[Agency Name]

PSA [#]

*SFY 2025 Area Plan on Aging Update*

Area Plan on Aging SFY 2022 – 2025

[Agency logo]

Plan Effective Dates: July 1, 2021 - June 30, 2025

Plan Update: July 1, 2024

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# [Agency Name] Update

[Insert update summary here per instructions.]

# Section 1: Update on Strategies to Achieve 2022-2025 Goals

## Goal 1: Iowa Aging Network will work with Older Iowans, Iowans with disabilities, and caregivers as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being and health.

## SERVICE GAP #1: [Insert Service Gap 1 from approved area plan or revised service gap.]

* **Indicator and Strategy Results**

[Please explain the results your agency has achieved over the past three years of addressing this service gap. Use percentages and numbers compiled from your indicators and compare 2022 data to what your agency has achieved to date. Also include any remaining efforts planned for SFY2025.]

* **Lessons Learned**

[Please provide a summary of lessons learned in addressing this service gap. Did you reach your target population as planned? Give examples of unexpected challenges or barriers you faced in reaching and/or serving your target population. What do you plan to do differently moving forward?]

### SERVICE GAP #2: [Insert Service Gap 2 from approved area plan or revised service gap.]

* **Indicator and Strategy Results**

[Please explain the results your agency has achieved over the past three years of addressing this service gap. Use percentages and numbers compiled from your indicators and compare 2022 data to what your agency has achieved to date. Also include any remaining efforts planned for SFY2025.]

* **Lessons Learned**

[Please provide a summary of lessons learned in addressing this service gap. Did you reach your target population as planned? Give examples of unexpected challenges or barriers you faced in reaching and/or serving your target population. What do you plan to do differently moving forward?]

### SERVICE GAP #3: [Insert Service Gap 3 from approved area plan or revised service gap.]

* **Indicator and Strategy Results**

[Please explain the results your agency has achieved over the past three years of addressing this service gap. Use percentages and numbers compiled from your indicators and compare 2022 data to what your agency has achieved to date. Also include any remaining efforts planned for SFY2025.]

* **Lessons Learned**

[Please provide a summary of lessons learned in addressing this service gap. Did you reach your target population as planned? Give examples of unexpected challenges or barriers you faced in reaching and/or serving your target population. What do you plan to do differently moving forward?]

## Goal 1 Outcome Measures

**(Do not delete or change existing Outcome Measures)**

| **Measure** | **Purpose** | **FY2024 Target** | **FY2024 Results as of [Date]** | **FY2025 Target** |
| --- | --- | --- | --- | --- |
| Percentage of Lifelong Links callers indicating they received the information they were seeking. | To assess and provide information appropriate to the caller's need (from consumer's perspective). |  |  |  |
| Percentage of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need. | To evaluate the success of the service to assist individuals to make informed choices about long-term services and supports. |  |  |  |
| Of all, congregate meal consumers identified as high nutrition risk, percentage receiving nutrition education. | To determine whether consumers who are at risk for poor nutrition and health status receive information so that they have better health enhancing options. |  |  |  |
| Change in consumers receiving nutrition counseling from previous FY. | To determine whether consumers who are at risk for poor nutrition and health status receive nutrition counseling so that they have the opportunity to improve their health literacy and information for optimal nutrient intake. |  |  |  |

## Goal 2: Iowa Aging Network will enable Older Iowans to remain in their own residence and community of choice.

### SERVICE GAP #1: [Insert Service Gap 1 from approved area plan or revised service gap.]

* **Indicator and Strategy Results**

[Please explain the results your agency has achieved over the past three years of addressing this service gap. Use percentages and numbers compiled from your indicators and compare 2022 data to what your agency has achieved to date. Also include any remaining efforts planned for SFY2025.]

* **Lessons Learned**

[Please provide a summary of lessons learned in addressing this service gap. Did you reach your target population as planned? Give examples of unexpected challenges or barriers you faced in reaching and/or serving your target population. What do you plan to do differently moving forward?]

### SERVICE GAP #2: [Insert Service Gap 2 from approved area plan or revised service gap.]

* **Indicator and Strategy Results**

[Please explain the results your agency has achieved over the past three years of addressing this service gap. Use percentages and numbers compiled from your indicators and compare 2022 data to what your agency has achieved to date. Also include any remaining efforts planned for SFY2025.]

* **Lessons Learned**

[Please provide a summary of lessons learned in addressing this service gap. Did you reach your target population as planned? Give examples of unexpected challenges or barriers you faced in reaching and/or serving your target population. What do you plan to do differently moving forward?]

### SERVICE GAP #3: [Insert Service Gap 3 from approved area plan or revised service gap.]

* **Indicator and Strategy Results**

[Please explain the results your agency has achieved over the past three years of addressing this service gap. Use percentages and numbers compiled from your indicators and compare 2022 data to what your agency has achieved to date. Also include any remaining efforts planned for SFY2025.]

* **Lessons Learned**

[Please provide a summary of lessons learned in addressing this service gap. Did you reach your target population as planned? Give examples of unexpected challenges or barriers you faced in reaching and/or serving your target population. What do you plan to do differently moving forward?]

### SERVICE GAP #4: [Insert Service Gap 4 from approved area plan or revised service gap.]

* **Indicator and Strategy Results**

[Please explain the results your agency has achieved over the past three years of addressing this service gap. Use percentages and numbers compiled from your indicators and compare 2022 data to what your agency has achieved to date. Also include any remaining efforts planned for SFY2025.]

* **Lessons Learned**

[Please provide a summary of lessons learned in addressing this service gap. Did you reach your target population as planned? Give examples of unexpected challenges or barriers you faced in reaching and/or serving your target population. What do you plan to do differently moving forward?]

### SERVICE GAP #5: [Insert Service Gap 5 from approved area plan or revised service gap.]

* **Indicator and Strategy Results**

[Please explain the results your agency has achieved over the past three years of addressing this service gap. Use percentages and numbers compiled from your indicators and compare 2022 data to what your agency has achieved to date. Also include any remaining efforts planned for SFY2025.]

* **Lessons Learned**

[Please provide a summary of lessons learned in addressing this service gap. Did you reach your target population as planned? Give examples of unexpected challenges or barriers you faced in reaching and/or serving your target population. What do you plan to do differently moving forward?]

## Goal 2 Outcome Measures

**(Do not delete or change existing Outcome Measures)**

| **Measure** | **Purpose** | **FY2024 Target** | **FY2024 Results as of [Date]** | **FY2025 Target** |
| --- | --- | --- | --- | --- |
| Percentage of Case Management cases closed because case management service was no longer needed. | To determine whether Case Management consumers receive supports and services for as long as they need or desire them in order to remain in their residence of choice. |  |  |  |
| Average number of months a Case Management consumer experiencing independent living impairments is able to remain safely at home prior to transitioning to facility. | To determine whether Case Management consumers receive supports and services for as long as they need or desire them in order to remain in their residence of choice. |  |  |  |
| Of congregate meal consumers served who may be socially isolated, percentage eating 4 meals at meal site in a month. | To determine whether congregate meal consumers who are potentially socially isolated have the opportunity to socialize in their community. |  |  |  |
| Of home delivered meal consumers served who may be socially isolated, percentage receiving at least 8 meals in a month. | To determine whether home delivered meal consumers who are potentially socially isolated receive regular contact with a meal delivery person. |  |  |  |
| Percentage of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role. | To determine whether case management, and respite services provide caregivers the supports and services they need to continue to provide informal care to care recipients. |  |  |  |

## Goal 3: Iowa Aging Network will protect and enhance the rights; and prevent the abuse, neglect, and exploitation of Older Iowans.

### SERVICE GAP #1: [Insert Service Gap 1 from approved area plan or revised service gap.]

* **Indicator and Strategy Results**

[Please explain the results your agency has achieved over the past three years of addressing this service gap. Use percentages and numbers compiled from your indicators and compare 2022 data to what your agency has achieved to date. Also include any remaining efforts planned for SFY2025.]

* **Lessons Learned**

[Please provide a summary of lessons learned in addressing this service gap. Did you reach your target population as planned? Give examples of unexpected challenges or barriers you faced in reaching and/or serving your target population. What do you plan to do differently moving forward?]

### SERVICE GAP #2: [Insert Service Gap 2 from approved area plan or revised service gap.]

* **Indicator and Strategy Results**

[Please explain the results your agency has achieved over the past three years of addressing this service gap. Use percentages and numbers compiled from your indicators and compare 2022 data to what your agency has achieved to date. Also include any remaining efforts planned for SFY2025.]

* **Lessons Learned**

[Please provide a summary of lessons learned in addressing this service gap. Did you reach your target population as planned? Give examples of unexpected challenges or barriers you faced in reaching and/or serving your target population. What do you plan to do differently moving forward?]

### SERVICE GAP #3: [Insert Service Gap 3 from approved area plan or revised service gap.]

* **Indicator and Strategy Results**

[Please explain the results your agency has achieved over the past three years of addressing this service gap. Use percentages and numbers compiled from your indicators and compare 2022 data to what your agency has achieved to date. Also include any remaining efforts planned for SFY2025.]

* **Lessons Learned**

[Please provide a summary of lessons learned in addressing this service gap. Did you reach your target population as planned? Give examples of unexpected challenges or barriers you faced in reaching and/or serving your target population. What do you plan to do differently moving forward?]

## Goal 3 Outcome Measures

**(Do not delete or change existing Outcome Measures)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Measure** | **Purpose** | **FY2024 Target** | **FY2024 Results as of [Date]** | **FY2025 Target** |
| Percentage of EAPA Assessment & Intervention consumer cases closed with services no longer needed. | To evaluate resolution rate for a consumer's abuse, neglect, or exploitation situation. |  |  |  |
| Percentage of EAPA Consultation consumers whose needs are met through provider referrals for Self-Advocacy. | To evaluate whether consumers are able to use information & referrals for self-advocacy in resolving abuse, neglect, or exploitation situation. |  |  |  |

**Public Health Emergency Response/American Rescue Plan Act (ARPA) Activities**

This section relates to funds allocated under the American Rescue Plan Act of 2021 (P.L. 117-2).

*Please check the appropriate box below that applies to your agency.*

Agency has spent all ARPA funding as of (please specify date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

OR

Agency will continue to spend down ARPA funding until deadline of September 30, 2024.

## American Rescue Plan Act Summary

[Please provide a summary of lessons learned in ARPA expansion activities. Who did you reach with this additional funding? How were you able to expand services? Give examples of unexpected challenges or barriers you faced in reaching and/or serving your target population. What do you plan to do differently moving forward?]

# Section 2: Service Projections

## SFY 2025 Projected Older Americans Act Consumers and Service Units

Complete the following table with SFY 2025 service projections for consumers and service units.

| **Service** | | **Service Units Provided** | **Consumers Served** | **60+ Rural** | **60+ Minority** | **60+ Minority Below Poverty** | **60+ Below Poverty** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1: Personal Care | Gen. Aging |  |  |  |  |  |  |
| 2: Homemaker | Gen. Aging |  |  |  |  |  |  |
| 3: Chore | Gen. Aging |  |  |  |  |  |  |
| 4: 60+ Home Delivered Nutrition | Gen. Aging |  |  |  |  |  |  |
| 5: Adult Daycare/Health | Gen. Aging |  |  |  |  |  |  |
| 6: 60+ Case Management | Gen. Aging |  |  |  |  |  |  |
| 7: 60+ Congregate Nutrition | Gen. Aging |  |  |  |  |  |  |
| 8: Nutrition Counseling | Gen. Aging |  |  |  |  |  |  |
| 9: Assistive Transportation | Gen. Aging |  |  |  |  |  |  |
| 10: Transportation | Gen. Aging |  |  |  |  |  |  |
| 11: Legal Assistance | Gen. Aging |  |  |  |  |  |  |
| 12: Nutrition Ed. | Gen. Aging |  |  |  |  |  |  |
| 13: Info. & Assist. (general) | Gen. Aging |  |  |  |  |  |  |
| 14: Outreach | Gen. Aging |  |  |  |  |  |  |
| B02: Health Promotion: Non-Evidence | Gen. Aging |  |  |  |  |  |  |
| B04: 60+ Emergency Response System | Gen. Aging |  |  |  |  |  |  |
| B05: Behavioral Health Supports | Gen. Aging |  |  |  |  |  |  |
| B07: Health Promo: Evidence Based | Gen. Aging |  |  |  |  |  |  |
| C07: EAPA Consultation | Gen. Aging |  |  |  |  |  |  |
| C08: EAPA Assess & Intervention | Gen. Aging |  |  |  |  |  |  |
| C09: EAPA Training & Education | Gen. Aging |  |  |  |  |  |  |
| D01: Training & Education | Gen. Aging |  |  |  |  |  |  |
| E05: 60+ Options Counseling | Gen. Aging |  |  |  |  |  |  |
| A01: 60+ Material Aid: Home Mod./Repairs | Gen. Aging |  |  |  |  |  |  |
| F06: 60+ Material Aid: Asst. Tech./ Durable Med. Equip. | Gen. Aging |  |  |  |  |  |  |
| F07: 60+ Material Aid: Consumable Supplies | Gen. Aging |  |  |  |  |  |  |
| F08: 60+ Material Aid: Other | Gen. Aging |  |  |  |  |  |  |
| CG3: FC Counseling | Caregiving |  |  |  |  |  |  |
| CG4: FC Information Services | Caregiving |  |  |  |  |  |  |
| CG7: FC Home Delivered Nutri. | Caregiving |  |  |  |  |  |  |
| CG8: FC Options Counseling | Caregiving |  |  |  |  |  |  |
| CG9: FC Case Management | Caregiving |  |  |  |  |  |  |
| CG10: FC Info. & Asst. | Caregiving |  |  |  |  |  |  |
| CG11: FC Support Groups | Caregiving |  |  |  |  |  |  |
| CG12: FC Training | Caregiving |  |  |  |  |  |  |
| CG13: FC Congregate Nutri. | Caregiving |  |  |  |  |  |  |
| CG14: FC Emergency Resp. Sys. | Caregiving |  |  |  |  |  |  |
| CG27: FC Supplemental Services: Asst. Tech./Durable Med. Equipment | Caregiving |  |  |  |  |  |  |
| CG15: FC Supplemental Services: Consumable Supplies | Caregiving |  |  |  |  |  |  |
| CG22: FC Supplemental Services: Other | Caregiving |  |  |  |  |  |  |
| CG23: FC Respite Care: In Home | Caregiving |  |  |  |  |  |  |
| CG24: FC Respite Care: Out-of-Home (Day) | Caregiving |  |  |  |  |  |  |
| CG25: FC Respite Care: Out-of-Home (Night) | Caregiving |  |  |  |  |  |  |
| CG26: FC Respite: Other | Caregiving |  |  |  |  |  |  |
| GO3: ORC Counseling | Caregiving |  |  |  |  |  |  |
| GO4: ORC Information Services | Caregiving |  |  |  |  |  |  |
| GO7: ORC Home Delivered Nutrition | Caregiving |  |  |  |  |  |  |
| GO8: ORC Options Counseling | Caregiving |  |  |  |  |  |  |
| GO9: ORC Case Management | Caregiving |  |  |  |  |  |  |
| GO10: ORC Info. & Assist. | Caregiving |  |  |  |  |  |  |
| GO11: ORC Support Groups | Caregiving |  |  |  |  |  |  |
| GO12: ORC Training | Caregiving |  |  |  |  |  |  |
| GO13: ORC Congregate Nutri. | Caregiving |  |  |  |  |  |  |
| GO14: ORC Emergency Response System | Caregiving |  |  |  |  |  |  |
| GO27: ORC Supplemental Services: Asst Tech/Durable Med Equipment | Caregiving |  |  |  |  |  |  |
| GO15: ORC Supplemental Services: Consumable Supplies | Caregiving |  |  |  |  |  |  |
| GO22: ORC Supplemental Services: Other | Caregiving |  |  |  |  |  |  |
| GO23: ORC Respite Care: In-Home | Caregiving |  |  |  |  |  |  |
| GO24: ORC Respite Care: Out-of-home (Day) | Caregiving |  |  |  |  |  |  |
| GO25: ORC Respite Care: Out-of-home (Overnight) | Caregiving |  |  |  |  |  |  |
| GO26: ORC Respite Care: Other | Caregiving |  |  |  |  |  |  |

## 

## Self-Direction Service Delivery

Agency does **not** use a self-direction service delivery approach to providing services to older adults and/or caregivers.

OR

Agency utilizes a self-direction service delivery approach to providing services to older adults and/or caregivers.

These services are delivered using a self-direction service delivery approach:

Services:

The following table shows the number of persons expected to be served using a self-direction service delivery approach and the amount of funds by funding source projected to be expended under this service delivery approach.

| Item | Projection |
| --- | --- |
| Persons Served - Older Adult | # |
| Projected Title IIIB Expenditure - Older Adults | Amount |
| Projected Other - State Expenditure - Older Adults | Amount |
| Projected Other - Non-State Expenditure - Older Adults | Amount |
| Projected Program Income Expended - Older Adults | Amount |
| Persons Served - Caregivers of Older Adult | # |
| Projected Title IIIE Expenditure - Caregivers Older Adult | Amount |
| Projected Other - State Expenditure -Caregivers Older Adult | Amount |
| Projected Other - Non-State Expenditure - Caregivers Older Adult | Amount |
| Projected Program Income Expended -Caregivers Older Adult | Amount |
| Persons Served - Older Relative Caregivers | # |
| Projected Title IIIE Expenditure - Older Relative Caregivers | Amount |
| Projected Other - State Expenditure -Older Relative Caregivers | Amount |
| Projected Other - Non-State Expenditure - Older Relative Caregivers | Amount |
| Projected Program Income Expended - Older Relative Caregivers | Amount |

## Caregiver Respite Voucher

Agency does **not** use a voucher method for caregivers to obtain respite services.

OR

Agency utilizes a voucher method for caregivers to obtain respite services.

The following table shows the number of persons expected to be served using a voucher method for caregiver respite and which funding sources are expected to be utilized for the vouchers.

| Item | Projection |
| --- | --- |
| Persons Served - Caregivers of Older Adults | **#** |
| Does AAA intend to use the funding sources listed below to provide respite services for Caregivers of Older Adults through vouchers? |  |
| OAA Title III E federal funds | **Y or N** |
| Other - State Expenditure | **Y or N** |
| Other - Non-State Expenditure | **Y or N** |
| Program Income Expended | **Y or N** |
| Persons Served - Older Relative Caregivers | **#** |
| Does AAA intend to use the funding sources listed below to provide respite services for Older Relative Caregivers through vouchers? |  |
| OAA Title III E federal funds | **Y or N** |
| Other - State Expenditure | **Y or N** |
| Other - Non-State Expenditure | **Y or N** |
| Program Income Expended | **Y or N** |

## 

## Service Coverage

Agency does **not** have any changes to their service coverage from prior fiscal year. If there are no changes to service coverage there is no need to complete service coverage tables.

OR

Agency **has** changes to service coverage, please see noted changes below along with updated service coverage tables. Refer to instructions for more details.

### Service Coverage Changes

[Please describe service coverage changes.]

### Information & Service Assistance Services

Insert an **“N”** if the service is **Now** available in the service county or **“R”** to indicate the service has been **Removed** and is no longer a funded area plan service available to consumers in the county.

| **Services** | [county] | [county] | [county] | [county] | [county] | [county] | [county] | [county] | [county] | [county] | [county] | [county] | [county] |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 60+ Case Management |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FC Case Management |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ORC Case Management |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FC Counseling |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ORC Counseling |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EAPA Assessment & Intervention |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Information & Assistance (general) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FC Information & Assistance |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ORC Information & Assistance |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EAPA Consultation |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Legal Assistance |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 60+ Options Counseling |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FC Options Counseling |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ORC Options Counseling |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Nutrition & Health Promotion Services**

Insert an **“N”** if the service is **Now** available in the service county or **“R”** to indicate the service has been **Removed** and is no longer a funded area plan service available to consumers in the county.

| **Services** | [county] | [county] | [county] | [county] | [county] | [county] | [county] | [county] | [county] | [county] | [county] | [county] | [county] |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 60+ Congregate Nutrition |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FC Congregate Nutrition |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ORC Congregate Nutrition |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Health Promotion: Evidence-Based |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Health Promotion: Non Evidence-Based |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 60+ Home Delivered Nutrition |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FC Home Delivered Nutrition |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nutrition Counseling |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nutrition Education |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Services to Promote Independence**

Insert an **“N”** if the service is **Now** available in the service county or **“R”** to indicate the service has been **Removed** and is no longer a funded area plan service available to consumers in the county.

| **Services** | [county] | [county] | [county] | [county] | [county] | [county] | [county] | [county] | [county] | [county] |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Adult Day Care / Health |  |  |  |  |  |  |  |  |  |  |
| Assisted Transportation |  |  |  |  |  |  |  |  |  |  |
| Behavioral Health Supports |  |  |  |  |  |  |  |  |  |  |
| Chore |  |  |  |  |  |  |  |  |  |  |
| 60+ Emergency Response System |  |  |  |  |  |  |  |  |  |  |
| FC Emergency Response System |  |  |  |  |  |  |  |  |  |  |
| ORC Emergency Response System |  |  |  |  |  |  |  |  |  |  |
| Homemaker |  |  |  |  |  |  |  |  |  |  |
| FC Information Services |  |  |  |  |  |  |  |  |  |  |
| ORC Information Services |  |  |  |  |  |  |  |  |  |  |
| 60+ Material Aid – Types: |  |  |  |  |  |  |  |  |  |  |
| * Assistive Tech/Durable Medical Equipment |  |  |  |  |  |  |  |  |  |  |
| * Consumable Supplies |  |  |  |  |  |  |  |  |  |  |
| * Home Modification/Repairs |  |  |  |  |  |  |  |  |  |  |
| * Other |  |  |  |  |  |  |  |  |  |  |
| FC Supplemental Services – Types: |  |  |  |  |  |  |  |  |  |  |
| * Assistive Tech/Durable Medical Equipment |  |  |  |  |  |  |  |  |  |  |
| * Consumable Supplies |  |  |  |  |  |  |  |  |  |  |
| * Other |  |  |  |  |  |  |  |  |  |  |
| ORC Supplemental Services Types: |  |  |  |  |  |  |  |  |  |  |
| * Assistive Tech/Durable Medical Equipment |  |  |  |  |  |  |  |  |  |  |
| * Consumable Supplies |  |  |  |  |  |  |  |  |  |  |
| * Other |  |  |  |  |  |  |  |  |  |  |
| Outreach |  |  |  |  |  |  |  |  |  |  |
| Personal Care |  |  |  |  |  |  |  |  |  |  |
| Caregiver Respite |  |  |  |  |  |  |  |  |  |  |
| * FC Respite Care: In-Home |  |  |  |  |  |  |  |  |  |  |
| * ORC Respite Care: In-Home |  |  |  |  |  |  |  |  |  |  |
| * FC Respite Care: Out-of-Home (Day) |  |  |  |  |  |  |  |  |  |  |
| * ORC Respite Care: Out-of-Home (Day) |  |  |  |  |  |  |  |  |  |  |
| * FC Respite Care: Out-of-Home (Overnight) |  |  |  |  |  |  |  |  |  |  |
| * ORC Respite Care: Out-of-Home (Overnight) |  |  |  |  |  |  |  |  |  |  |
| * FC Respite: Other |  |  |  |  |  |  |  |  |  |  |
| * ORC Respite: Other |  |  |  |  |  |  |  |  |  |  |
| CG Support Group |  |  |  |  |  |  |  |  |  |  |
| ORC Support Group |  |  |  |  |  |  |  |  |  |  |
| Training & Education |  |  |  |  |  |  |  |  |  |  |
| FC Training |  |  |  |  |  |  |  |  |  |  |
| ORC Training |  |  |  |  |  |  |  |  |  |  |
| EAPA Training & Education |  |  |  |  |  |  |  |  |  |  |
| Transportation |  |  |  |  |  |  |  |  |  |  |

## 

## Evidence-Based Programing (EBP)

**EBP Definition**

Administration for Community Living’s definition of Evidence-Based Programs:

* Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; *and*
* Proven effective with older adult population, using Experimental or Quasi-Experimental Design;\* *and*
* Research results published in a peer-review journal; *and*
* Fully translated\*\* in one or more community site(s); *and*
* Includes developed dissemination products that are available to the public.

\**Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment.*

\*\**For purposes of the Title III-D definitions, being “fully translated in one or more community sites” means that the evidence-based program in question has been carried out at the community level (with fidelity to the published research) at least once before. Sites should only consider programs that have been shown to be effective within a real-world community setting.*

**Within the table below, please list the EBP you intend to offer in SFY 2025 along with the methods in which you are planning to deliver the service.**

| **Name of Program** | **Description of location(s) where program will be offered.** | **Method(s) for Service Delivery** |
| --- | --- | --- |
|  |  | □ Virtual  □ In-Person |
|  |  | □ Virtual  □ In-Person |
|  |  | □ Virtual  □ In-Person |
|  |  | □ Virtual  □ In-Person |
|  |  | □ Virtual  □ In-Person |
|  |  | □ Virtual  □ In-Person |

## Area Plan Service Waiting List

Agency **does not** anticipate waiting list for any services in SFY 2025.

OR

Agency **anticipates** a waiting list for services in SFY 2025 as indicated in the following table.

| Service(s) with Waiting List | Please select reason(s) for anticipating waiting list. |
| --- | --- |
|  | Funding Inadequate  No Funding  No Service Provider  Unable to Staff  Other (please describe): |
|  | Funding Inadequate  No Funding  No Service Provider  Unable to Staff  Other (please describe): |
|  | Funding Inadequate  No Funding  No Service Provider  Unable to Staff  Other (please describe): |

Please refer to the SFY 2025 Reporting Manual for instructions on how to document and notify ADS when implementing a waiting list.

# Section 3: Quality Management

Agency staff reviewed the quality management activities that will be undertaken during the plan period and determined that the information is current. (No additional information is required.)

OR

Agency staff reviewed the quality management activities that will be undertaken during the plan period and determined that updated information is required.

[Insert updated information on quality management activities that the agency will implement during the plan period.]

# Section 4: Public Input

## Public Hearing Requirements

Agency staff reviewed the Iowa Administrative Rule, 17-6.2 (231) on public hearing requirements and determined that the updated information provided does not necessitate a public hearing. (No additional information is required.)

OR

Agency staff reviewed the Iowa Administrative Rule, 17-6.2 (231) on public hearing requirements and determined that the updated information provided required a public hearing. Public hearing documentation appears below.

## Governing Body

**Governing Body for: [Name of AAA].**

**Updated On: [DATE]**

**Chair**

| **Name** | **Address** | **City & Zip** | **County** | **Phone & Email** | **Term Expires** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**Vice Chair**

| **Name** | **Address** | **City & Zip** | **County** | **Phone & Email** | **Term Expires** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**Secretary/Secretary-Treasurer**

| **Name** | **Address** | **City & Zip** | **County** | **Phone & Email** | **Term Expires** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**Treasurer, (if separate officer)**

| **Name** | **Address** | **City & Zip** | **County** | **Phone & Email** | **Term Expires** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**Other Members**

| **Name** | **Address** | **City & Zip** | **County** | **Phone & Email** | **Term Expires** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Advisory Council

**Older Americans Act Section 306(a)(6)(D).** Each area agency on aging 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 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.

**Older Americans Act Code of Regulations, Subpart C, Sec. 1321.57(b) Composition of Council.** The council shall include individuals and representatives of community organizations who will help to enhance the leadership role of the area agency in developing community-based systems of services. The advisory council shall be made up of:

1. More than 50 percent older persons, including minority individuals who are participants or who are eligible to participate in programs under this part;
2. Representatives of older persons;
3. Representatives of health care provider organizations, including providers of veterans' health care (if appropriate);
4. Representatives of supportive services provider organizations;
5. Persons with leadership experience in the private and voluntary sectors;
6. Local elected officials; and
7. The general public.

If the agency’s Advisory Council does not currently meet all 7 composition criteria listed above, provide the following information:

1) Composition criteria yet to be satisfied by the Council (# 1, 2, 3, 4, 5, 6, 7)

[Enter composition criteria yet to be satisfied by the Council or enter: None, all composition criteria are satisfied.]

**Advisory Council for: [Name of AAA].**

**Updated on: [Date]**

**Chair**

| **Name** | **Address** | **City & Zip** | **County** | **Phone & Email** | **Term Expires** | **OAA Composition Criteria  (1 to 7)** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

**Vice Chair**

| **Name** | **Address** | **City & Zip** | **County** | **Phone & Email** | **Term Expires** | **OAA Composition Criteria  (1 to 7)** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

**Secretary/Secretary Treasurer**

| **Name** | **Address** | **City & Zip** | **County** | **Phone & Email** | **Term Expires** | **OAA Composition Criteria  (1 to 7)** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

**Treasurer (if separate officer**)

| **Name** | **Address** | **City & Zip** | **County** | **Phone & Email** | **Term Expires** | **OAA Composition Criteria  (1 to 7)** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

**Other Members:**

| **Name** | **Address** | **City & Zip** | **County** | **Phone & Email** | **Term Expires** | **OAA Composition Criteria  (1 to 7)** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

# ATTACHMENTS

## Authorized Signatures

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area Agency on Aging Name** | **Primary Street Address** | **City & Zip** | **Type of Agency** | **Date of AAA Designation** |
|  |  |  |  |  |

Please list names and titles of all persons authorized to sign and submit documents on behalf of your agency regarding the following areas:

#### Authorized Signatories for Funding Applications and Contracts

1.

2.

3.

#### Authorized Signatories for Fiscal Reports

1.

2.

3.

#### Authorized Signatories for Program Reports

1.

2.

3.

Note: Should any of your agency’s authorized signatories change, please submit an updated list to Eugenia Kendall at [eugenia.kendall@iowa.gov](mailto:eugenia.kendall@iowa.gov) within fifteen (15) business days.

## Grievance Procedures

[**Insert information on how members of the public may obtain your agency's grievance procedures related service provision.**]

## Staffing and Volunteer Information

The following table lists the anticipated number of full and part-time positions at the agency, the number of SCSEP beneficiaries employed at the agency, and the number of volunteers supporting the agency at the start of the SFY 2025 (7/1/2024).

| **Position** | **Total Number** |
| --- | --- |
| Staff (paid) full-time: |  |
| Staff (paid) part-time: |  |
| SCSEP Beneficiaries: |  |
| AAA Volunteers: |  |

## Nutrition Services, Service Providers, and Senior Center/ Focal Points

#### Nutrition Services

Agency staff reviewed the following Nutrition Services information entered into the case management system (Wellsky) and verified that the information is current as of ***[date]***.

Nutrition Services information to be verified for accuracy includes:

* Location (Name, Street Address, City, Zip)
* Frequency

### 

#### Service Providers of OAA Services

Agency staff reviewed the Service Provider information entered into the case management system (Wellsky) and verified that the information listed below is current as of ***[date]***.

* Total Providers for all Title III services (parts B/C/D/E)
* Total Providers for Title III services parts B/C/D only
* Total Providers for Title III services part E only
* Total Providers for Home Delivered Nutrition
* Total Providers for Congregate Nutrition
* Total Providers for Home Delivered Nutrition AND Congregate Nutrition
* Total Providers for Information and Assistance

Note: Service provider information in Wellsky should remain current throughout the year.

#### Senior Centers and Focal Points

Agency staff reviewed the Senior Center and Focal Point information entered into the case management system (Wellsky) and verified that the information is current as of ***[date]***.

Agency staff reviewed the information on the process agency uses to identify and select facilities as focal points in the agency's PSA and determined that the information is current. (No additional information is required.)

OR

Agency staff have reviewed the information on the process agency uses to identify and select facilities as focal points in the agency's PSA and determined that updated information is required. Updated information appears below.

[Insert updated information on process agency uses to identify and select facilities as focal points in the agency's PSA.]

## Emergency Plan Summary

Agency staff reviewed the emergency preparedness planning and plan activation information in the plan and determined that the information is current. (No additional information is required.)

OR

Agency staff reviewed the emergency preparedness planning and plan activation information in the plan and determined that updated information is required.

[Insert updated information on the activities the agency is involved in as they relate to preparedness planning and plan activation. Insert updated information that describes how the agency collaborates with other entities, including partners and contractors, as well as emergency response agencies, relief organizations, government agencies or other institutions, when carrying out these activities.]

## Direct Service Requests

The request to provide direct service(s) submitted with the SFY 2022 – 2025 Area Plan on Aging are **current**. (No additional information is required.)

OR

The agency seeks to provide additional service(s) directly in the planning and service area. A completed Request to Provide Direct Service form has been submitted with the plan for the new direct service the agency plans to provide starting in SFY 2025.

## Cost Allocation Plan

  The Cost Allocation Plan dated (please specify date):\_\_\_\_\_\_\_\_\_\_\_\_ will continue to be used for SFY 2025. (No further action is needed.)

OR

  An updated Cost Allocation Plan for SFY 2025 has been submitted separately with the plan.