in Weighted Elderly Population (At Risk)**

### Notes RE Calculations and Sources

Attachment 3B Allocation of Resources

1. **MINIMUM PERCENTAGE FOR TITLE IIIB SERVICES**

Older Americans Act Section 307(a)(2)(C): The Plan shall 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).

### OAA Title III Part B (Supportive Services)

<table>
<thead>
<tr>
<th>Service</th>
<th>Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>15%*</td>
</tr>
<tr>
<td>Respite</td>
<td><strong>0%</strong></td>
</tr>
<tr>
<td>Homemaker</td>
<td><strong>0%</strong></td>
</tr>
<tr>
<td>Outreach</td>
<td><strong>0%</strong></td>
</tr>
<tr>
<td>Information and assistance</td>
<td><strong>0%</strong></td>
</tr>
<tr>
<td>Case management services</td>
<td><strong>0%</strong></td>
</tr>
<tr>
<td>Legal Assistance</td>
<td><strong>3%</strong></td>
</tr>
</tbody>
</table>

### OAA Title III Part B (Supportive Services) Maximum

<table>
<thead>
<tr>
<th>Service</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ombudsman</td>
<td>5%*</td>
</tr>
<tr>
<td>Coordination/Planning and Development</td>
<td>2%*</td>
</tr>
</tbody>
</table>

*Total federal and state funding.
**Total federal funding only.

2. **MINIMUM AND MAXIMUM PERCENTAGES FOR OTHER FEDERAL SERVICES**

### OAA Title III Part C, Nutrition:

<table>
<thead>
<tr>
<th>Service</th>
<th>Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Delivered &amp; Congregate Meals</td>
<td><strong>37%</strong></td>
</tr>
</tbody>
</table>

*Total federal and state funding.

### OAA Title III, Administration:

<table>
<thead>
<tr>
<th>Service</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td><strong>10%</strong></td>
</tr>
</tbody>
</table>

*Total federal and state funding.

3. **TITLE VII, OMBUDSMAN**

The Title VII Ombudsman funding is based on the total Assisted Living and Skilled Nursing facility beds in each region.

4. **MINIMUM PERCENTAGE FOR TITLE IIID (DISEASE PREVENTION AND HEALTH PROMOTION SERVICES)**

The Plan shall specify a minimum percentage of funds received by each area agency for Title III Part D program to support healthy lifestyles and promote healthy behaviors. Evidence-based health promotion programs reduce the need for more costly medical interventions. Priority is given to serving elders living in medically underserved areas of the State or who are of greatest economic need.

5. **MAXIMUM PERCENTAGE FOR IDAHO SENIOR SERVICES ACT (SSA)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Protection Services</td>
<td><strong>15%</strong>*</td>
</tr>
</tbody>
</table>
**Attachment 3C Budget**

- **3C1 ICOA Title III AAA FFY Funding Allocation Comparison**

**Idaho Commission on Aging**

**Title III AAA Funding Allocation Year to Year Comparison**

**Federal Fiscal Year 2012 to 2013**

<table>
<thead>
<tr>
<th>PSA</th>
<th>FFY 2012 Award</th>
<th>FFY 2013 Award</th>
<th>Dollar Change</th>
<th>FFY 2012 Allocation Percent</th>
<th>FFY 2013 Allocation Percent</th>
<th>Allocation Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>$924,467</td>
<td>$882,169</td>
<td>$(42,299)</td>
<td>16.81%</td>
<td>16.93%</td>
<td>0.11%</td>
</tr>
<tr>
<td>II</td>
<td>$552,805</td>
<td>$509,947</td>
<td>$(42,858)</td>
<td>8.75%</td>
<td>9.00%</td>
<td>0.25%</td>
</tr>
<tr>
<td>III</td>
<td>$1,763,825</td>
<td>$1,738,863</td>
<td>$(24,963)</td>
<td>35.02%</td>
<td>35.16%</td>
<td>0.14%</td>
</tr>
<tr>
<td>IV</td>
<td>$887,967</td>
<td>$831,082</td>
<td>$(56,886)</td>
<td>16.02%</td>
<td>15.84%</td>
<td>0.19%</td>
</tr>
<tr>
<td>V</td>
<td>$710,483</td>
<td>$652,332</td>
<td>$(58,151)</td>
<td>12.17%</td>
<td>12.03%</td>
<td>0.14%</td>
</tr>
<tr>
<td>VI</td>
<td>$666,251</td>
<td>$605,754</td>
<td>$(60,497)</td>
<td>11.21%</td>
<td>11.04%</td>
<td>0.17%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$5,505,799</td>
<td>$5,220,146</td>
<td>$(285,653)</td>
<td>100.00%</td>
<td>100.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>
# Idaho Commission on Aging

## Title III, Title VII and State Funding Allocation Summary

### State Fiscal Year 2014

### Area V

Budget Period 7/1/13 to 6/30/14

<table>
<thead>
<tr>
<th>CFDA</th>
<th>Program Title</th>
<th>Cumulative Grant Award</th>
<th>Award Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>93.044</td>
<td>IIIB: Supportive Services</td>
<td>$1,735,983.00</td>
<td>30.64%</td>
</tr>
<tr>
<td>93.045</td>
<td>IIIC1: Congregate Meals</td>
<td>$2,077,361.00</td>
<td>36.67%</td>
</tr>
<tr>
<td>93.045</td>
<td>IIIC2: Home-Delivered Meals</td>
<td>$1,025,885.00</td>
<td>18.11%</td>
</tr>
<tr>
<td>93.043</td>
<td>IIID: Preventative Health</td>
<td>$99,093.00</td>
<td>1.75%</td>
</tr>
<tr>
<td>93.052</td>
<td>IIIE: NFCSP</td>
<td>$726,824.00</td>
<td>12.83%</td>
</tr>
</tbody>
</table>

Total Statewide Title III Funding: $5,665,146.00 (100.00%)

### Fund Distribution

<table>
<thead>
<tr>
<th>Fund Distribution</th>
<th>Title III</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total AAA ADMIN</td>
<td>$65,233.00</td>
<td></td>
</tr>
<tr>
<td>Total IIIB: Supportive Services</td>
<td>$179,906.00</td>
<td></td>
</tr>
<tr>
<td>Total IIIC1: Congregate Meals</td>
<td>$215,284.00</td>
<td></td>
</tr>
<tr>
<td>Total IIIC2: Home-Delivered Meals</td>
<td>$106,316.00</td>
<td></td>
</tr>
<tr>
<td>Total IIID: Preventative Health</td>
<td>$10,270.00</td>
<td></td>
</tr>
<tr>
<td>Total IIIE: NFCSP</td>
<td>$75,323.00</td>
<td></td>
</tr>
<tr>
<td>Total Federal Title III Funding</td>
<td>$652,332.00</td>
<td></td>
</tr>
<tr>
<td>Total Federal Title VII Funding</td>
<td>$8,137.00</td>
<td></td>
</tr>
<tr>
<td>Total State Funding</td>
<td>$496,995.00</td>
<td></td>
</tr>
<tr>
<td><strong>Total Funding for SFY 2014</strong></td>
<td><strong>$1,157,464.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

Note: Title III funding are only an estimate as of 4/30/2013.
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.

<table>
<thead>
<tr>
<th>Client's Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MONTHLY INCOME</th>
<th>ANNUAL INCOME</th>
<th>FEE</th>
<th>HMK FEE</th>
<th>RESPITE FEE</th>
<th>ADULT DAY CARE FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Income</td>
<td>$1,459.00</td>
<td>$17,505.00</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1,460.00 - $1,751.00</td>
<td>$17,506.00 - $21,006.00</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1,752.00 - $2,042.00</td>
<td>$21,007.00 - $24,507.00</td>
<td>40%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2,043.00 - $2,334.00</td>
<td>$24,508.00 - $28,008.00</td>
<td>60%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2,335.00 - $2,626.00</td>
<td>$28,009.00 - $31,509.00</td>
<td>80%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2,627.00 - &amp; Over</td>
<td>$31,510.00 - &amp; Over</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TWO Persons in Household</td>
<td>$1,966.00</td>
<td>$23,595.00</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1,967.00 - $2,360.00</td>
<td>$23,596.00 - $28,314.00</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2,361.00 - $2,753.00</td>
<td>$28,315.00 - $33,033.00</td>
<td>40%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2,754.00 - $3,146.00</td>
<td>$33,034.00 - $37,752.00</td>
<td>60%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$3,147.00 - $3,539.00</td>
<td>$37,753.00 - $42,471.00</td>
<td>80%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$3,540.00 - &amp; Over</td>
<td>$42,472.00 - &amp; Over</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THREE Persons in Household</td>
<td>$2,474.00</td>
<td>$29,685.00</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2,475.00 - $2,969.00</td>
<td>$29,686.00 - $35,622.00</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2,970.00 - $3,463.00</td>
<td>$35,623.00 - $41,559.00</td>
<td>40%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$3,464.00 - $3,958.00</td>
<td>$41,560.00 - $47,496.00</td>
<td>60%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$3,959.00 - $4,453.00</td>
<td>$47,497.00 - $53,433.00</td>
<td>80%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$4,454.00 - &amp; Over</td>
<td>$53,434.00 - &amp; Over</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOUR Persons in Household</td>
<td>$2,981.00</td>
<td>$35,775.00</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2,982.00 - $3,578.00</td>
<td>$35,776.00 - $42,930.00</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$3,579.00 - $4,174.00</td>
<td>$42,931.00 - $50,085.00</td>
<td>40%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$4,175.00 - $4,770.00</td>
<td>$50,086.00 - $57,240.00</td>
<td>60%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$4,771.00 - $5,366.00</td>
<td>$57,241.00 - $64,395.00</td>
<td>80%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$5,367.00 - &amp; Over</td>
<td>$64,396.00 - &amp; Over</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The full cost for one hour of Homemaker Service is: $ Revised: February 2014
The full cost for one hour of Respite Service is: $
The full cost for one hour of Adult Day Care is: $

Percentage Above Poverty Line 150%

GU.AD.01. Sliding Fee Scale: 2/28/2014: Previous Editions are Obsolete
## Attachment 3E Poverty Guidelines

**Department of Health And Human Services 2014 Poverty Guidelines**

<table>
<thead>
<tr>
<th>Person In Family or Households</th>
<th>100% Poverty</th>
<th>125% Poverty</th>
<th>150% Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,670</td>
<td>$14,587.50</td>
<td>$17,505.00</td>
</tr>
<tr>
<td>2</td>
<td>$15,730</td>
<td>$19,662.50</td>
<td>$23,595.00</td>
</tr>
<tr>
<td>3</td>
<td>$19,790</td>
<td>$24,737.50</td>
<td>$29,685.00</td>
</tr>
<tr>
<td>4</td>
<td>$23,850</td>
<td>$29,812.50</td>
<td>$35,775.00</td>
</tr>
<tr>
<td>5</td>
<td>$27,910</td>
<td>$34,887.50</td>
<td>$41,865.00</td>
</tr>
<tr>
<td>6</td>
<td>$31,970</td>
<td>$39,962.50</td>
<td>$47,955.00</td>
</tr>
<tr>
<td>7</td>
<td>$36,030</td>
<td>$45,037.50</td>
<td>$53,045.00</td>
</tr>
<tr>
<td>8</td>
<td>$40,090</td>
<td>$50,112.50</td>
<td>$60,135.00</td>
</tr>
</tbody>
</table>

*families with more than 8 persons*  

<table>
<thead>
<tr>
<th><em>families with more than 8 persons</em></th>
<th>(100% add $4,060)</th>
<th>(125% add $5,075)</th>
<th>(150% add $6,090)</th>
</tr>
</thead>
</table>

Federal Register, January 22nd, 2014


Note: the poverty guideline figures listed on HHS website normally are calculated at 100%. Provided is the HHS chart that has been calculated to meet the 100%, 125% and 150%.

When computing the percentage of poverty guidelines that are required for your program client eligibility, remember HHS charts are always at 100% of poverty. Agencies need to multiply the % of the threshold by your set program eligibility of poverty guidelines.

*Area Plan Shell Attachment 3 E*
Attachment 4A Required Area Plan Assurances and Required Activities

Older Americans Act, as Amended in 2006

GENERAL ASSURANCES
Each area agency on aging “AAA” must maintain documentation to substantiate compliance with the following assurance items paraphrased from the Older Americans Act of 1965, as amended and published June 15, 1993 and re-authorized in 2006 (the “Act”), from Federal Register publications, from the Idaho State Senior Services Act, or from other federal or state regulations. The Idaho Commission on Aging “ICOA” will review all documentation for adequacy, accuracy and completeness.

By signing this document, the authorized official commits the Area Agency on Aging to performing all listed assurances and required activities.

ASSURANCES

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, or construction of multipurpose senior centers, 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 health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how
to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services;

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

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

   (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 subclause (I);

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

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

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

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

   (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; 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 (42 U.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 health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(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;

___ (7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide 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) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

(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; and

(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; and

(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.

(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; and
(K) 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.

(42 U.S.C. 3026)
Sister Anthony Marie Greving

AAA Director

Signature and Title of Authorized Official

October 15, 2013

Date

Year

Sister Anthony Marie Greving

214 East Center Street

Pocatello, ID 83201
Attachment 4B Civil Rights

Title VI, Civil Rights Act of 1964

Title VII, Equal Employment Opportunity Act of 1972

Sections 503 and 504 of the Rehabilitation Act of 1973

Age Discrimination Act of 1975

Title II, Americans with Disabilities Act of 1990

AREA AGENCIES ON AGING IN IDAHO

SECTION I:

Statement of Policy

As a recipient of federal and state funds, the Area Agency on Aging (AAA) complies with all anti-discrimination statutes which address provision of programs/services, contracting for provision of programs/services, and/or hiring of employees.

The AAA does not discriminate against any person or class of persons on the basis of race, color, national origin, sex, creed, age (subject to age eligibility requirements of the Older Americans Act of 1965, as amended, and requirements for participation in Older Worker Programs), marital status, veteran's status, or disability.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color, or national origin, with Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990 which prohibit discrimination against qualified individuals with disabilities, and with regulations of the Department of Health and Human Services issued pursuant to the Acts (Title 45, Code of Federal Regulations [CFR], Parts 80 and 84). In addition to the provision of programs and services, Title VI, Section 504, and the ADA cover employment under certain conditions.

Any questions, concerns, complaints, or requests for additional information regarding the rights of individuals under any of the above-mentioned Acts may be addressed to:

Director, Area V Agency on Aging:  Sister Anthony Marie Greving
Agency Name:   Southeast ID Council of Governments, Inc.
Street Address:  214 East Center Street
City, State, Zip Code:   Pocatello, ID  83201
Area Code, Phone #:   208-233-4032
A. Nondiscrimination Policy

In accordance with Titles VI and VII of the Civil Rights Act, Executive Order 11246, as amended by Executive Order 11375, Section 504 of the Rehabilitation Act of 1973, and the Americans With Disabilities Act of 1990, ICOA policy states that no qualified individual may, on the basis of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability, be subjected to discrimination, or be excluded from participation, in any ICOA program or activity receiving federal or state funds.

This policy applies to all aspects of ICOA programs/services and other activities and to programs/services and other activities administered by the six Area Agencies on Aging (AAAs) or by their contracting organizations-- all entities which use federal or state funds.

This policy does not apply to agencies, associations, corporations, schools and institutions operated by religious organizations such as churches and denominational societies, or other sectarian entities, with respect to employment of individuals of a particular religious affiliation to provide programs/services with funds not derived from federal or state sources.

B. Specific Discriminatory Practices Prohibited, but Not Limited to:

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

   a) discharge, bar, or refuse to hire or promote any qualified individual;

   b) deny any qualified individual any service, financial aid, or other benefit;

   c) afford a qualified individual an opportunity to participate or benefit from aid or service that is not equal to that afforded others;

   d) provide a qualified individual with aid, benefits, or services that are not as effective, or otherwise are inferior to, those provided to others;

   e) provide different or separate benefits or services to a qualified individual or class of individuals unless such action is necessary to provide such individuals with benefits or services that are as effective as those provided to others;

   f) aid or perpetrate discrimination against an individual or class of individuals by providing assistance to an agency, organization, or person who discriminates against individuals or a
class of individuals on the basis of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability;

g) deny a qualified individual the opportunity to participate as a volunteer, consultant, conferee, or member of a planning or advisory board.

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

   a) have the effect of subjecting any individual or class of individuals to discrimination; or

   b) have the effect of defeating or of substantially impairing accomplishment of the program's objectives.

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

4. The AAA and all subcontractors shall establish measures to assure that recruitment and employment practices do not discriminate against any qualified individual.

5. The AAA and all subcontractors shall actively solicit representative participation from local minority communities, as well as voluntary participation by persons with disabilities, on advisory councils and policy making boards which are integral elements of program planning and service provision;

6. The AAA and all subcontractors shall have procedures for monitoring all aspects of their operations to assure that no policy or practice is, or has the effect of being, discriminatory against beneficiaries or other participants. Monitoring shall include, but not be limited to:

   a) location of offices and facilities;

   b) manner of assigning applicants or clients to staff;

   c) dissemination of information;

   d) eligibility criteria for participation in programs/receipt of services;

   e) referral of applicants/clients to other agencies and facilities;

   f) contracts with minority, women's, and disability organizations;

   g) use of volunteers and/or consultants;

   h) provision of services;

   i) program accessibility;
j) reasonable efforts to make accommodations and provide auxiliary aids for applicants/clients with disabilities;

k) use of available statistical data pertaining to demographics and needs of low-income minority groups and other targeted classes residing in the region relative to their:
   - potential participation in programs,
   - actual (historic) participation in programs,
   - employment patterns, especially, their use as employees or staff in programs administered by the agency or contractor,
   - membership on advisory councils,
   - number and nature of complaints alleging discrimination which have been filed,
   - number of bilingual staff and staff qualified as sign language interpreters; and

l) written assurances of compliance with Title VI, Sections 503 and 504, and the Americans With Disabilities Act.

7. The AAA and all subcontractors shall assure that no qualified individual with a disability shall be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination due to facilities being inaccessible to, or otherwise unusable by persons with disabilities.

8. The AAA shall take corrective action to overcome the effects of discrimination in instances where the AAA or its subcontractors have discriminated against any persons on the basis of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability.

9. Any contractor or subcontractor who refuses to furnish assurances of nondiscrimination, or who fails to comply with federal and/or state laws as outlined in this policy, must be refused federal or state financial assistance. Such action will be taken only after there has been an opportunity for review before the appropriate officials, and after a reasonable amount of time has been allowed for compliance with the policy. All incidents of noncompliance will be referred to the appropriate federal or state agencies in a timely manner.

SECTION II:

Affirmative Action and Nondiscrimination Language in Contracts

A. Affirmative Action Language in Contracts

1. As a part of the contract document, each AAA shall comply with a Statement of Assurance that the legal contractor entity will maintain an affirmative action plan for the duration of the contract period. This assurance shall address sufficient information to meet, at a minimum, requirements of Title VI of the Civil Rights Act of 1964, Title VII of the Equal Employment Opportunity Act of 1972, Title II of the Americans with Disabilities Act of 1990, and the Older Americans Act of 1965, as amended.
2. All subcontractors shall submit, as part of each contract, an "Affirmative Action Statement of Compliance," dated and bearing the original signature(s) of the person(s) authorized to commit such assurances on behalf of the contracting organizations.

B. Contract Reference to "Nondiscrimination in Client Services"

1. The state unit, e.g., the Idaho Commission on Aging (ICOA) requires a policy of nondiscrimination in services as an integral part of each contract between the AAAs and contracting organizations.

2. Each contract with an AAA shall contain an inclusion, by reference or attachment, of the following clause pertaining to nondiscrimination in client services:

   Nondiscrimination in Client Services: The contractor and any sub-contracting party will not, on grounds of race, color, national origin, sex, creed, age, marital status, veteran's status, or disability:

   a) deny a qualified individual any services or benefits provided under this agreement or any contracts awarded pursuant to this agreement;

   b) provide any services or other benefits to a qualified individual which are different, or are provided in a manner differing from that provided to others under this agreement, or any contract awards pursuant to this agreement;

   d) subject an individual to segregation or separate treatment in any manner in receipt of any service(s) or other benefit(s) provided to others under this agreement;

   e) deny any qualified individual the opportunity to participate in any program(s) provided by this agreement, or any contracts awarded pursuant to this agreement for the provision of services, or otherwise afford an opportunity to do so which is different from that afforded others.

   f) Contractors will not use criteria or methods of administration which have the effect of defeating or substantially impairing accomplishment of the objectives of this agreement with respect to individuals of a particular race, color, national origin, sex, creed, age, marital status, veteran's status, or disability.

C. AAA Assurances of Compliance

1. Each AAA shall submit the following to the ICOA:

   a) an appropriate Assurance of Compliance with Title VI of the Civil Rights Act of 1964, dated and bearing the original signature of the person authorized to commit the legal contractor entity of the AAA; and
b) an appropriate Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973 and with Title II of the Americans with Disabilities Act of 1990, dated and bearing the original signature of the person authorized to commit the legal contractor entity of the AAA. Each assurance must indicate whether the recipient of the funds employs fewer than 15 persons, or 15 or more persons. If the recipient employs 15 or more persons, one or more persons must be designated and named on the Assurance of Compliance as the coordinator of the effort to comply with the Health and Human Services (HHS) regulation.

The 15 or more employees criterion applies to the larger agency rather than to employees located at a specific program location.

2. Each AAA shall have on file appropriate Assurances of Compliance with Title VI documents and with Section 504/Title II of ADA from each subcontractor.

D. Nondiscrimination in Employment

1. The ICOA requires that a nondiscrimination in employment policy, in addition to the affirmative action requirement, be an integral part of every agreement with each AAA and its subcontractors.

2. Each AAA shall have on file appropriate Assurance of Compliance with Title VI documents and the Americans with Disabilities Act from each of its subcontractors.

AAA Assurance of Compliance
with
Title VI of the Civil Rights Act of 1964,
Section 504 of the Rehabilitation Act of 1973,
Title IX of the Education Amendments of 1972,
and the
Age Discrimination Act of 1975.

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services.

The Applicant hereby agrees to comply with:

1. **Title VI of the Civil Rights Act of 1964** (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80), to the end that, in accordance with Title VI of the Act and the Regulation, no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. **Section 504 of the Rehabilitation Act of 1973** (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 84), to the end that, in accordance with Section 504 of the Act and the Regulation, no otherwise qualified disabled individual in the United States shall, solely by reason of his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

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

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

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

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

_Sister Anthony Marie Greving_  
AAA Director  
214 East Center Street  
Pocatello, ID 83201

October 15, 2013  
_Date_  
_Year_
Attachment 4C Emergency Preparedness Plan

Area Agency on Aging PSA Emergency Preparedness Plan
To meet the needs of are seniors in the event of natural or man-made disaster or other widespread emergency.

The Administration on Aging and the Aging Network composed of State and Area Agencies on Aging, 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 the Administration on Aging 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, Disaster Relief Reimbursements, which provides for limited resources to fund disaster response services.

Older people will not be served as well as the general population unless they can receive the special assistance that only the Aging Network can provide in disasters. To elevate the capability of the Aging Network to be able to respond quickly and effectively in serving older disaster victims, the Administration on Aging developed the Emergency and Disaster Preparedness and Assistance guide, which is available online at http://www.aoa.gov/aoaroot/Preparedness/Resources_Network/pdf/Attachment_1357.pdf
This guidance is a useful tool for State and Area Agencies on Aging to use as they develop disaster preparedness plans and train staff to better serve the needs of older disaster victims.

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.

State of Idaho Executive Order No. 2010-09 and the Idaho Emergency Operations Plan assign specific emergency support activities to the Idaho Commission on Aging and the Area Agencies on Aging in assisting and in support of local and state government prior to and during emergencies and disasters.
Among these are:

1. Develop area-wide plans for the following:
   a. Assessing the needs of the elderly and homebound elderly.
   b. Coordination of senior services through the Area Agencies on Aging during natural or man-made disasters.
   c. Providing information/assistance to their clientele and the public.
   d. Utilization of senior citizen centers for shelter, mass feeding and rest centers.
   e. Identification of homebound isolated elderly clients.

To help meet these obligations, to insure business continuity and to meet the needs of older citizens in an emergency, the Idaho Commission on Aging requires that each Area Agency on Aging develop an All-Hazard Disaster Preparedness Plan in cooperation with state and local emergency management officials, voluntary organizations, and service providers.

**Basic Components of an Area-Wide Disaster Plan:**

1. Name, title, and contact information of AAA person responsible for implementation of area’s Disaster Plan:

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE/POSITION</th>
<th>TELEPHONE / CELLULAR / EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meghann Atwood</td>
<td>Area V Disaster Coordinator</td>
<td>233-4032 208-604-2625 <a href="mailto:meghann@sicog.org">meghann@sicog.org</a></td>
</tr>
</tbody>
</table>

2. Names, titles and duties of other AAA staff with Emergency Assignments:

<table>
<thead>
<tr>
<th>NAME (AAA staff)</th>
<th>TITLE/POSITION</th>
<th>TELEPHONE</th>
<th>EMERGENCY ASSIGNMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandy Guidinger</td>
<td>I&amp;A Coordinator Options Counselor</td>
<td>233-4032</td>
<td>Intake and Access to Services Service Options</td>
</tr>
<tr>
<td>Mike Hirschi</td>
<td>I&amp;A Intake staff</td>
<td>233-4032</td>
<td>I&amp;A Access to services</td>
</tr>
<tr>
<td>Liz Delaney</td>
<td>Ombudsman</td>
<td>233-4032</td>
<td>Alternate services to residents of nursing homes and assisted living homes</td>
</tr>
<tr>
<td>Susan Cronquist</td>
<td>Adult Protection staff</td>
<td>233-4032</td>
<td>Assistance with site intakes and Relocation if necessary</td>
</tr>
<tr>
<td>Jim Noesen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lisa Burt</td>
<td>Service Coordinator</td>
<td>233-4032</td>
<td>Assistance with site intakes and alternate service options</td>
</tr>
<tr>
<td>Sister Anthony Marie Greving</td>
<td>AAA Director</td>
<td>233-4032</td>
<td>Assistance with site intakes, alternate service options, staff coordination and delivery of food</td>
</tr>
</tbody>
</table>

3. Alternate AAA business location if primary office is inaccessible or uninhabitable:

<table>
<thead>
<tr>
<th>LOCATION NAME AND ADDRESS</th>
<th>TELEPHONE / OTHER CONTACT NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bannock County Criminal Justice Center 5800 South 5th, Pocatello 83201</td>
<td>208-236-7104</td>
</tr>
</tbody>
</table>
4. Does the AAA have personal and community disaster preparedness information available for clients, services providers and the general public?

   YES x       NO □ (in partnership with the Public Health Department)

5. Local Emergency coordinators and Red Cross coordinators in EACH county or city with whom the AAA coordinates emergency planning for the needs of older citizens, and will collaborate during an emergency or disaster situation:

<table>
<thead>
<tr>
<th>NAME / ADDRESS OF SERVICE PROVIDER</th>
<th>TELEPHONE AND CELLULAR NUMBER</th>
<th>PROGRAM OR SERVICE / DISASTER RESPONSE</th>
</tr>
</thead>
</table>
| Gary Moore, Emergency Service Manager | Bannock County Sheriff  
Box 4666, Pocatello 83205 | 236-7104  
251-0417 | Bannock County |
| Allan Ebrom, Emergency Service Coordinator | Box 151—ESC  
Bloomington 83223 | 945-2212  
251-9935 | Bear Lake County |
| Craig Rowland, EMS Coordinator | 501 North Maple, # 208  
Blackfoot 83221 | 782-3191  
317-4301 | Bingham County |
| Dennis Godfrey, Director of EMS | Box 775  
Soda Springs 83276 | 547-2583  
221-7055 | Caribou County |
| Warren Wilde, Director of EMS | 6869 North Capital Hill  
Preston 83263 | 852-1332  
221-1408 | Franklin County |
| Dan Williams, Director of Disaster Services | Sheriff’s Dept.  
10 Court Street, Malad 83252 | 766-2251  
766-4116 | Oneida County |
| Di Jones, Office of Emergency Management | 560 N. Oregon Trail Road  
American Falls 83211 | 226-2839  
221-1129 | Power County |
| Ken Fagnant, Field Officer | ID Bureau/Homeland Security  
10714 N. Fairgrounds Road  
Pocatello 83202 | 238-9113  
251-0185 | Region 5 |
| Kathy Davis, District Director | American Red Cross  
410 Memorial Drive--# 204  
Idaho Falls 83402 | 243-0517 | Region 5 & 6 |
| Denise O’Farrell, Health Care Liaison | Medical Service Corps  
Public Health Department  
1901 Alvin Ricken Drive  
Pocatello 83201 | 239-5208  
221-5200 | Region 5 |

6. Are there clauses included in contracts, grants and agreements with service providers describing and assuring their response during a disaster or emergency?

   YES □       NO X (Will be included in new contracts for 2014-2017 as well as the RFP in 2014)

7. List service providers of major programs (transportation, nutrition, homemaker, etc.) with whom the AAA will coordinate emergency services.

<table>
<thead>
<tr>
<th>NAME / ADDRESS OF SERVICE PROVIDER</th>
<th>TELEPHONE AND CELLULAR NUMBER</th>
<th>PROGRAM OR SERVICE / DISASTER RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Citizen Centers</td>
<td>Housing, Nutrition and Service Coordination</td>
<td></td>
</tr>
</tbody>
</table>
Pocatello Regional Transit 705-4057 Transportation

Home Care Agencies Identifying clients, locating them and assisting with alternate services

Schools in the area Assistance with Transportation

Churches in the area Distribution of food and alternate housing

Home Health Agencies Identifying clients, locating them and assisting with alternate services

Idaho State University 282-2102 Medical Assistance Coordination

Salvation Army 232-5318 Assistance with supplies, equipment, and information for services
St. Vincent dePaul 233-2555

Public Health Department 239-5208 Overall Coordination
SE ID Community Action Agency 232-1114 Clothes, Food, and Supplies

8. Does the AAA 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 □ NO X (But will have updated GIS information from each county by mid-2014.)

Describe the process:
Our registered clients by names are in the SAMS database located at the AAA. In order to chart where the elderly are located, the AAA will work with the counties GIS program to secure a map with updated information on location. This project will be shared with health agencies and senior centers in Area V.

9. Does the AAA disaster plan include a process for “call downs” to service providers, nursing homes and residential care facilities, individual case management clients, etc., to check on their preparedness status and welfare in the event of an emergency?

If YES, be sure to list staff member and emergency assignment in # 2.

YES x NO □

10. Does the AAA disaster plan include a process for intake and recording of information about the disaster related needs of older people, providing access to needed services, and follow-up during and beyond the recovery period?

YES x NO □
11. Does the AAA disaster plan include a process for staff and service providers to record employee’s time and expenses associated with disaster related activities (necessary to apply for reimbursement in the event of a presidential disaster declaration)?

YES  x  NO  

12. Describe activities the AAA will undertake during the contract period to expand emergency preparedness of the Aging Network within the PSA (i.e. attend LEPC meetings, work with local emergency management officials to advocate for inclusion of older citizens’ needs in emergency planning, establish CERT Training in senior centers, make 72-hour kits available for homebound clients, establish “call-down” lists and procedures to be used during emergencies, include emergency preparedness activities in contracts with providers, etc.)

- In-service from the local public health department regarding procedures for local senior centers
- Share with local churches in our outreach efforts about Area V disaster planning
- Secure from each client served who is named as the emergency contact for them
- The Area V Disaster Planner will continue to attend the LEPC meetings in the area
- The Area Advisory Council will have a member from the local disaster planning unit
- Continue to collaborate with the seven county emergency planners for better sharing of information.
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 are spread also contributed to the premature deaths of many children and young adults. Additionally, most people in the past worked on farms, in mines and lumber mills, in manufacturing, or in other industrial occupations. At that time, attention to worker safety had not yet become a requirement of corporate or public policy. Thus, disabling or even immediately fatal job-related accidents were frequent occurrences.

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

Ten years later, the Millennial Census count showed 1,293,953 Idahoans. *Nearly 15% of them were aged 60 or older.* The most recent post-Census estimates (for 2010, published by the Census Bureau in July 2011), show that Idaho’s overall population had increased another 21.1% to 1,567,582.
The raw number of older citizens has also continued to grow in every region as well as in the state as a whole. However, the proportionate percentage or ratio of seniors to younger Idahoans has declined somewhat as a consequence of overall population growth (all ages). The percentage of older people is highest in areas that have become attractive as retirement destinations. Most recently, this has been the situation in the northernmost region of the state, although the actual numbers for all age groups are highest in the most urbanized area of the state which includes several counties and rapidly growing cities.

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

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

<table>
<thead>
<tr>
<th>60+ Population</th>
<th>Census COUNT</th>
<th>Census COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL POPULATION in 2010</td>
<td>TOTAL 60+ in 2010</td>
<td></td>
</tr>
<tr>
<td>STATEWIDE</td>
<td>1,567,582</td>
<td>277,984</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YOUNGER SENIORS</th>
<th>OLDER SENIORS</th>
<th>OLDEST SENIORS</th>
<th>% of TOTAL Population</th>
<th>% of TOTAL Population</th>
<th>% of TOTAL Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>-----------------</td>
<td>---------------</td>
<td>----------------</td>
<td>----------------------</td>
<td>----------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>146,744</td>
<td>105,998</td>
<td>25,242</td>
<td>9.3%</td>
<td>6.7%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

*STATEWIDE*

*Numbers in these charts are derived from Census data.*
Growth of the 60+ Population, Statewide and by Area

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

<table>
<thead>
<tr>
<th>County</th>
<th>PSA</th>
<th>Percent Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teton</td>
<td>VI</td>
<td>69.5%</td>
</tr>
<tr>
<td>Canyon</td>
<td>III</td>
<td>43.7%</td>
</tr>
<tr>
<td>Madison</td>
<td>VI</td>
<td>36.7%</td>
</tr>
<tr>
<td>Jefferson</td>
<td>VI</td>
<td>36.5%</td>
</tr>
</tbody>
</table>

...and greatest loss counties:

<table>
<thead>
<tr>
<th>County</th>
<th>PSA</th>
<th>Percent Decline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoshone</td>
<td>I</td>
<td>-7.3%</td>
</tr>
<tr>
<td>Elmore</td>
<td>III</td>
<td>-7.2%</td>
</tr>
<tr>
<td>Bear Lake</td>
<td>V</td>
<td>-6.6%</td>
</tr>
<tr>
<td>Caribou</td>
<td>V</td>
<td>-4.7%</td>
</tr>
</tbody>
</table>

The state (overall):

<table>
<thead>
<tr>
<th>Percent Growth</th>
<th>Number Added (all ages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.1%</td>
<td>273,629</td>
</tr>
</tbody>
</table>

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

**U.S. Life expectancy as of 2010:**

<table>
<thead>
<tr>
<th>Male/Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>55</td>
</tr>
<tr>
<td>60</td>
</tr>
<tr>
<td>65</td>
</tr>
<tr>
<td>70</td>
</tr>
<tr>
<td>75</td>
</tr>
<tr>
<td>80</td>
</tr>
<tr>
<td>85</td>
</tr>
</tbody>
</table>

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

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

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

---


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)

<table>
<thead>
<tr>
<th>PSA</th>
<th>TOTAL POPULATION in 2006</th>
<th>TOTAL POPULATION in 2010</th>
<th>TOTAL 60+ in 2006</th>
<th>TOTAL 60+ in 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSA I</td>
<td>206,140</td>
<td>212,393</td>
<td>39,767</td>
<td>47,798</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YOUNGER SENIORS</th>
<th>OLDER SENIORS</th>
<th>OLDEST SENIORS</th>
<th>% of TOTAL Population</th>
<th>% of TOTAL Population</th>
<th>% of TOTAL Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>25,860</td>
<td>18,105</td>
<td>3,833</td>
<td>12.2%</td>
<td>8.5%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

The chart shows the PSA’s older population as a proportion of each county’s total population.
The chart shows the PSA’s older population as a proportion of each county’s total population.
The chart shows the PSA’s older population as a proportion of each county’s total population.
<table>
<thead>
<tr>
<th>60+ Population</th>
<th>Census Update ESTIMATE</th>
<th>Census COUNT</th>
<th>Census Update ESTIMATE</th>
<th>Census COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSA IV</td>
<td>TOTAL POPULATION in 2006</td>
<td>TOTAL POPULATION in 2010</td>
<td>TOTAL 60+ in 2006</td>
<td>TOTAL 60+ in 2010</td>
</tr>
<tr>
<td>PSA IV TOTALS</td>
<td>173,626</td>
<td>185,790</td>
<td>30,876</td>
<td>34,419</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YOUNGER SENIORS</th>
<th>OLDER SENIORS</th>
<th>OLDEST SENIORS</th>
<th>% of TOTAL Population</th>
<th>% of TOTAL Population</th>
<th>% of TOTAL Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>17,459</td>
<td>13,670</td>
<td>3,290</td>
<td>9.4%</td>
<td>7.4%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Population Distribution in Area IV, by County

The chart shows the PSA’s older population as a proportion of each county’s total population.
### 60+ Population

<table>
<thead>
<tr>
<th>PSA V</th>
<th>TOTAL POPULATION in 2006</th>
<th>TOTAL POPULATION in 2010</th>
<th>TOTAL 60+ in 2006</th>
<th>TOTAL 60+ in 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSA V TOTALS</td>
<td>160,241</td>
<td>166,284</td>
<td>24,427</td>
<td>28,194</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YOUNGER SENIORS</th>
<th>OLDER SENIORS</th>
<th>OLDEST SENIORS</th>
<th>% of TOTAL Population</th>
<th>% of TOTAL Population</th>
<th>% of TOTAL Population</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>8.6%</th>
<th>6.8%</th>
<th>1.6%</th>
<th>PSA V TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>14,359</td>
<td>11,248</td>
<td>2,587</td>
<td>8.6%</td>
<td>6.8%</td>
<td>1.6%</td>
<td>PSA V TOTALS</td>
</tr>
</tbody>
</table>

### Population Distribution of Area V, by County

Prepared by the Idaho Commission on Aging Idaho Vital Statistics
2010, March 2012

- **Power**: 1,346 of 7,817
- **Oneida**: 992 of 4,286
- **Franklin**: 2,171 of 12,786
- **Caribou**: 1,482 of 6,963
- **Bingham**: 7,314 of 45,607
- **Bear Lake**: 1,492 of 5,986
- **Bannock**: 13,397 of 82,839

**Legend**
- **Aged 60+ Pop. of County**
- **Total County Pop.**

*The chart shows the PSA’s older population as a proportion of each county’s total population.*
### 60+ Population

<table>
<thead>
<tr>
<th>PSA VI</th>
<th>TOTAL POPULATION in 2006</th>
<th>TOTAL POPULATION in 2010</th>
<th>TOTAL 60+ in 2006</th>
<th>TOTAL 60+ in 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSA VI TOTALS</td>
<td>184,391</td>
<td>207,499</td>
<td>26,123</td>
<td>30,854</td>
</tr>
</tbody>
</table>

### YOUNGER SENIORS, OLDER SENIORS, OLDEST SENIORS

<table>
<thead>
<tr>
<th>PERSONS AGED 60 - 69 (2010)</th>
<th>PERSONS AGED 70 - 84 (2010)</th>
<th>PERSONS AGED 85+ (2010)</th>
<th>% of TOTAL POPULATION</th>
<th>% of TOTAL POPULATION</th>
<th>% of TOTAL POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>16,181</td>
<td>11,970</td>
<td>2,703</td>
<td>7.8%</td>
<td>5.8%</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

### Population Distribution of Area VI


<table>
<thead>
<tr>
<th>County</th>
<th>Aged 60+ Pop. Of County</th>
<th>County Total Pop.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teton</td>
<td>1,986</td>
<td>10,170</td>
</tr>
<tr>
<td>Madison</td>
<td>2,894</td>
<td>37,536</td>
</tr>
<tr>
<td>Lemhi</td>
<td>2,519</td>
<td>7,936</td>
</tr>
<tr>
<td>Jefferson</td>
<td>3,632</td>
<td>26,140</td>
</tr>
<tr>
<td>Fremont</td>
<td>2,512</td>
<td>13,242</td>
</tr>
<tr>
<td>Custer</td>
<td>1,191</td>
<td>4,368</td>
</tr>
<tr>
<td>Clark</td>
<td>177</td>
<td>982</td>
</tr>
<tr>
<td>Butte</td>
<td>704</td>
<td>2,891</td>
</tr>
<tr>
<td>Bonneville</td>
<td>16,133</td>
<td>104,234</td>
</tr>
</tbody>
</table>
Exhibit 1B Definitions

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

DEFINITIONS.
1. **Abuse.** (OAA Section 102(a)(1))
   A. Infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish;
   B. Deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness.

2. **Abuse.** (IC 39-5302(1)) means the intentional or negligent infliction of physical pain, injury or mental injury.

3. **Access.** (IDAPA Ombudsman 15.01.03.010.01) Right to enter long-term care facility upon notification of person in charge. (7-1-98)

4. **Access Services.** (IDAPA 15.01.21.010.01) Transportation, Outreach, Information and Assistance and Case Management. (7-1-98)

5. **Act.** (IDAPA 15.01.01.010.01 & 15.01.20.010.01) The Idaho Senior Services Act (SS Act). Programs and services established in Sections 67-5001 et seq., Idaho Code. (3-20-04)

6. **Activities of Daily Living (ADL).** (IDAPA 15.01.01.010.02) Bathing, dressing, toileting, transferring, eating, walking. (7-1-98)

7. **Adult child with a disability.** (OAA Section 102(a)(3)) means a child who—
   A. Is 18 years of age or older;
   B. Is financially dependent on an older individual who is a parent of the child; and
   C. Has a disability.

8. **Adult Day Care.** (IC 67-5006(5)) a structured day program which provides individually planned care, supervision, social interaction and supportive services for frail older persons in a protective setting, and provides relief and support for caregivers.

9. **Adult Day Care.** (IDAPA 15.01.01.010.03) A structured day program which provides individually planned care, supervision, social interaction, and supportive services for frail older persons in a protective group setting, and provides relief and support for caregivers. (7-1-98)

10. **Adult Protection (AP).** (IDAPA 15.01.02.010.01 ) Statutory protections safeguarding vulnerable adults through investigations of reports alleging abuse, neglect, self-neglect or exploitation, and
arrangements for the provision of emergency or supportive services necessary to reduce or eliminate risk of harm. (7-1-98)

11. **AP Supervisor.** (IDAPA 15.01.02.010.02) AAA employee responsible for overseeing the provision of AP services. The Supervisor’s duties include:
   A. the direct supervision of AP staff,
   B. case assignments,
   C. the monitoring of case loads and documentation,
   D. and the maintenance of cooperative relationships with other agencies, organizations or groups serving vulnerable “at risk” populations.
   E. The employee shall be a social worker licensed to practice in Idaho.(5-3-03)

12. **AP Worker.** (IDAPA 15.01.02.010.03 ) AAA employee providing AP services. The worker’s duties include:
   A. the investigation of AP reports,
   B. client risk assessment,
   C. and the development of plans for protective actions, supportive services and/or law enforcement referral.
   D. The employee shall be any one (1) of the following: (4-2-08)
      1. A social worker licensed to practice in Idaho; or (4-2-08)
      2. An individual with a Bachelor of Arts (BA) or Bachelor of Science (BS) in a human services field or equivalent and at least two (2) years’ experience in direct service delivery to vulnerable adults; or (4-2-08)
      3. An individual with an Associate of Arts (AA) or Associate of Science (AS) degree and at least two (2) years’ experience in law enforcement. (4-2-08)

13. **Advance Directive.** (IDAPA 15.01.01.010.05) A Living Will or Durable Power of Attorney for Healthcare executed under the Natural Death Act, Section 39-4501, Idaho Code. (5-3-03)

14. **Affected Parties.** (IDAPA Ombudsman 15.01.03.010.02) Long-term care facilities, state or county departments or agencies, or others against whom a complaint has been lodged.

15. **Aging and Disability Resource Center.** (IC 67-5006(8)) (OAA Section 102(a)(4)) means an entity established by a state as part of the state system of long-term care, to provide a coordinated system for providing:
   A. Comprehensive information on the full range of available public and private long-term care programs, options, service providers and resources within a community, including information on the availability of integrated long-term care;
B. Personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and

C. Consumers' access to the range of publicly supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs.

16. **Aging Network.** (OAA Section 102(a)(5)) the network of—
   A. State agencies, area agencies on aging, title VI grantees, and the Administration; and

   B. organizations that—

   1. are providers of direct services to older individuals; or

   2. are institutions of higher education; and

   3. receive funding under this Act.

17. **Aging Network.** (IDAPA 15.01.01.010.04) The ICOA, the AAAs, and other providers. (5-3-03)

18. Area I. Planning and service area made up of: Benewah, Boundary, Bonner, Kootenai, and Shoshone counties.

19. **Area II.** Planning and service area made up of: Clearwater, Idaho, Latah, Lewis, and Nez Perce counties.

20. **Area III.** (IDAPA Ombudsman 15.01.03.010.03) Planning and service area made up of: Canyon, Valley, Boise, Gem, Elmore, Washington, Ada, Adams, Payette, and Owyhee counties. (7-1-98)

21. **Area IV.** Planning and service area made up of: Blaine, Camas, Cassis, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls counties.

22. **Area V.** Planning and service area made up of: Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, and Power counties.

23. **Area VI.** Planning and service area made up of: Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton counties.

24. **Area Agency on Aging.** (OAA Section 102(a)(6)) an area agency on aging designated under section 305(a)(2)(A) or a State agency performing the functions of an area agency on aging under section 305(b)(5).

25. **Area Agency on Aging (AAA).** (IDAPA 15.01.01.010.06 & 15.01.20.010.02) Separate organizational unit within a multipurpose agency which functions only for purposes of serving as the area agency on aging that plans, develops, and implements services for older persons within a planning and service area. (3-20-04)

26. **Area Plan.** (IDAPA 15.01.01.010.07 & 15.01.20.010.03) Plan describing aging programs and services which an AAA is required to submit to the Idaho Commission on Aging, in accordance with the OAA, in order to receive OAA funding. (3-20-04)

27. **Assessment Instrument.** (IDAPA 15.01.01.010.08) A comprehensive instrument utilizing uniform criteria to assess a client’s needs. (5-3-03)
28. **Assistive (technology) device.** (OAA Section 102(a)(8)(B)) assistive technology, assistive technology device, and assistive technology service’ have the meanings given such terms in section 3 of the Assistive Technology Act of 1998 (29 U.S.C. 3002).

29. **At Risk for Institutional Placement.** (OAA Section 102(a)(9)) with respect to an older individual, that such individual is unable to perform at least 2 activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility.

30. **Board and Care Facility.** (OAA Section 102(a)(10)) an institution regulated by a State pursuant to section 1616(e) of the Social Security Act (42 U.S.C. 1382e(e)).

31. **Caregiver.** (OAA Section 102(a)(18)(B)) means an individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law and means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) compensated or uncompensated care to an older individual.

32. **Caretaker.** (IC 39-5302(2)) means any individual or institution that is responsible by relationship, contract, or court order to provide food, shelter or clothing, medical or other life-sustaining necessities to a vulnerable adult.

33. **Case Manager.** (IDAPA 15.01.01.010.09) A licensed social worker, licensed professional nurse (RN), or Certified Case Manager, or an individual with a BA or BS in a human services field or equivalent and at least one (1) year’s experience in service delivery to the service population. (3-30-01)

34. **Case Management.** (IDAPA 15.01.01.010.10) Case management is a service provided to older individuals and disabled adults, at the direction of the individual or a family member of the individual, to assess the needs of the person and to arrange, coordinate, and monitor an optimum package of services to meet those needs.

A. Activities of case management include:

   1. comprehensive assessment of the individual;
   2. development and implementation of a service plan with the individual to mobilize formal and informal resources and services;
   3. coordination and monitoring of formal and informal service delivery;
   4. and periodic reassessment. (3-30-01)

35. **Case Management Services.** (OAA Section 102(a)(11))

A. A service provided to an older individual, at the direction of the older individual or a family member of the individual—

   1. By an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph (2); and

   2. To assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual; and

B. Includes services and coordination such as—
1. Comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual);

2. Development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services—
   a. With any other plans that exist for various formal services, such as hospital discharge plans; and
   b. With the information and assistance services provided under this Act;

3. Coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;

4. Periodic reassessment and revision of the status of the older individual with—
   a. The older individual; or
   b. If necessary, a primary caregiver or family member of the older individual

5. In accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

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

A. Means a service provided to an older individual at the direction of the older individual or a family member of the individual:

1. By an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in section (2) of this subsection; and

2. To assess the needs and to arrange, coordinate and monitor an optimum package of services to meet the needs of the older individual; and

B. Includes services and coordination such as:

1. Comprehensive assessment of the older individual, including the physical, psychological and social needs of the individual;

2. Development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services:
   a. With any other plans that exist for various formal services such as hospital discharge plans; and
   b. With the information and assistance services provided herein;

3. Coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;

4. Periodic reassessment and revision of the status of the older individual with:
a. The older individual; or
b. If necessary, a primary caregiver or family member of the older individual; and
5. In accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

37. **Case Management Supervisor.** (IDAPA 15.01.01.010.11) An individual who has at least a BA or BS degree and is a licensed social worker, psychologist or licensed professional nurse (registered nurse/RN) with at least two (2) years’ experience in service delivery to the service population. (4-5-00)

38. **Certified Case Manager.** (IDAPA 15.01.01.010.12) A Case Manager who has met the requirements for certification as established by the National Academy of Care/Case Managers or other professional association recognized by the Idaho Commission on Aging. (5-3-03)

39. **Child.** (OAA Section 372(a)(1)) means an individual who is not more than 18 years of age or who is an individual with a disability.

40. **Chore Services.** (IDAPA 15.01.01.010.13) Providing assistance with routine yard work, sidewalk maintenance, heavy cleaning, or minor household maintenance to persons who have functional limitations that prohibit them from performing these tasks. (5-3-03)

41. **Civic Engagement.** (OAA Section 102(a)(12)) an individual or collective action designed to address a public concern or an unmet human, educational, health care, environmental, or public safety need.

42. **Client.** (IDAPA 15.01.01.010.14) Person who has met program eligibility requirements for services addressed in this chapter. (7-1-98)

43. **Cognitive Impairment.** (IDAPA 15.01.01.010.15) A disability or condition due to mental impairment. (7-1-98)

44. **Commission.** (IC 39-5302(3)) means the Idaho Commission on Aging (ICOA), established pursuant to chapter 50, title 67, Idaho Code.

45. **Complainant.** (IDAPA Ombudsman 15.01.03.010.04) The substate ombudsman or any individual or organization who registers a complaint with the substate ombudsman. (7-1-98)

46. **Complaints.** (IDAPA Ombudsman 15.01.03.010.06) Allegations made by or on behalf of eligible clients, whether living in long-term care facilities or in the community. (7-1-98)

47. **Comprehensive and coordinated system.** (OAA Section 302(1)) means a system for providing all necessary supportive services, including nutrition services, in a manner designed to
A. Facilitate accessibility to, and utilization of, all supportive services and nutrition services provided within the geographic area served by such system by any public or private agency or organization;
B. Develop and make the most efficient use of supportive services and nutrition services in meeting the needs of older individuals;
C. Use available resources efficiently and with a minimum of duplication; and
D. Encourage and assist public and private entities that have unrealized potential for meeting the service needs of older individuals to assist the older individuals on a voluntary basis.

48. **Congregate Meals.** (IC 67-5006(3)) meals prepared and served in a congregate setting which provide older persons with assistance in maintaining a well-balanced diet, including diet counseling and nutrition education.
49. **Congregate Meals.** (IDAPA 15.01.01.010.16) Meals that meet the requirements of the OAA, as amended, served in a group setting. (7-1-98)

50. **Contract.** (IDAPA 15.01.20.010.04) A legally binding, written agreement between two (2) or more parties which outlines the terms and provisions to which both parties agree.

51. **Contractor.** (IC 39-5302(4)) means an Area Agency on Aging (AAA) and its duly authorized agents and employees providing adult protection services pursuant to a contract with the commission in accordance with section 67-5011, Idaho Code. The commission designates area agencies on aging pursuant to OAA Section. 305(a)(2)(A) and may establish by rule when duties or obligations under this chapter may be fulfilled by an area agency on aging.

52. **Cost Sharing Payment.** (IDAPA 15.01.01.010.17) An established payment required from individuals receiving services under the Act. The cost sharing payment varies according to client’s current annual household income. (4-6-05)

53. **Department.** (IDAPA 15.01.01.010.18) (IC 39-5302) Department of Health and Welfare. (7-1-98)

54. **Designation.** (IDAPA Ombudsman 15.01.03.010.07) Process by which the Office approves the location of substate ombudsman programs within AAAs and delegates to such programs the authority to carry out the purposes of the program. (7-1-98)

55. **Direct Costs.** (IDAPA 15.01.01.010.19) Costs incurred from the provision of direct services. These costs include, but are not limited to, salaries, fringe benefits, travel, equipment, and supplies directly involved in the provision of services. Salaries of program coordinators and first line supervisors are considered direct costs. (7-1-98)

56. **Disability.** (OAA Section 102(a)(13)) (except when such term is used in the phrase “severe disability”, “developmental disability”, “physical or mental disability”, “physical and mental disabilities”, or “physical disabilities”) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity:
   A. Self-care,
   B. Receptive and expressive language,
   C. Learning,
   D. Mobility,
   E. Self-direction,
   F. Capacity for independent living,
   G. Economic self-sufficiency,
   H. Cognitive functioning, and
   I. Emotional adjustment.

57. **Disease Prevention and Health Promotion Services.** (OAA Section 102(a)(14))
   A. Health risk assessments;
B. Routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening;

C. Nutritional counseling and educational services for individuals and their primary caregivers;

D. Evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition;

E. Programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy, including programs for multigenerational participation that are provided by—
   1. an institution of higher education;
   2. a local educational agency, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801); or
   3. a community-based organization;

F. Home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment;

G. Screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services;

H. Educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);

I. Medication management screening and education to prevent incorrect medication and adverse drug reactions;

J. Information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer’s disease and related disorders with neurological and organic brain dysfunction;

K. Gerontological counseling; and

L. Counseling regarding social services and follow up health services based on any of the services described in subparagraphs (A) through (K). The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.).

58. **Education and Training Service**, (OAA Section 302(2)) means a supportive service designed to assist older individuals to better cope with their economic, health, and personal needs through services such
as consumer education, continuing education, health education, pre-retirement education, financial planning, and other education and training services which will advance the objectives of this Act.

59. **Elder Abuse.** (OAA Section 102(a)(15)) abuse of an older individual.

60. **Elder Abuse, Neglect and Exploitation.** (OAA Section 102(a)(16)) abuse, neglect, and exploitation, of an older individual.

61. **Elder Justice.** (OAA Section 102(a)(17))

   A. Used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy; and

   B. Used with respect to an individual who is an older individual, means the recognition of the individual’s rights, including the right to be free of abuse, neglect, and exploitation.

62. **Elder Rights.** (OAA Section 761(1)) means a right of an older individual.

63. **Eligible Clients.** (IDAPA 15.01.01.010.20) Residents of the state of Idaho who are sixty (60) years or older. (5-3-03)

64. **Eligibility Entity.** (OAA Section 422(a)(1))

   A. Means a nonprofit health or social service organization, a community-based nonprofit organization, an area agency on aging or other local government agency, a tribal organization, or another entity that—

      1. The Assistant Secretary determines to be appropriate to carry out a project under this part; and

      2. Demonstrates a record of, and experience in, providing or administering group and individual health and social services for older individuals; and

   B. Does not include an entity providing housing under the congregate housing services program carried out under section 802 of the Cranston-Gonzalez National Affordable Housing Act (42 U.S.C. 8011) or the multifamily service coordinator program carried out under section 202(g) of the Housing Act of 1959 (12 U.S.C. 1701q(g)).

65. **Emergency.** (IC 39-5302(6)) means an exigent circumstance in which a vulnerable adult's health and safety is placed in imminent danger. Imminent danger is when death or severe bodily injury could reasonably be expected to occur without intervention.

66. **Exploitation.** (OAA Section 102(a)(18)(a))

   A. The fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belongings, or assets.
B. In subparagraph (1), the term ‘caregiver’ means an individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law and means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) compensated or uncompensated care to an older individual.

67. **Exploitation.** (IC 39-5302(7)) means an action which may include, but is not limited to, the unjust or improper use of a vulnerable adult's financial power of attorney, funds, property, or resources by another person for profit or advantage.

68. **Family Caregiver.** (OAA Section 302(3)) means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.

69. **Family Violence.** (OAA Section 102(a)(19)) same meaning given the term in the Family Violence Prevention and Services Act (42 U.S.C. 10408).

70. **Fiscal Effectiveness.** (IDAPA 15.01.01.010.21) A financial record of the cost of all formal services provided to insure that maintenance of an individual at home is more cost effective than placement of that individual in an institutional long-term care setting. (7-1-98)

71. **Fiduciary.** (OAA Section 102(a)(20))
   A. Person or entity with the legal responsibility –
      1. to make decisions on behalf of and for the benefit of another person; and
      2. to act in good faith and with fairness; and
   B. Includes a trustee, a guardian, a conservator, an executor, an agent under a financial power of attorney or health care power of attorney, or a representative payee.

72. **Focal Point.** (OAA Section 102(a)(21)) a facility established to encourage the maximum collocation and coordination of services for older individuals.

73. **Formal Services.** (IDAPA 15.01.01.010.22) Services provided to clients by a formally organized entity, including, but not limited to, Medicaid HCBS. (5-3-03)

74. **Frail.** (OAA Section 102(a)(22))
   A. With respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual—
      1. is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
      2. at the option of the State, is unable to perform at least three such activities without such assistance; or
B. Due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

75. **Functional Impairment.** (IDAPA 15.01.01.010.23) A condition that limits an individual’s ability to perform ADLs and IADLs. (7-1-98)

76. **Grandparent or Older Individual Who is a Relative Caregiver.** (OAA Section 372(2)) The term “grandparent or older individual who is a relative caregiver” means a grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption who is 55 years of age or older and—
   A. Lives with the child;
   B. Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
   C. Has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.

77. **Greatest Economic Need.** (OAA Section 102(a)(23)) the need resulting from an income level at or below the poverty line.

78. **Greatest Social Need.** (OAA Section 102(a)(24)) the need caused by non-economic factors, which include—
   A. Physical and mental disabilities;
   B. Language barriers; and
   C. Cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that—
      1. restricts the ability of an individual to perform normal daily tasks; or
      2. threatens the capacity of the individual to live independently.

79. **Hispanic-serving institutions.** Section 502 of the Higher Education Act of 1965 (20 U.S.C. 1101a) defines the term as an institution of higher education that —
   A. Is an eligible institution;
   B. At the time of application, has an enrollment of undergraduate full-time equivalent students that is at least 25 percent Hispanic students; and
   C. Provides assurances that not less than 50 percent of the institution’s Hispanic students are low-income individuals, which assurances —
      1. May employ statistical extrapolation using appropriate data from the Bureau of the Census or other appropriate Federal or State sources; and
2. The Secretary shall consider as meeting the requirements of this subparagraph, unless the Secretary determines, based on a preponderance of the evidence, that the assurances do not meet the requirements.

80. **Home-Delivered Meals.** (IDAPA 15.01.01.010.24) Meals delivered to eligible clients in private homes. These meals shall meet the requirements of the OAA. (7-1-98)

81. **Homemaker.** (IDAPA 15.01.01.010.25) A person who has successfully completed a basic prescribed training, who, under the supervision of a provider, supplies homemaker services. (4-6-05)

82. **Homemaker Service.** (IDAPA 15.01.01.010.26) Assistance with housekeeping, meal planning and preparation, essential shopping and personal errands, banking and bill paying, medication management, and, with restrictions, bathing and washing hair. (7-1-98)

83. **Household.** (IDAPA 15.01.010.27) For sliding fee purposes, a “household” includes a client and any other person permanently resident in the same dwelling who shares accommodations and expenses with the client. (7-1-98)

84. **Idaho Commission on Aging (ICOA).** (IDAPA 15.01.01.010.28 & 15.01.20.010.05) State agency that plans, sets priorities, coordinates, develops policy, and evaluates state activities relative to the objectives of the OAA. (3-20-04)

85. **In-home Services.** (OAA Section 102(a)(30)) Includes—

   A. Services of homemakers and home health aides;

   B. Visiting and telephone reassurance;

   C. Chore maintenance;

   D. In-home respite care for families, and adult day care as a respite service for families;

   E. Minor modification of homes that is necessary to facilitate the ability of older individuals to remain at home and that is not available under another program (other than a program carried out under this Act);

   F. Personal care services; and

   G. Other in-home services as defined—

      1. by the State agency in the State plan submitted in accordance with section 307; and

      2. by the area agency on aging in the area plan submitted in accordance with section 306.

86. **In-home Services.** (IC 67-5006(2)) Provide care for older persons in their own homes and help them maintain, strengthen, and safeguard their personal functioning in their own homes. These services shall include, but not be limited to case management, homemakers, chores, telephone reassurance, home delivered meals, friendly visiting and shopping assistance, and in-home respite care.

87. **Indian.** (OAA Section 102(a)(26)) Means a person who is a member of an Indian tribe.

88. **Indian Tribe.** (OAA Section 102(a)(27)) Means any tribe, band, nation, or other organized group or community of Indians (including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (Public Law 92–203; 85 Stat.
which (A) is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians; or (B) is located on, or in proximity to, a Federal or State reservation or rancheria.

89. **Information and Assistance Service.** (OAA Section 102(a)(28)) (IC 67-5006(6)) Means a service for older individuals that—
   A. Provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology;
   B. Assesses the problems and capacities of the individuals;
   C. Links the individuals to the opportunities and services that are available;
   D. To the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and
   E. Serves the entire community of older individuals, particularly—
      1. Older individuals with greatest social need;
      2. Older individuals with greatest economic need; and
      3. Older individuals at risk for institutional placement.

90. **I & A.** (IDAPA 15.01.21.010.02) Information and Assistance Services initiated by an older person or their representative that: (7-1-98)
   A. Provides current information about services available within the community, including information about assistive technology; (7-1-98)
   B. Assesses the problem, determines the appropriate available service, and makes the referral; (7-1-98)
   C. To the maximum extent practicable, by establishing adequate follow-up procedures, ensures that the client receives the needed service and is made aware of other available services. (7-1-98)

91. **Information and Referral.** (OAA Section 102(a)(29)) includes information relating to assistive technology.

92. **Information and Referral.** (IC 67-5006(7)) means and includes information relating to assistive technology.

93. **Informal Supports.** (IDAPA 15.01.01.010.29) Those supports provided by church, family, friends, and neighbors, usually at no cost to the client. (7-1-98)

94. **Institution of Higher Education.** (OAA Section 102(a)(31)) has the meaning given the term in section 101 of the Higher Education Act of 1965.

95. **Instrumental Activities of Daily Living (IADL).** (IDAPA 15.01.01.010.30) Meal preparation, money management, transportation, shopping, using the telephone, medication management, heavy housework, light housework. (7-1-98)
96. **Integrated Long-term Care.** (OAA Section 102(a)(32))
   A. Means items and services that consist of—
      1. With respect to long-term care—
         a. Long-term care items or services provided under a State plan for medical assistance under the Medicaid program established under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), including nursing facility services, home and community-based services, personal care services, and case management services provided under the plan; and
         b. Any other supports, items, or services that are available under any federally funded long-term care program; and
      2. with respect to other health care, items and services covered under—
         a. The Medicare program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);
         b. The State plan for medical assistance under the Medicaid program;
         or
         c. Any other federally funded health care program; and
   B. Includes items or services described in subparagraph (A) that are provided under a public or private managed care plan or through any other service provider.

97. **Legal Assistance.** (OAA Section 102(a)(33))
   A. Means legal advice and representation provided by an attorney to older individuals with economic or social needs; and
   B. Includes—
      1. To the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and
      2. Counseling or representation by a nonlawyer where permitted by law.

98. **Legal Assistance.** (IDAPA 15.01.21.010.03) Advice, counseling, or representation by an attorney or by a paralegal under the supervision of an attorney.

99. **Legal Representative.** (IDAPA 15.01.01.010.31) A person who carries a Power of Attorney or who is appointed Guardian or Conservator with legal authority to speak for a client. (5-3-03)

100. **Long-Term Care.** (OAA Section 102(a)(34)) means any service, care, or item (including an assistive device), including a disease prevention and health promotion service, an in-home service, and a case management service—
    A. Intended to assist individuals in coping with, and to the extent practicable compensate for, a functional impairment in carrying out activities of daily living;
    B. Furnished at home, in a community care setting (including a small community care setting as defined in subsection (g)(1), and a large community care setting as defined in subsection (h)(1), of section 1929 of the Social Security Act (42 U.S.C. 1396t)), or in a long-term care facility; and
    C. Not furnished to prevent, diagnose, treat, or cure a medical disease or condition.

101. **Long-Term Care Facility.** (OAA Section 102(a)(35)) means—
A. Any skilled nursing facility, as defined in section 1819(a) of the Social Security Act (42 U.S.C. 1395i–3(a));

B. Any nursing facility, as defined in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a));

C. For purposes of sections OAA 307(a)(12) and 712, a board and care facility; and

D. Any other adult care home, including an assisted living facility, similar to a facility or institution described in subparagraphs (1) through (3).

102. **Long-Term Care Facility.** (IDAPA Ombudsman 15.01.03.010.10) Skilled nursing facilities as defined in IDAPA 16.03.02, Subsection 002.33, “Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities,” and residential care facilities as defined in IDAPA 16.03.22, “Rules for Licensed Residential and Assisted Living Facilities in Idaho.” (7-1-98)

103. **Meal Site.** (IDAPA 15.01.21.010.04) A facility or location where eligible persons (and spouses) assemble for a meal, either site prepared or catered. (7-1-98)

104. **Medicaid HCBS.** (IDAPA 15.01.01.010.32) Services approved under the Medicaid Waiver for the aged and disabled. (3-30-01)

105. **Multipurpose Senior Center.** (OAA Section 102(a)(36)) Means a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.

106. **National Aging Program Information System (NAPIS).** (IDAPA 15.01.01.010.33) Standardized nationwide reporting system that tracks: (7-1-98)

   A. Service levels by individual service, identifies client characteristics, State and AAA staffing profiles, and identifies major program accomplishments; and (4-5-00)

   B. Complaints received against long term care facilities and family members or complaints related to rights, benefits and entitlements. (7-1-98)

107. **Native American.** (OAA Section 102(a)(37)) Means—

   A. An Indian as defined in paragraph (5); and

   B. A Native Hawaiian, as defined in section 625.

108. **Naturally Occurring Retirement Community.** (OAA Section 422(a)(2)) Means a community with a concentrated population of older individuals, which may include a residential building, a housing complex, an area (including a rural area) of single family residences, or a neighborhood composed of age-integrated housing—

   C. Where—

   1. 40 percent of the heads of households are older individuals; or

   2. A critical mass of older individuals exists, based on local factors that, taken in total, allow an organization to achieve efficiencies in the provision of health and social services to older individuals living in the community; and
D. That is not an institutional care or assisted living setting.

109. **Neglect.** (OAA Section 102(a)(38)) Means-
   A. The failure of a caregiver (as defined in paragraph (27) or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an older individual; or
   B. self-neglect.

110. **Neglect.** (IC 39-5302(8)) Means failure of a caretaker to provide food, clothing, shelter or medical care reasonably necessary to sustain the life and health of a vulnerable adult, or the failure of a vulnerable adult to provide those services for himself.

111. **Non-Institutional.** (IDAPA 15.01.01.010.34) Living arrangements which do not provide medical oversight or organized supervision of residents’ activities of daily living. Non-institutional residences include:
   A. Congregate housing units,
   B. Board and room facilities,
   C. Private residential houses,
   D. Apartments,
   E. Condominiums,
   F. Duplexes and multiplexes,
   G. Hotel/ motel rooms, and
   H. Group homes in which residents are typically unrelated to individuals.

Non-institutional does not include:
   A. skilled nursing homes,
   B. residential care facilities,
   C. homes providing adult foster care,
   D. hospitals,
   E. or residential schools/hospitals for the severely developmentally disabled or the chronically mentally ill. (7-1-98)

112. **Non-Jurisdictional Complaints.** (IDAPA Ombudsman 15.01.03.010.08) Complaints made by or on behalf of residents of long-term care facilities who are under the age of sixty (60) or complaints concerning persons outside the statutory jurisdiction of an ombudsman. (7-1-98)

113. **Nonprofit.** (OAA Section 102(a)(39)) As applied to any agency, institution, or organization means an agency, institution, or organization which is, or is owned and operated by, one or more corporations or associations no part of the net earnings of which injuries, or may lawfully inure, to the benefit of any private shareholder or individual.
114. **Office.** (OAA 712(a)(2)) For purposes of Long Term Care Ombudsman only, “Office” is defined as: the individual described in section 712(a)(2) – Ombudsman – the Office shall be headed by an individual, to be known as the State Long Term Care Ombudsman, who shall be selected from among individuals with expertise and experience in the fields of long term care and advocacy.

115. **Office.** (IDAPA Ombudsman 15.01.03.010.09) Office of the State Ombudsman for the Elderly pursuant to Title 67, Chapter 50, Idaho Code, Section 67-5009. (7-1-98)

116. **Older Americans Act.** (IDAPA 15.01.01.010.35 & 15.01.20.010.06) Federal law authorizing funding to states for supportive and nutrition services for the elderly. (3-20-04)

117. **Older Individual.** (OAA Section 102(a)(40)) means an individual who is 60 years of age or older.

118. **Older Persons.** (IC 67-5006(4)) individuals sixty (60) years of age or older.

119. **Ombudsman.** (IDAPA 15.01.01.010.36) An individual or program providing a mechanism to receive, investigate, and resolve complaints made by, or on behalf of, residents of long-term care facilities. (5-3-03)

120. **Outreach Service.** (IDAPA 15.01.21.010.05) A service which actively seeks out older persons, identifies their service needs, and provides them with information and assistance to link them with appropriate services. (7-1-98)

121. **Pension and Other Retirement Benefits.** (OAA Section 215(a)(1)) means private, civil service, and other public pensions and retirement benefits, including benefits provided under—

   A. The Social Security program under title II of the Social Security Act (42 U.S.C. 401 et seq.);

   B. The railroad retirement program under the Railroad Retirement Act of 1974 (45 U.S.C. 231 et seq.);

   C. The government retirement benefits programs under the Civil Service Retirement System set forth in chapter 83 of title 5, United States Code, the Federal Employees Retirement System set forth in chapter 84 of title 5, United States Code, or other Federal retirement systems; or

   D. Employee pension benefit plans as defined in section 3(2) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(2)).

122. **Physical Harm.** (OAA Section 102(a)(41)) means bodily injury, impairment, or disease.

123. **Planning and Service Area (PSA).** (IDAPA 15.01.01.010.38 & 15.01.20.010.07) ICOA designated geographical area within Idaho for which an AAA is responsible. (3-20-04)

124. **Planning and Service Area.** (OAA Section 102(a)(42)) means an area designated by a State agency under section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A).

125. **Poverty Line.** (OAA Section 102(a)(43)) means the official poverty line (as defined by the Office of Management and Budget, and adjusted by the Secretary in accordance with section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).

126. **Program.** (IDAPA 15.01.01.010.37) The Idaho Senior Services Program. (7-1-98)

127. **Protective Action Plan (PAP).** (IDAPA 15.01.02.010.05) An individual plan addressing the remedial, social, legal, medical, educational, mental health or other services available to reduce or eliminate the risk of harm to a vulnerable adult. A PAP may include a Supportive Services Plan as defined in IDAPA 15.01.01, “Rules Governing Idaho Senior Services.
128. **Provider**, (IDAPA 15.01.01.010.39) An AAA or another entity under contract with the AAA to provide a specific service. (5-3-03)

129. **Representative Payee**, (OAA Section 102(a)(44)) means a person who is appointed by a governmental entity to receive, on behalf of an older individual who is unable to manage funds by reason of a physical or mental incapacity, any funds owed to such individual by such entity.

130. **Resident**, (OAA Section 711(6)) The term “resident” means an older individual who resides in a long-term care facility.

131. **Resident**, (IDAPA Ombudsman 15.01.03.010.11) Resident as defined in IDAPA 16.03.22, “Rules for Licensed Residential and Assisted Living Facilities in Idaho.” (7-1-98)

132. **Respite**, (IDAPA 15.01.01.010.40) Short-term, intermittent relief provided to caregivers (individuals or families) of a functionally-impaired relative or custodial charge. (4-5-00)

133. **Rural**, (IDAPA 15.01.21.010.06) Communities having a population of fewer than twenty thousand (20,000) persons. (7-1-98)

134. **Secretary**, (OAA Section 102(a)(45)) means the Secretary of Health and Human Services, except that for purposes of title V such term means the Secretary of Labor.

135. **Self-directed Care**, (OAA Section 102(a)(46)) means an approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which –

A. Such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual;

B. Such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual’s care options;

C. The needs, capabilities, and preferences of such individual with respect to such services, and such individual’s ability to direct and control the individual’s receipt of such services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved;

D. Based on the assessment made under subparagraph (3), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual’s family, caregiver (as defined in paragraph (27)), or legal representative –

1. A plan of services for such individual that specifies which services such individual will be responsible for directing;

2. A determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and

3. A budget for such services; and

4. The area agency on aging or State agency provides for oversight of such individual’s self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act.
136. **Self-neglect.** (OAA Section 102(a)(47)) means an adult’s inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including –
   A. Obtaining essential food, clothing, shelter, and medical care;
   B. Obtaining goods and services necessary to maintain physical health, mental health, or general safety; or
   C. Managing one’s own financial affairs.

137. **Serious Injury or Serious Imposition of Rights.** (IDAPA 15.01.02.010.04) A situation of substantiated abuse or neglect involving serious mental or physical injury, or exploitation. (5-3-03)

138. **Serious Physical Injury.** (IDAPA 15.01.02.010.06) Includes, but is not limited to: (3-30-01)
   A. Severe skin bruising; (5-3-03)
   B. Burns; (3-30-01)
   C. Bone fractures; (3-30-01)
   D. Decubitis ulcers; (5-3-03)
   E. Internal injuries; (5-3-03)
   F. Lacerations; (3-30-01)
   G. Malnutrition resulting in serious medical consequences; (5-3-03)
   H. Subdural hematoma; or (5-3-03) i. Soft tissue swelling. (5-3-03)

139. **Severe Disability.** (OAA Section 102(a)(48)) means a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that—
   A. Is likely to continue indefinitely; and
   B. Results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs.

140. **Sexual Assault.** (OAA Section 102(a)(49)) has the meaning given the term in section 2003 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796gg–2).

141. **Shopping Assistance.** (IDAPA 15.01.01.010.41) Accompaniment and provision of assistance to an elderly individual for the purpose of purchasing food, medicine and other necessities for an elderly individual who is disabled or homebound. (7-1-98)

142. **Sliding Fee Scale.** (IDAPA 15.01.01.010.42) A fee scale ranging from zero percent (0%) to one hundred percent (100%) of the cost of services. Cost of services shall be based on the contractor’s or provider’s actual unit costs. A client’s percentage (payment) shall be determined by ranking the client’s annual household income against the federally determined poverty guidelines for that year. (3-19-99)

143. **State System of Long-term Care.** (OAA Section 102(a)(52)) Means the Federal, State, and local programs and activities administered by a State that provide, support, or facilitate access to long-term care for individuals in such State.
144. **Substate Ombudsman**, (IDAPA Ombudsman 15.01.03.010.12) An individual associated with a designated local Ombudsman for the Elderly Program, who performs the duties of ombudsman. (7-1-98)

145. **Supportive Service**, (OAA Section 102(a)(53)) means a service described in section 321(a).

146. **Supportive Service**, (IC 39-5302(9)) means noninvestigatory remedial, social, legal, health, educational, mental health and referral services provided to a vulnerable adult.

147. **Supportive Service Plan (SSP)**, (IDAPA 15.01.01.010.43) An individual support plan outlining an array of services or the components of an individual service required to maintain a client at home or to reduce risks and meet the care needs of a vulnerable adult. (4-6-05)

148. **Supportive Services Technician**, (IDAPA 15.01.01.010.44) AAA employee working under the supervision of a licensed social worker or case manager assisting with investigation of Adult Protection reports, completion of the ICOA approved assessment instrument for services of clients of ICOA funded in-home services, or development and initiation of SSPs. The employee shall have a High School diploma and at least two (2) years’ experience delivering services to the elderly or at-risk populations. (5-3-03)

149. **Transportation**, (IC 67-5006(1)) services designed to transport older persons to and from community facilities and resources for the purpose of applying for and receiving services, reducing isolation, or otherwise promoting independent living, but not including a direct subsidy for an overall transit system or a general reduced fare program for a public or private transit system.

150. **Transportation Services**, (IDAPA 15.01.01.010.45) Services designed to transport eligible clients to and from community facilities/resources for the purposes of applying for and receiving services, reducing isolation, or otherwise promoting independence.

151. **Unit of General Purpose Local Government**, (OAA Section 302(4)) means—

   1. A political subdivision of the State whose authority is general and not limited to only one function or combination of related functions; or

   2. An Indian tribal organization.

152. **USDA Eighty/Twenty (80/20) Commodity Program**, (IDAPA 15.01.21.010.07) Federal program in which the participating AAA agrees to accept a minimum of twenty percent (20%) of its total entitlement in commodities with the balance of eighty percent (80%) being paid in cash at the current USDA reimbursement rate. (7-1-98)

153. **USDA One Hundred Percent (100%) Cash-in-Lieu Community Program**, (IDAPA 15.01.21.010.08) Federal program in which the participating AAA receives one hundred percent (100%) cash reimbursement in lieu of commodities. (7-1-99)

154. **Vulnerable adult**, (IC 39-5302(10)) means a person eighteen (18) years of age or older who is unable to protect himself from abuse, neglect or exploitation due to physical or mental impairment which affects the person's judgment or behavior to the extent that he lacks sufficient understanding or capacity to make or communicate or implement decisions regarding his person.

155. **Vulnerable Elder Rights Protection Activity**, (OAA Section 761(2)) means an activity funded under subtitle A. (42 U.S.C. 3058bb)