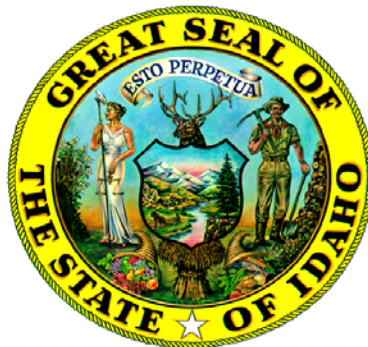


PSA I Area Plan

October 1, 2009 - September 30, 2013



Coordinating Area I's Current Strategic Plan with Idaho's State Plan
for providing services under Titles III,
V and VII of the Older Americans Act
and the State Senior Services Act



Area Agency on Aging of North Idaho
2120 Lakewood Drive, Suite B
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Update 12/15/11

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Glossary of Acronyms Commonly Used by Aging Services Administrators and Providers

AAA – Area Agency on Aging
ADA – Americans with Disabilities Act
ADC – Adult Day Care
ADL – Activities of Daily Living
ADDCG – Alzheimer’s Disease Demonstration Caregiver Grant
ADDGS -- Alzheimer’s Disease Demonstration Grants to States
ADRC – Aging and Disability Resource Center
 AoA – Administration on Aging (federal agency that administers the Older Americans Act)
AP – Adult Protection
APS – Adult Protection Services
ASA – American Society on Aging
AT – Assistive Technology
BCU – “Benefits CheckUp”
BSU – Boise State University
BYU – Brigham Young University
CAA – Community Action Agency
CCOA – Canyon County Organization on Aging
CDC – Centers for Disease Control
CDBG – Community Development Block Grant
CFR – Code of Federal Regulations
CM – Case Management
CMS – Centers for Medicare and Medicaid Services (formerly HCFA)
CNA – Certified Nurse Assistant
COG – Council of Governments
CSI – College of Southern Idaho
CY – Calendar Year
DD – Developmental Disabilities
DFM – Division of Financial Management (Governor’s Budget Office)
DHHS – Department of Health and Human Services
DHR – Department of Human Resources (State of Idaho personnel agency)
DOL – Department of Labor
EEOC – Equal Employment Opportunity Commission
EISSA – Eastern Idaho Special Services Agency
EOA – Elderly Opportunity Agency
FEMA – Federal Emergency Management Agency
FFY – Federal Fiscal Year (October 1 through September 30)
FGP – Foster Grandparent Program
FLSA – Fair Labor Standards Act
HCBS – Home and Community Based Services (generally refers to Medicaid waivers)
HDM – Home Delivered Meals
HHS – Department of Health and Human Services (also, DHHS)
HIPAA – Health Insurance Portability and Accountability Act
HRSA – Health Resources and Services Administration
H&W/IDHW – Idaho Department of Health and Welfare
HUD – Housing and Urban Development
I4A – Idaho Association of Area Agencies on Aging

I&A – Information and Assistance
I&R – Information and Referral
IADL – Instrumental Activity of Daily Living
IATP – Idaho Assistive Technology Project
ICDD – Idaho Council on Developmental Disabilities
ICOA – Idaho Commission on Aging
IDAPA – Idaho Administrative Procedures Act (state administrative rules)
IDOL – Idaho Department of Labor
IEP – Individual Employment Plan
IFF – Intrastate Funding Formula
ISSA – Idaho State Senior Services Act (also, SSA – Senior Services Act)
ISU – Idaho State University
JFAC – Joint Finance Appropriations Committee (legislative committee that sets budgets)
JTPA – Job Training Partnership Act
LBO – Legislative Budget Office
LCSC – Lewis and Clark State College
LINC – Living Independence Network Corporation
LWIB – Local Workforce Investment Board; (an “Idaho Works” Board)
MOU – Memorandum of Understanding
MOWAA – Meals on Wheels Association of America
MSA – Metropolitan Statistical Area
N4A – National Association of Area Agencies on Aging
NAIC – National Aging Information Center
NANASP – National Association of Nutrition and Aging Service Programs
NAPIS – National Aging Program Information System
NASOP – National Association of State Long-Term Care Ombudsmen
NASUA – National Association of State Units on Aging
NCIL – National Council on Independent Living
NCOA – National Council on Aging
NFCSP – National Family Caregiver Support Program
NGA – Notification of Grant Award
NHCA – National Hispanic Council on Aging
NIC – North Idaho College
NICOA – National Indian Council on Aging
NORS – National Ombudsman Reporting System
OAA – Older Americans Act
OAM – Older Americans Month (May)
OAR – Older Americans Report
OBRA – Omnibus Budget Reconciliation Act
OMB – (Federal) Office of Management and Budget
ORT – Operation Restore Trust
PBA – Performance Based Agreement
PCS – Personal Care Services
PIC – Private Industry Council
PSA – Planning and Service Area (geographic area served by an area agency on aging)
QMB – Qualified Medicare Beneficiary
QPR – Quarterly Program Report
RFP – Request for Proposal
RSVP – Retired Senior Volunteer Program
SAMS – Senior Assistance Management System (software for producing program reports)
SCP – Senior Companion Program

SCSEP – Senior Community Service Employment Program
SEICCA – Southeast Idaho Community Action Agency
SFY – State Fiscal Year (July 1 through June 30)
SHIBA – Senior Health Insurance Benefit Advisors
SICOG – Southeast Council of Governments
SILC – (Idaho) State Independent Living Council
SMP – Senior Medicare Patrol
SPRDIA – State Program Report Data Input System (federal program report submitted annually to the Administration on Aging)
SSA – Social Security Administration
SSI – Supplemental Security Income
SUA – State Unit on Aging
U of I – University of Idaho
USC – United States Code (code of federal laws)
USDA – US Department of Agriculture
WDC – Workforce Development Council
WIA – Workforce Investment Act
WIB – Workforce Investment Board

SIGNATURE PAGE

This Area Plan on Aging is hereby submitted for the four year period beginning October 1, 2009 and ending September 30, 2013, pending approval by the Idaho Commission on Aging (the State Unit on Aging).

This Area Plan incorporates all assurances pertaining to area agencies on aging required under the Older Americans Act, the State Senior Services Act, the Civil Rights Act, and other applicable federal or state statutes.

The Area Agency on Aging, as the designated entity responsible for administration of aging programs and services within its designated Planning and Service Area (PSA), assumes full authority to develop and administer the Area Plan on Aging in accordance with the Standard Provisions and Assurances set forth in Addendum H. In accepting this authority, the Area Agency assumes responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people residing within the PSA.

Failure to comply with any federally or state mandated requirements may result in termination or suspension of the grant, or in de-designation of the Area Agency.

This Area Plan on Aging has been reviewed and approved for federal fiscal years 2010 through 2013 by this agency's governing board. The Area Council has had an opportunity to review and comment on the Plan; their remarks, if any, are attached as an Addendum.

(Signature) *Pearl Burkard* 10-12-11
AAA Director (date)

(Signature) *Carey Ann Spears* 10-12-11
Area Advisory Council Chairperson (date)

(Signature) *Rm Down* 10/18/11
Vice President of Administrative Services (date)

Executive Summary

To receive continued federal funding allocated through the Idaho Commission on Aging (“ICOA”), each of Idaho’s Area Agencies on Aging (AAAs), are required to submit a new “area plan on aging” (“Area Plan”) to the State Unit every four years.

This Area Plan is intended to establish priorities that will serve as a road map for the AAA in its Planning and Service Area (“PSA”). To determine what these priorities should be, the Area Agency on Aging of North Idaho incorporated feedback from the following sources:

1. State-wide needs assessment conducted by Boise State University, Center for the Study on Aging on behalf of Idaho Commission on Aging.
2. Focus group discussions with County Councils on Aging for each of the five northern counties.
3. Area-wide needs survey completed by community leaders and providers.
4. Review of statistical trends in services over the past five years.

The planning goals delineated in the Strategic Plan (see Addendum C), which are intended to address the priorities, are:

- Goal 1: Empower older Idahoans, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.
- Goal 2: Enable older Idahoans to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.
- Goal 3: Empower older people to stay active and healthy through Older Americans Act and Idaho Senior Services Act services.
- Goal 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation.
- Goal 5: Maintain effective and responsive oversight of Older Americans Act and Idaho Senior Services Act-funded programs.

The Strategic Plan delineates the objectives, strategies, and outcomes associated with these goals. The outcome measures developed from specific strategic plan items are intended to inform the ICOA and others of how well we are accomplishing our short and long-term goals.

Introduction

In 1965, Congress enacted the Older Americans Act (“Federal Act”), establishing the Administration on Aging (“AOA”) in the U.S. Department of Health and Human Services, and authorizing state agencies to work with the AOA to address the social services needs of the aging population. The mission of the Federal Act is broad: to help older people maintain maximum independence in their homes and communities and to promote a continuum of care for vulnerable elderly.

In successive amendments, the Federal Act created the concept of “Planning and Service Areas” (“PSAs”) and a host of service programs. In Idaho, PSAs are geographic areas of the state delineated by the Idaho Commission on Aging (“ICOA” – the “state unit”) and represented

by Area Agencies on Aging (“AAAs”) designated by the ICOA. AAAs are responsible for planning and coordinating a wide array of services for older people, as well as serving as advocates on their behalf. The “aging services network,” broadly described, refers to the agencies, programs, and activities that are supported, either directly or indirectly, by the Federal Act.

Planning and Service Area: The Area Agency

Overview

The Area Agency on Aging of North Idaho is the Area Agency on Aging (AAA) responsible for serving older residents of Planning and Service Area (PSA) I. It operates as a part of North Idaho College and serves the geographic region commonly known as the Panhandle. This region includes five counties: Benewah, Bonner, Boundary, Kootenai and Shoshone.

North Idaho College, the sponsor of the AAA, contracts with the Idaho Commission on Aging (ICOA), which is the agency of state government designated by the Governor as Idaho’s State Unit on Aging. ICOA monitors the AAA’s compliance with all state and federal requirements pertaining to programs funded under the Federal Act or the Idaho Senior Services Act (“State Act”). Under the guidance of the ICOA, the AAA plans and coordinates funds, monitors a regional program of services to address the present and future needs of older Idahoans residing within the PSA, and serves as a catalyst for improvement in the organization, coordination, and delivery of aging services within the counties which make up the PSA.

The AAA has the authority to develop and manage budgets and programs to meet the needs and specific conditions and circumstances of service recipients within its geographic jurisdiction. To accomplish this, the AAA is required to periodically re-evaluate, through needs assessments, what clients’ needs, conditions and circumstances currently are. The period covered by this Area Plan is October 1, 2009 through September 30, 2013.

AAA Vision

AAA I is dedicated to protection, independence and dignity of individuals through advocacy and service.

The AAA’s Vision reflects the broader Vision and Goals set by the State Unit on Aging and the Administration on Aging. This Area Plan incorporates the core principles of AoA’s Health and Long-Term Care in Home and Community Based Settings initiative—providing streamlined access to services, providing more choices and self-direction for high-risk individuals, and building prevention into community living. See Addendum C for specific examples of AAA goals, objectives and strategies supporting these core principles.

The AAA recognizes the importance of enabling seniors to remain in their own homes with a high quality of life for as long as possible through the provision of information and home and community-based services, including flexible service models and consumer-directed approaches and supports for family caregivers. The AAA will continue to use OAA programs and services to support these efforts and to advance long-term care systems change. In addition, the AAA will continue to promote within its local region ICOA’s efforts to partner with other state agencies and private entities to find solutions and create opportunities that best serve Idaho’s seniors.

AAA Mission

AAA I's mission is to work in partnership with older adults, families, and the community to secure information and services that maximize independence and quality of life.

The AAA's Values mirror those set for the state as a whole:

- Elderly persons should have the option to remain in their own homes for as long as they choose, to the extent possible.
- Older persons are a valuable human resource; they can continue to contribute to their communities through volunteer work or, if they so choose, by remaining in the work force.
- Knowledge of programs and services is the key to empowering Idaho's seniors and their families.
- Older persons should be accorded dignity and respect, with their safety and autonomy preserved.
- The AAA exists to provide leadership and advocacy to meet the needs of seniors and vulnerable adults residing within the counties comprising its PSA.
- The AAA, in partnership with the state unit, will pursue continued improvement in the design, coordination and monitoring of services to the seniors and vulnerable adults it serves.

AAA Funding

AAA I receives and manages more than \$1,700,000 of federal and state funds annually, approximately 50% of which is contracted to local providers across the PSA.

Federal Funds: The AAA receives through ICOA an annual allotment of funds under Title III of the Federal Act, as amended, from the AoA. These federal funds are allocated to the AAA based on a federally approved intrastate funding formula that was adopted by the ICOA on November 15, 2002. A copy of this funding formula is attached as Addendum H.

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

State Funds: The AAA is also allocated through the ICOA a portion of state funds as appropriated by the Idaho Legislature. These state funds, as of SFY 2011, are allocated pursuant to the federal formula, using an implementation process.

Administrative Services

Statewide implementation of zero-based budgeting will begin in SFY 2011. This approach will entail changes to the allocation method for state-funded Trustee and Benefits distributed to the contracted AAAs. In embracing the goals of zero-based budgeting, the state unit will continue to take into account regional needs and the changing demographics of Idaho's senior citizens.

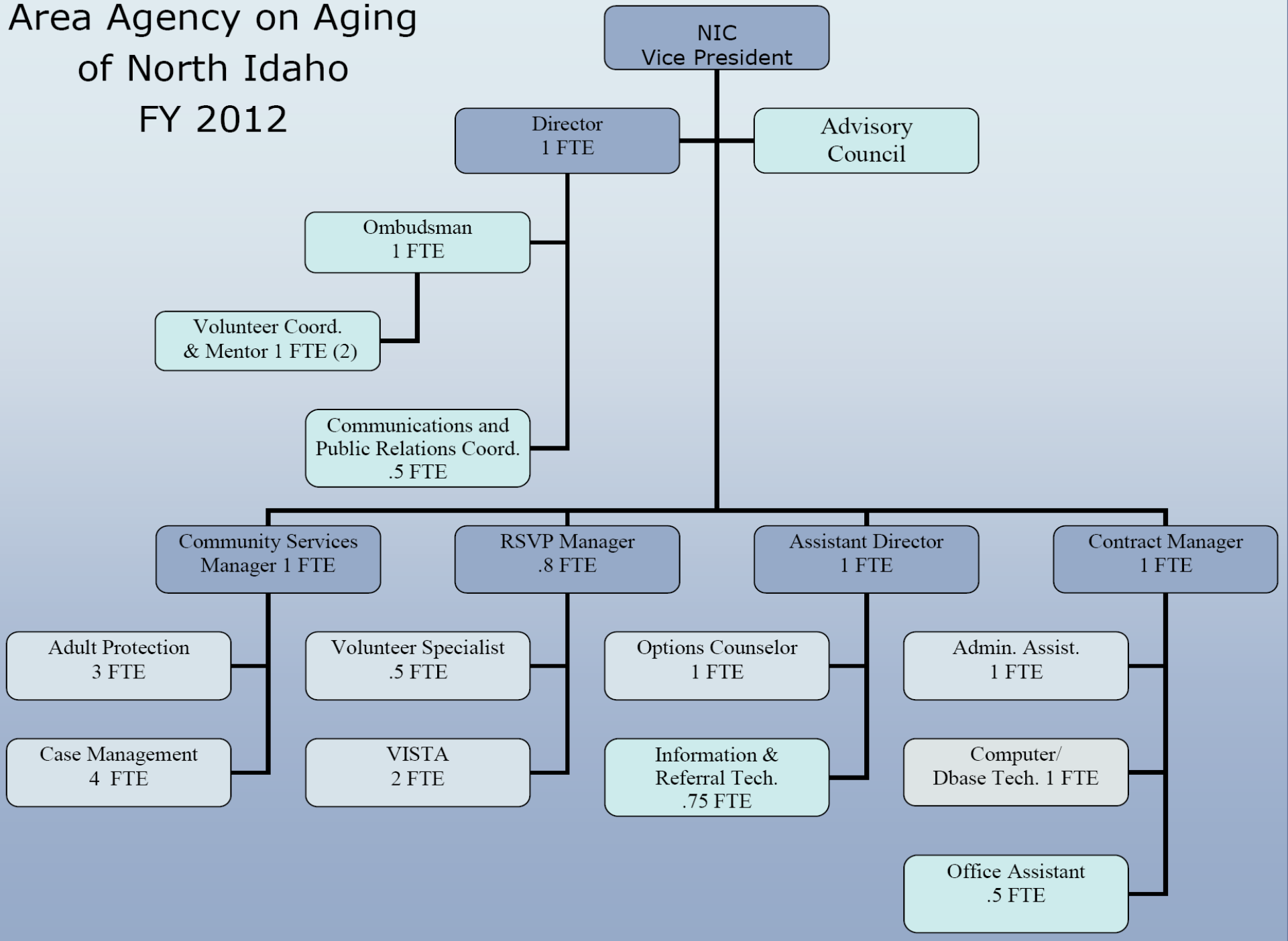
Information Management System

The complexity of data gathering requirements and data management systems has escalated dramatically over the past ten to fifteen years. The state unit and its six contracting AAAs use the Social Assistance Management System (SAMS 2000). In 2008, all Idaho users adopted a centralized database version accessible via the Internet. This approach freed the AAAs from the need to maintain either the application or a local database as they can now update their data, run queries or create reports at the AgingNetwork.com website. This system also eliminates the AAAs' need to periodically submit data to ICOA via e-mail or on disk.

SAMS 2000 contains features that meet all of AoA's current reporting requirements, including those of the National Family Caregiver Support Program ("NFCSP") component. Most recently, all users in the state have been engaged in standardizing service descriptors and service categories so as to ensure accurate reporting of units and clients across all six AAAs. SAMS 2000 tracks enrolled ("registered") clients receiving services from multiple programs funded by federal, state and/or local sources within a single database. Simpler preparation of a more accurate annual National Aging Programs Information Systems (NAPIS) report should be possible when this process of standardization is complete.

The Ombudsman tracking software is also being moved to AgingNetwork.com but this program will retain a separate database for each AAA. This move should streamline the reporting process for the Ombudsman Program too, while simplifying application upgrades.

Area Agency on Aging of North Idaho FY 2012



AAA Staffing

Current Agency Positions are listed below in alphabetical order:

- Administrative Assistant—performs secretarial duties to support administrative and program staff.
- Assistant Director-- supervises non-exempt, administrative staff, and Information & Assistance program staff, manages all fiscal tracking and reporting.
- Case Workers—meet with home bound seniors and their family to establish needs and a plan to meet those needs; review plans on an as-needed/annual basis.
- Case Workers/AP Emphasis—respond to and investigate validity of reports of abuse, neglect, and exploitation of vulnerable adults 18 and older; reduce risk of continued mistreatment.
- Community Services Manager-- supervises case workers; coordinates and assigns client cases; assures compliance with federal and state rules and regulations.
- Computer/Database Technician—manages agency data tracking requirements; provides computer and network support.
- Contract Manager—manages contracts and agreements with providers for direct service delivery.
- Director-- develops and administers the agency's strategic plan; oversees the agency's management team, providing leadership consistent with the area plan, personnel policies, and program directives.
- Information and Referral Technician-- Develops and maintains a comprehensive resource database on community services and resources for seniors and caregivers; assists the options counselor as needed.
- Office Assistant—performs secretarial duties to support program staff.
- Ombudsman-- Works with residents of nursing homes and assisted living facilities to assure resident rights are honored and to resolve problems and complaints.
- Ombudsman Volunteer Coordinator— locates, trains and supervises volunteer ombudsmen and assists the ombudsman as needed.
- Options Counselor—accepts incoming inquiries regarding available community services and helps individuals understand the various options of long-term care and financing available to them.
- RSVP Program Coordinator-- Plans and implements recruitment, placement, training and support of senior volunteers in appropriate areas of community needs; assures compliance with federal rules and regulations.
- RSVP Volunteer Specialist—Recruits and interviews potential volunteers to assess their interests and skills; matches volunteers with an appropriate volunteer opportunity in their community.
- Volunteers in Service to America/VISTA Members—Assist in program development and establishing sustainability over time.

AAA Advisory Council

As required by the Older Americans Act, all area agencies (except tribal organizations) must have an advisory council.¹

Advisory Council members serve as advocates and spokespersons for older adults residing in their representative counties. They make recommendations to the Area Agency on Aging concerning issues and initiatives affecting the 60+ population in the region and the use of federal and state aging funds. A roster of the AAA's current Advisory Council is attached as Addendum D.

Planning Process

In September 2008 the Area Agency on Aging of North Idaho began its planning process to assess needs and develop a strategic plan for 2010 – 2013. Focused sessions to discuss agency values were held with each of the five county councils on aging. Through this process the following focus areas were identified:

Transportation

- Door-to-door, one-on-one service
- Awareness of what is available

Home Repairs and Chores

- Local approach to meeting needs

Volunteerism/Older Workers

- Health issues may prevent volunteering
- Recruitment and retention techniques
- Value of older workers

Employed caregivers

- Rural newspapers as a source of information
- Availability of Community/County directories
- Human Resource Offices

Goal to maintain independence and living at home

- Knowledge of Medicare and Medicaid benefits/differences
- Viability of personal resources

Caregiver (formal and informal) knowledge

- Awareness of what practical support is
- Additional support needed

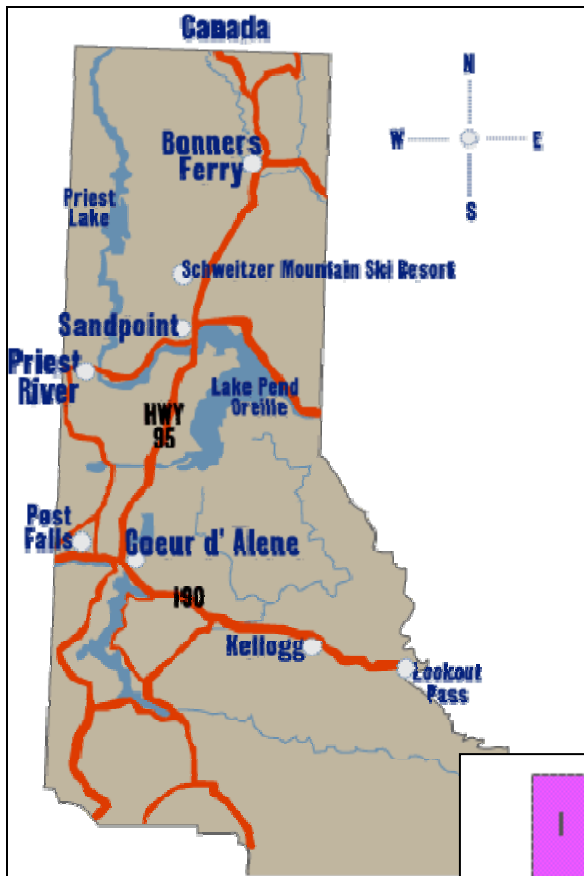
¹ Older Americans Act of 1965: Subchapter III: Grants for State and Community Programs on Aging: Part A-- General Provisions: Area Plans, Sec. 306(a)(6)(D): "establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, representatives of older individuals, 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."

In addition to focus groups, the following documents were consulted:

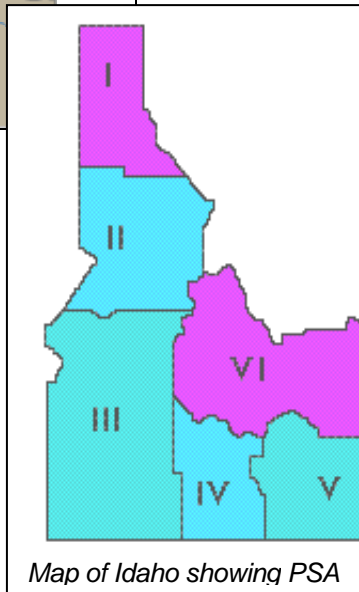
1. survey conducted by Boise State University, Center for the Study of Aging
2. survey of staff, providers, and community leaders
3. four year trends of service delivery
4. documented unmet needs
5. "The Maturing of America: Getting Communities on Track for an Aging Population"
6. "The MetLife Long-Term Care IQ Test"
7. "Profile of Older Americans: 2008"
8. "The State of Aging and Health in America: 2007"

A DRAFT strategic plan received internal review by staff and members of the county councils on aging. Additionally, draft documents were reviewed with the public through a series of public hearings conducted in each of the five counties. The plan was approved by the Advisory Council on Aging at their October 14, 2009 meeting and submitted to Idaho Commission on Aging on October 15, 2009 for acceptance and approval.

The Planning and Service Area



Map of North Idaho showing major cities, highways and points of interest.



Map of Idaho showing PSA

Overview

For specific demographic data pertaining to PSA I, see Addendum A.

Each AAA is responsible for planning, development and delivery of services within the counties that make up its PSA. Each AAA is affiliated with a “parent” or “umbrella” agency. Variation in gov-ernance, staff and available resources enhance the AAAs’ diversity, making each of the six jurisdictions unique and differentiating each AAA’s relative capa-city to deliver services to residents of its particular region.

Each of Idaho’s AAAs is required to directly provide certain core programs: Information and Assistance, Case Management, Ombudsman, and Adult Protection. The AAA also contracts with local community service providers to deliver other services. These services include, but are not limited to: Home-Delivered Meals, Congre-gate Meals, Family Care-giver Support, Transporta-tion, Homemaker, Legal Assistance, and Respite.

If an AAA cannot locate a local provider for a non-core service, the AAA may request a waiver from the state unit to provide the service directly until such time as a provider can be found.

The ICOA stipulates that each AAA prepare a basic disaster plan for its region (Addendum F). AAAs are further encouraged to participate with Local Emergency Management Planning Councils in planning on behalf of area seniors and to offer emergency planning information to seniors.

PSA I and its Area Agency on Aging

PSA 1 contains Idaho's five most northern counties in a larger geographic area commonly known as the "Panhandle". Northern Idaho is bordered by Washington State to the west, Montana to the east and the Canadian Province of British Columbia to the north. Coeur d'Alene is the Idaho Panhandle's largest city. East of Coeur d'Alene is the Silver Valley, which follows Interstate 90 to the Montana border at Lookout Pass.

The Idaho Panhandle was originally created when the Montana Territory was organized from the Idaho Territory in 1864. When the seat of territorial government was moved to Boise from Lewiston (in PSA II) in 1864, it was thought that the panhandle region would be hard to govern. A proposal was made to make the entire northern part of the state (now PSAs I and II) a separate state. The proposal failed, but was attempted again in 1901. This time it was proposed to join the Panhandle with Eastern Washington to form the "State of Lincoln", but failed a second time.

The Idaho Panhandle region observes Pacific Time north of the western-flowing Salmon River in the southern part of Idaho County (in PSA II). The rest of the state to the south observes Mountain Time, which begins at Riggins. The primary reason for the different time zones, even though cities and towns in North Idaho are at the same longitude as their southern Idaho neighbors, is to align with the regional sphere of influences. The Panhandle is linked to Spokane, WA (Pacific Time), while southern Idaho is linked to Boise and Salt Lake City, Utah (Mountain Time).

The Coeur d'Alene Indian Reservation in Benewah and Kootenai Counties is home to the Coeur d'Alene Tribe. The Kootenai Tribe of Idaho, one of seven bands of the Kootenai Nation, is headquartered in Bonners Ferry. The five-county region contains many small communities throughout. Many communities have sought revitalization as a consequence of the decline of the mining and logging industries that formerly were the economic mainstay for the entire region.

AAA's must be located under the umbrella of an organization, such as a council of governments, nonprofit or other community organization. This is the reason why AAA is a department of North Idaho College (NIC). The AAA was originally located on the NIC campus. As the space requirements grew for the college and the AAA, it became increasingly evident that the AAA needed to find a new location.

Over the years the AAA has expanded its programs and role in the community, either by choice or because of changes dictated by the Idaho Legislature and revisions to the Older Americans Act. In 1992, the Idaho Legislature transferred the Homemaker Program responsibilities to the AAA from the Department of Health and Welfare. In 1995, the Idaho Legislature transferred the Adult Protection Program responsibilities to the AAA from the Department of Health and Welfare. These decisions significantly changed the scope of the agency and manner in which they conducted business. Prior to 1995, the majority of the staff were non-credentialed staff; after 1995, the licensed social worker staff increased dramatically.

In April, 1997, AAA took over the sponsorship for the Retired and Senior Volunteer Program. The program was transferred due to the closing of the North Idaho Community Action Agency. 1998 brought many changes to overall operations of the agency due to the Idaho Commission on Aging promulgating rules and publishing operation manuals for all the programs funded. In order to meet the new requirements, the agency officially started the Care Coordination Program, now known as Case Management.

In 2001, Congress added a subtitle to the Older Americans Act, emphasizing the role of AAA's in supporting families and caregivers of elderly. With this new programming, new funding expanded the services of case management, legal, and information and assistance, and added contract services for intensive respite and training for caregivers.

Programs and Services Provided by AAA I

Overview

The AAA contracts with local providers to deliver a variety of aging services within its PSA. Programs and supportive services provided by Aging Network partners and local contracted providers enable families residing in the five counties to remain together in their own communities and frail elderly to remain in their own homes, avoiding or at least postponing institutionalization. The AAA is especially important in guiding those who are eligible for Medicaid services to the Idaho Department of Health and Welfare (IDHW) and providing service options for persons whose incomes or level of care disqualifies them for Medicaid. Additionally, services are critical for the growing population of caregivers, many themselves elderly, who are stretched to capacity caring for dependent relatives at home. Local Aging Network partners are the primary source of assistance for many seniors and their families.

Services are targeted to those with the greatest economic and/or social needs, with particular emphasis on serving low income minority elderly and older persons with limited English proficiency and/or who reside in rural communities. See Addendum I for a detailed listing of the AAA's "Methods for Serving Prioritized ("Targeted") Populations".

Older Americans Act funding and State Senior Services Act funding provide for a comprehensive array of services and the administrative infrastructure needed to deliver them. Foundation grants, Corporation for National Service, and local sources also contribute support for some services. In addition, client contributions (program income) and donations in the form of goods or volunteer hours are necessary to assure the continuance of supportive services such as home-delivered meals and homemaker services.

Services Provided within the Counties of PSA I (Listed Alphabetically)

Anticipated outputs (number of clients and units of service) for each service detailed below are projected in the table attached as Addendum E. Projections are updated annually after being re-evaluated relative to available funding, changing demographics and other current factors in the PSA.

- ***Adult Protective Services***

Idaho's Adult Abuse, Neglect and Exploitation Act, Idaho Code Section 39-5301et seq. (the "AP Act"), governs Adult Protection ("AP") activities in the state. The AP Act is intended to preserve the personal liberty and freedom of choice of all persons aged 18 or older who are vulnerable to abuse, neglect or exploitation; to prevent and/or alleviate conditions that result in abuse, neglect and/or exploitation; and to maintain vulnerable individuals' safely in their homes and communities to the extent appropriate. The AP Act defines a vulnerable adult as an individual suffering from a physical or mental impairment that has affected his/her judgment or behavior to the extent that he/she lacks sufficient understanding or capacity to make, communicate or implement decisions regarding his/her person. The ICOA administers the AP program and provides AP services through contracts with each AAA.

- **Case Management Services**

Case Management is an integral part of a community-based support system that serves high needs elderly population and their family caregivers. The ICOA requires each AAA to directly provide Case Management services. Experienced case workers interview and assess each client, utilizing the overarching philosophy of self-determination. An individualized Supportive Services Plan is developed in consultation with individuals and family members. Clients are periodically reassessed and their Supportive Service Plans modified as appropriate. Case Management is designed to enable frail elderly persons to access supports they need to remain in their own home for as long as possible.

- **Counseling**

Case workers provide assistance to care givers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their care giving roles.

- **Health Promotion**

Health screenings, exercise programs, informational events such as health fairs and presentations to senior groups all fall under the broad service area called Health Promotion.

- **Home Maintenance and Repair**

Minor home modifications, such as installation of grab bars and other devices, may be made which allow seniors to remain independent and safe in their home environment.

- **Homemaker**

The Homemaker program provides frail elderly clients with needed assistance to accomplish necessary housekeeping tasks such as laundry, meal preparation and vacuuming, thus enabling seniors to live safe at home.

- **Information and Assistance**

Information and assistance (I&A) serves as a first contact and point of entry into Idaho's Aging Network of services and resources for older adults and family caregivers. Easy access to services from a single source of information has been identified as a priority to assure that vulnerable populations can easily obtain needed services.

- **Legal Assistance**

This service provides legal advice, counseling, or representation by an attorney or other person acting under the supervision of an attorney, for older individuals with economic or social needs. Priority services may include Social Security, consumer fraud/protection, guardianships and/or conservatorships, durable powers of attorney, long-term care financing, probate, Medicare appeals, domestic relations, landlord/tenant issues, commitments to mental hospitals/institutions, Medicaid estate recovery and spousal impoverishment.

- **Medication Management**

The Medication Management program provides for group and individual education, screenings, and individual assistance with understanding and managing a medication regimen.

- **National Family Caregiver Support Program (NFCSP)**

There are two groups who are eligible to receive services under this program: (1) family caregivers taking care of an elderly person 60 years of age or older, and (2) grandparents and other relatives aged 55 years or older who are caring for a “child” (an individual who is not more than 18 years of age or who is an individual with a disability). Due to a shortage of funding, Area I has focused efforts only on the first category.

- **Nutrition Advisors**

Focusing on education for home bound seniors at high risk of malnutrition, advisors visit homes and update skills in nutrition, food safety, and money management.

- **Nutrition Program**

The goal of the senior nutrition program is to improve nutritional intake, provide seniors with an opportunity to socialize and participate in their community, decrease isolation and access supportive services that enhance their quality of life and overall health. The program provides two separate but related services: congregate meals and home-delivered meals. Congregate meals are served in group settings, most often at senior centers, but also occasionally at meal sites located in churches or schools. Home-delivered meals are delivered to eligible individuals who are homebound due to frailty or illness, or who, for some other reason are unable to prepare a nutritious meal for themselves.

- **Ombudsman**

The sub-state Ombudsman protects the health, safety, welfare, and rights of individuals in Idaho who are over age 60 and reside in nursing homes and assisted living facilities. The ombudsmen make unannounced visits to all nursing homes and assisted living facilities in the area to give residents timely access to complaint resolution. Ombudsmen also provide public information and training on aging issues.

In order to meet the growing demand for ombudsman services, in recent years a *Volunteer Ombudsman Program* has been developed and now operates in Kootenai, Bonner, and Boundary counties. Volunteer Ombudsmen receive many hours of intensive training and preparation. Their dedicated efforts are crucial toward achieving the mandate of monitoring the wellbeing of residents in the many long-term care and assisted living facilities throughout the region.

- **Options Counseling**

Informs individuals and family members regarding the various options of long-term care and financing available to them and assists them in determining the best course of action to achieve their desired outcome.

- **Outreach**

Outreach efforts target, identify and inform older persons and/or family members of available supportive services, with a special emphasis on those individuals described in Section 306(a)(4)(B)(i) of the OAA.

- **Respite**

Respite services provide caregivers of homebound persons with much needed breaks from their care-giving responsibilities. Respite can be short, regularly scheduled support through companionship or four to 72 hours through in-home, day center, or facility supervision.

- **Transportation**

Transportation provides rides for seniors experiencing health or functional limitations that curtail their ability to drive. The service provides transportation for (1) life-sustaining trips such as medical visits, shopping, banking and employment; and (2) quality of life trips which include recreational and social trips, community outings, and visits with family to reduce isolation and increase physical and social activity.

- **Volunteer Placements**

Through the Retired and Senior Volunteer Program, individuals 55 and older who are interested in civic engagement, are interviewed to assess their interests and skills and matched up with an appropriate volunteer opportunity in their community.

Cost Sharing

The Federal Act 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. Idaho does not currently permit cost sharing for programs or services that utilize federal funds.

The Federal Act provides that cost sharing by a low-income older individual is not allowed if the income of the individual is at or below the Federal poverty line. Assets, savings, or other property owned by older individuals are not considered when defining low-income individuals who are exempt from cost sharing, when creating a sliding scale for the cost sharing, or when seeking contributions from any older individual. Older individuals' eligibility for cost sharing is determined solely by a confidential declaration of income and there is no requirement for verification. At such time when 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 the income of such individual or such individual's 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 clients receiving Homemaker services. Clients whose household income exceeds 100% of poverty (as established by the United States Department of Health and Human Services), after certain adjustments for medical expenses, are required to make a cost sharing payment according to a sliding fee scale established by ICOA. ICOA updates the sliding fee scale annually, with implementation of the new fee beginning July 1st of each year.

Both the Federal Act and Idaho's rules governing State Act programs and services provide that States, AAAs, and providers, will protect the privacy and confidentiality of each older individual, and that States, 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.

Grants

Aging and Disability Resource Center in Idaho, Aging Connections

The AoA and the Centers for Medicare and Medicaid's Services ("CMS") partnered in 2003 to initiate the Aging and Disability Resource Center ("ADRC") grants program. The two goals behind this partnership were (1) to make it easier for consumers to learn about and access existing

services and supports and (2) to increase general awareness regarding the importance of pre-planning for anticipated long term care.

In 2005, ICOA partnered with Idaho's Medicaid program to submit a grant proposal to the AoA and CMS to develop an ADRC in Idaho. Aging Connections, Idaho's ADRC, opened in October of 2006.

Medicaid and the Area I AAA partnered to pilot the original project in North Idaho (PSA I). Consumers residing in the five-county region could direct their questions about aging or long-term care to Aging Connections by dialing the Idaho Careline at 2-1-1. They were then connected to services such as options counseling and informed about a range of alternative services, including private services that could help with advanced planning for long-term care, and given streamlined access and assistance with eligibility and application to public services.

The project is undergoing modifications necessary for its statewide expansion and sustainability. The staff of Aging Connections is working on developing tools and processes to accommodate a new business model that is more web-based.

Alzheimer's Disease Demonstration Grant to States Program

The Alzheimer's Association estimates there are over 25,000 people with Alzheimer's disease living in Idaho. Alzheimer's disease moved from 8th to 7th in rank as the leading cause of death in Idaho between years 2000 and 2001. Idaho's 2001 crude rate of Alzheimer's Disease is 22 per 100,000 people (compared to 18 per 100,000 for the USA in 2000.)

Congress created the Alzheimer's disease Demonstration Grants to States ("ADDGS") program in 1991. The ADDGS program, administered by the US AoA, had as its mission the expansion of the availability of diagnostic and support services for persons with Alzheimer's disease and Related Disorders (ADRD), their families, and their caregivers, as well as to improve the responsiveness of the home and community based care system to persons with dementia. The program focused on serving hard-to-reach and underserved people with ADRD.

The ADDGS grant ICOA received in 2003 expired at the end of June 2009. While the grant was in effect, ICOA worked with two AAAs (in PSAs I and III) and many community partners to create two regional ADDGS programs.

The Area I AAA led a regional workgroup that has strengthened the infrastructure of services in the five northern counties of Idaho to provide support and services for people with severe dementia and for their families.

Legal Assistance Systems Grant

In October 2006, the AoA awarded ICOA a grant under the Model Approaches to Statewide Legal Assistance Systems program. The grant project ("Project"), which is designed to enhance and expand legal resources available to Idaho's rapidly growing senior community, is funded at a federal share of approximately \$100,000 per year for a period of three years. The Project targets low-income seniors in rural areas, Hispanic seniors, and Native American seniors.

The Project activities include development of a Senior Legal Resources Advisory Committee ("Advisory Committee"), assessment of legal needs of Idaho seniors ("Assessment"), review of Idaho's existing legal services delivery system, and development of a plan to effectively and efficiently incorporate the use of low-cost mechanisms to address the needs of Idaho's senior

community. ICOA contracts with Idaho Legal Aid Services, Inc. (“ILAS”) to accomplish many of the Project’s objectives.

The Assessment conducted by ILAS in 2007 included a survey of low-income seniors. Using the feedback from the survey, the existing delivery system is being enhanced and improved with support and guidance from the Senior Legal Resources Advisory Committee. The official Assessment report may be viewed on the ICOA website at www.idahoaging.com.

Low-cost legal service mechanisms developed to enhance Idaho’s senior legal delivery system include: (1) funding an attorney-staffed statewide senior legal telephone hotline (“Hotline”), (2) creating a web-based senior legal form bank linked to document automation and assembly software (“Library”), (3) increasing the number of senior related forms, brochures and informational materials available through the Idaho Supreme Court Courthouse Assistance Office Project (CAOP).

To access the Hotline, a senior need only dial (866) 345-0106 or (866) 954-2591(for Spanish). Callers are then directed to the most appropriate level of available legal resources. The Hotline Attorney may assist the client, direct the client to materials in the Library, refer the client for extended services through a local ILAS office, or refer the client to a cooperating legal or social service agency. The Hotline’s centralized intake, advice, and brief services allow understaffed local offices to focus scarce resources on in-depth solutions for seniors with complex legal problems. Use of the Hotline by clients with simple problems enables ILAS to use Older Americans Act funds to assist seniors with more complex legal problems.

The Library contains legal forms, applications and other documents frequently sought by senior clients. The Library is based on the ILAS website and linked to ICOA and other websites. The Library may be accessed on ILAS’s website at www.idaholegalaid.org by clicking on the “Self-Help Online Forms” button on the left side of the website’s home page. ILAS is continually adding new forms.

United Way of Kootenai County

The Retired and Senior Volunteer Program, as well as the Case Management services, are recipients of United Way dollars. The mission of the United Way of Kootenai County is to improve the quality of lives in our community by encouraging and recognizing volunteerism, collaboration and giving. United Way works year-round to bring together people and resources to have an impact on our community’s most pressing concerns. They invest the resources entrusted to them toward producing results that can be documented. The United Way of Kootenai County provides funding to 26 agencies, all helping those in our community who need it most.

Collaborative Partners

The Area Agency on Aging accomplishes its goals and objectives through partnerships and the endeavor takes on many forms including contractual, informal, and supportive. Below is a description of several of those relationships; it is not meant to be all inclusive.

Community-based Providers

Essential services are needed to help older adults remain independent and/or in their homes for as long as possible. The Area Agency on Aging provides Older Americans Act and Idaho Senior Services Act dollars to support the group meals served at senior centers and delivered to homebound seniors in their homes. Most senior centers in northern Idaho participate in the

Senior Nutrition Program. For a complete list of participating centers, visit our web site at www.aaani.org. In addition to providing one-third of the daily recommended allowance of nutrients, meal sites provide seniors with nutrition information, community information, and a connection to others through fellowship and planned activities.

Additionally, limited dollars are dedicated for door-to-door transportation. The Area Agency on Aging collaborates with all transportation providers in the area and participates in Idaho's Mobility and Access Pathway (IMAP) effort to improve public transportation options in Idaho.

Our five-county area is fortunate to have two adult day centers, which operate social (versus health) programming—one in Kootenai County and one in Bonner County. These partners assist the agency in advancing our goals toward assisting caregivers in their endeavor to keep their loved ones home as long as possible.

In-Home Providers

The Area Agency on Aging provides Older Americans Act and Idaho Senior Services Act dollars to a variety of in-home care providers to deliver homemaker services, short-term respite, family caregiver respite, and nutrition counseling. Providers work closely with agency case workers to monitor well-being and adjust service levels as needs and conditions change over time.

Networking

Agency staff engages in a variety of opportunities to network with professionals in other organizations where their work stands to benefit the wellbeing of older adults or, through dialogue, awareness can be highlighted regarding the needs of older adults. Organizations are diverse in their focus and include a variety of associations, law enforcement, businesses, disaster services, end-of-life issues, housing, etc.

Idaho— A State of Growth and Change

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

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

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

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

According to the Idaho State Historical Society, the entire population of Idaho numbered only 17,804 in 1870. By 1880 it had reached 32,610. When Idaho officially became the 43rd state on July 3, 1890, the population had reached 88,548— an increase of nearly 400 percent in just two decades. The state’s two major industries were mining and logging. Frontier conditions 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 2006, published by the Census Bureau in October 2007), show that Idaho’s overall population had increased another 13.3% to 1,466,465.

The 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.

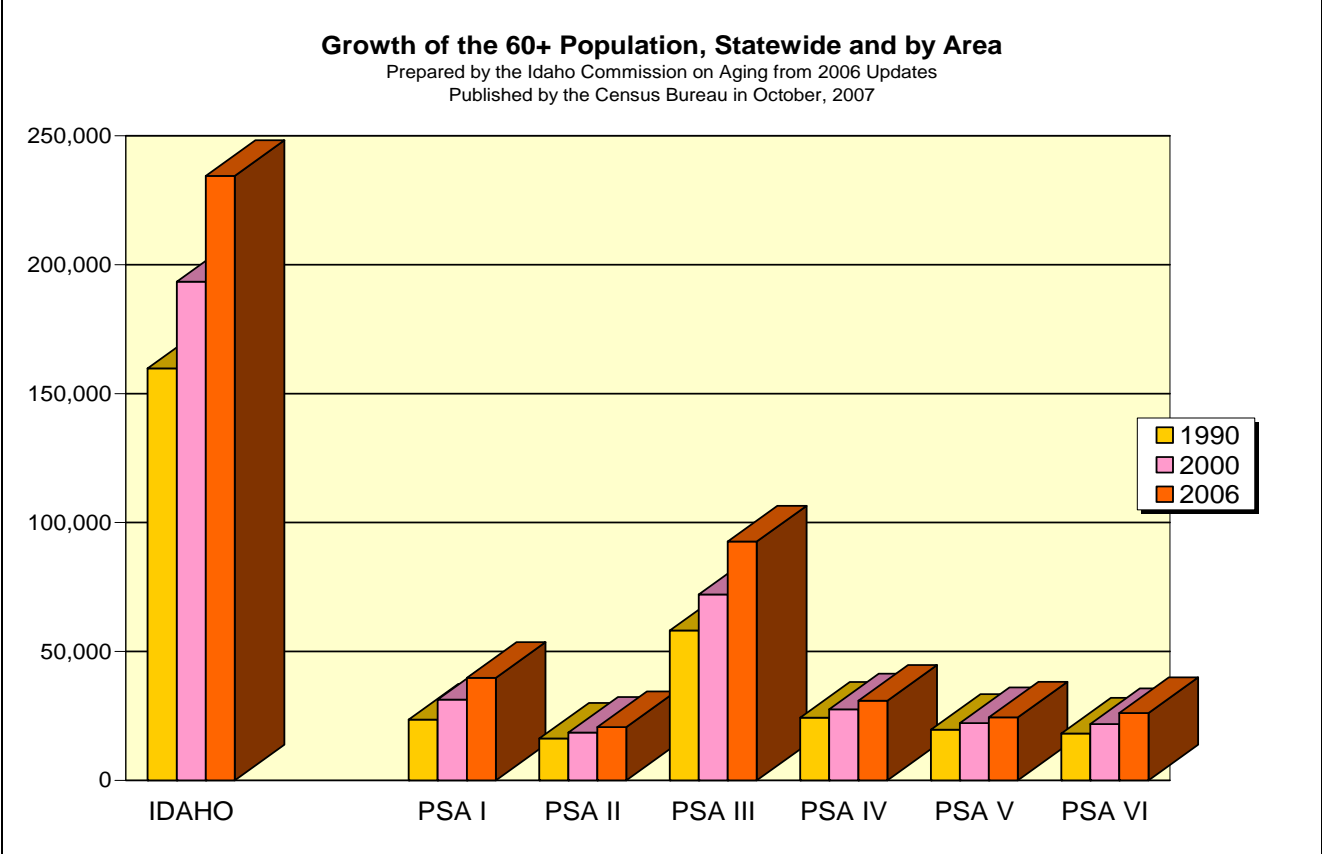
Of Idaho's 2006 total population of 1,466,465 people, 234,512 (16%) were aged 60 or older. Of that older subpopulation, 23,384 (nearly 10%) were at least 85 years old. This oldest group comprised 1.6% of the state's total population.

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

60+ Population	Census COUNT	Census Update ESTIMATE	Census COUNT	Census Update ESTIMATE
	TOTAL POPULATION in 2000	TOTAL POPULATION in 2006	TOTAL 60+ in 2000	TOTAL 60+ in 2006
STATEWIDE	1,293,953	1,466,465	193,421	234,512

YOUNGER SENIORS	OLDER SENIORS	OLDEST SENIORS	% of TOTAL Est. Population	% of TOTAL Est. Population	% of TOTAL Est. Population	
PERSONS AGED 60 - 69 (2006)	PERSONS AGED 70 - 84 (2006)	PERSONS AGED 85+ (2006)	% of 2006 POPULATION AGED 60 - 69	% of 2006 POPULATION AGED 70 - 84	% of 2006 POPULATION AGED 85+	
115,024	96,104	23,384	7.8%	6.6%	1.6%	STATEWIDE

Numbers in these charts are derived from Census data.



Idaho's highest growth counties: April 1, 2000 to July 1, 2006²

<u>County</u>	<u>PSA</u>	<u>Percent Growth</u>	<u>Number Added (all ages)</u>
Canyon	III	31.8%	58,131
Teton	VI	30.7%	41,861
Kootenai	I	21.0%	22,822
Ada	III	19.3%	12,108
Bonneville	VI	14.7%	12,108

...and greatest loss counties:

<u>County</u>	<u>PSA</u>	<u>Percent Decline</u>	<u>Number Lost (all ages)</u>
Clark	VI	-10.0%	- 1,133
Clearwater	II	- 6.8%	- 1,016
Minidoka	IV	- 5.6%	- 606
Shoshone	I	- 4.3%	- 591
Elmore	III	- 3.5%	- 1,016

The state (overall):	<u>Percent Growth</u>	<u>Number Added (all ages)</u>
Idaho	45.7%	459,716

² From 2006 Idaho Vital Statistics, published by the Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics.

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

U.S. Life expectancy as of 2006: male/female ³

If you have reached age 50, you can expect another	30.3/33.6 years of life
55	26.0/29.1
60	22.0/24.7
65	18.1/20.5
70	14.6/16.5
75	11.3/13.0
80	8.9/10.0
85	6.9/ 7.4

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 2000 and 2006, the state's white population (all age groups) increased by 12.8%, its black population by 67.3%, its American Indian/Alaska Native population by 11.2%, its Asian/Pacific Islander population by 30.7%, and its Hispanic population by 36.6%. 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 2006 total estimated population of 1,466,465 people, 1,410,951 (96.2%) are estimated to be white, non-minority while only 12,681 (0.9%) are black, 22,909 (1.6%) are American Indian or native Alaskan, 19,924 (1.4%) are Asian or Pacific Islander, and 138,870 (9.5%) are ethnic Hispanic of any race.⁴

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 Census' up-date estimate for 2006 was 12,275 (5.2% of all persons aged 60+ in Idaho). This is 96% growth in the number of minority seniors over just a six-year period! The entire 60+ segment of the population grew by only 21.2% in the same time period.

³ From *2006 Idaho Vital Statistics*, published by the Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics.

⁴ Source: Bridged Race Population Estimates, National Center for Health Statistics, July 1, 2006. Published on the Internet August 16, 2007.

Overall, Idaho's population remains one of the least diverse in the nation. The numbers in the table below (Census Bureau, update estimate pub. 2006) illustrate the overwhelmingly non-minority racial composition of Idaho's seniors. It should be noted that these numbers reflect *only* racial identification. Hispanics may be of any race; a majority of Hispanics self-identify as "white". The table therefore should not be interpreted to indicate ethnic or cultural groupings.

			2006 Census Update
Counties by PSA	Total 60+ population	White alone 60+	
			60+ Percent White
PSA 1	39,767	38,559	97.0%
Benewah	2,101	1,972	93.9%
Bonner	8,215	8,008	97.5%
Boundary	2,073	2,022	97.5%
Kootenai	24,113	23,410	97.1%
Shoshone	3,265	3,147	96.4%
PSA 2	20,618	19,840	96.2%
Clearwater	2,173	2,101	96.7%
Idaho	3,905	3,766	96.4%
Latah	4,898	4,750	97.0%
Lewis	990	946	95.6%
Nez Perce	8,652	8,277	95.7%
PSA 3	92,701	86,827	93.7%
Ada	49,218	46,646	94.8%
Adams	893	871	97.5%
Boise	1,391	1,345	96.7%
Canyon	23,839	21,743	91.2%
Elmore	3,318	2,976	89.7%
Gem	3,585	3,461	96.5%
Owyhee	1,907	1,694	88.8%
Payette	4,172	3,943	94.5%
Valley	1,852	1,799	97.1%
Washington	2,526	2,349	93.0%
PSA 4	30,876	28,970	93.8%
Blaine	3,310	3,201	96.7%
Camas	210	201	95.7%
Cassia	3,739	3,428	91.7%
Gooding	2,770	2,604	94.0%
Jerome	3,124	2,974	95.2%
Lincoln	699	651	93.1%
Minidoka	3,616	3,131	86.6%
Twin Falls	13,408	12,780	95.3%

PSA 5		24,427	22,889	93.7%
Bannock	11,286	10,645	94.3%	
Bear Lake	1,293	1,277	98.8%	
Bingham	6,477	5,809	89.7%	
Caribou	1,388	1,360	98.0%	
Franklin	1,901	1,871	98.4%	
Oneida	847	836	98.7%	
Power	1,235	1,091	88.3%	
PSA 6		26,123	25,172	96.4%
Bonneville	13,842	13,302	96.1%	
Butte	593	567	95.6%	
Clark	170	149	87.6%	
Custer	1,009	983	97.4%	
Fremont	2,128	2,056	96.6%	
Jefferson	2,879	2,766	96.1%	
Lemhi	1,965	1,923	97.9%	
Madison	2,776	2,695	97.1%	
Teton	761	731	96.1%	

The Older MINORITY Population of Idaho: 2000 - 2006

	Census COUNT	Census Update ESTIMATE	Census COUNT	Census Update ESTIMATE	PERCENT CHANGE
	TOTAL POPULATION in 2000	TOTAL POPULATION in 2006	TOTAL 60+ in 2000	TOTAL 60+ in 2006	60+ POPULATION 2000 - 2006
STATEWIDE	1,293,953	1,466,465	193,421	234,512	21.2%

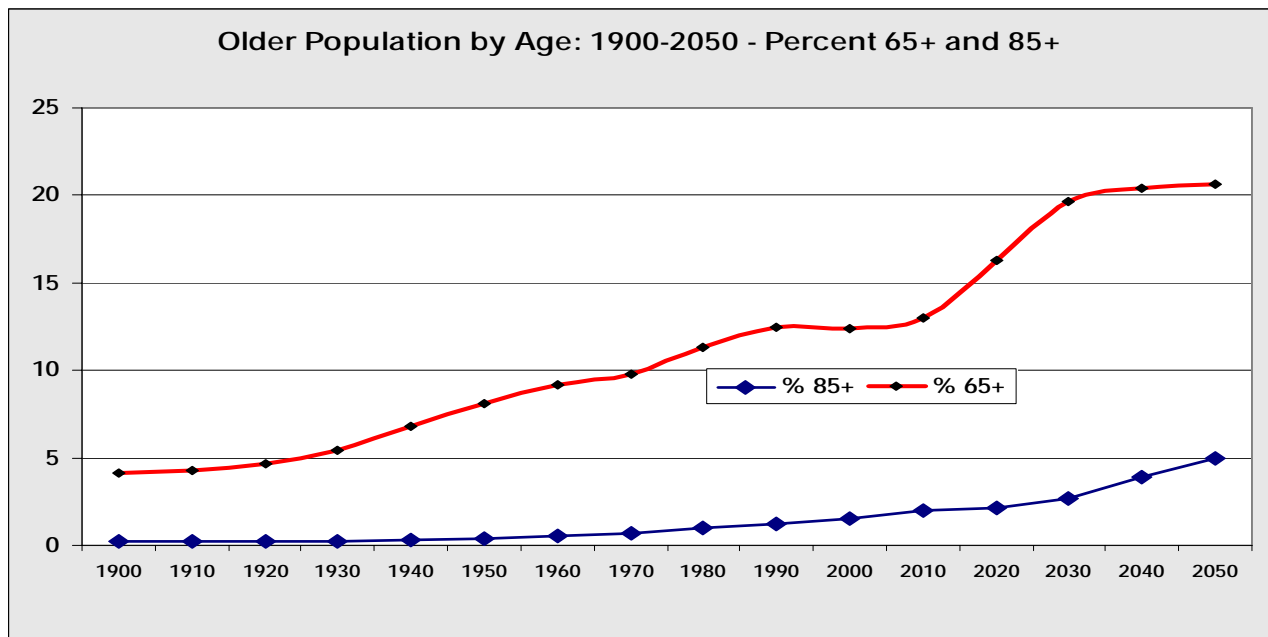
Identify as MINORITY	Identify as MINORITY	Identify as MINORITY	Identify as MINORITY	
Total Minority 60+ in 2000	Total Minority 60+ in 2006	% of Total 60+ in 2000	% of Total 60+ in 2006	STATEWIDE
6,260	12,275	3.2%	5.2%	

In recent years there has also been a steady settlement of refugees and immigrants from Eastern Europe, Russia, the Balkan States, and several Middle Eastern countries, as well as from the African Continent. These newcomers have formed their own small communities, especially in the Boise Metro area and in Twin Falls. However, only new arrivals from African nations are counted as “minorities” since they qualify as a racial minority under the Federal Government’s determination of which groups are to be considered as “protected” classes. The Federal definition recognizes Hispanics as the sole “ethnic” minority.

In general, non-white racial groups and ethnic Hispanics constitute younger populations than whites— i.e., the proportion of children and youth is higher while the percentage of elders is less. This is the opposite of the trend seen in the white population segment.

In summary, Idaho reflects national trends. Its population is aging overall, with older people becoming a larger segment of the entire population as Baby Boomers reach their sixties. The overall population is projected to continue growing while also becoming more diverse racially and ethnically as a result of ongoing immigration and the fact that majority whites have for decades evidenced lower birth rates than have non-white racial groups and Hispanics. Idaho also follows the regional trend toward population growth overall because its healthy climate, low incidence of crime and urban blight, and abundance of employment opportunities continue to attract younger workers from other parts of the country. Most recently, fluctuations in housing markets elsewhere and attempts by developers to “sell” Idaho as a great place to retire have produced a high demand for retirement homes and have created entire retirement communities, especially in North Idaho.

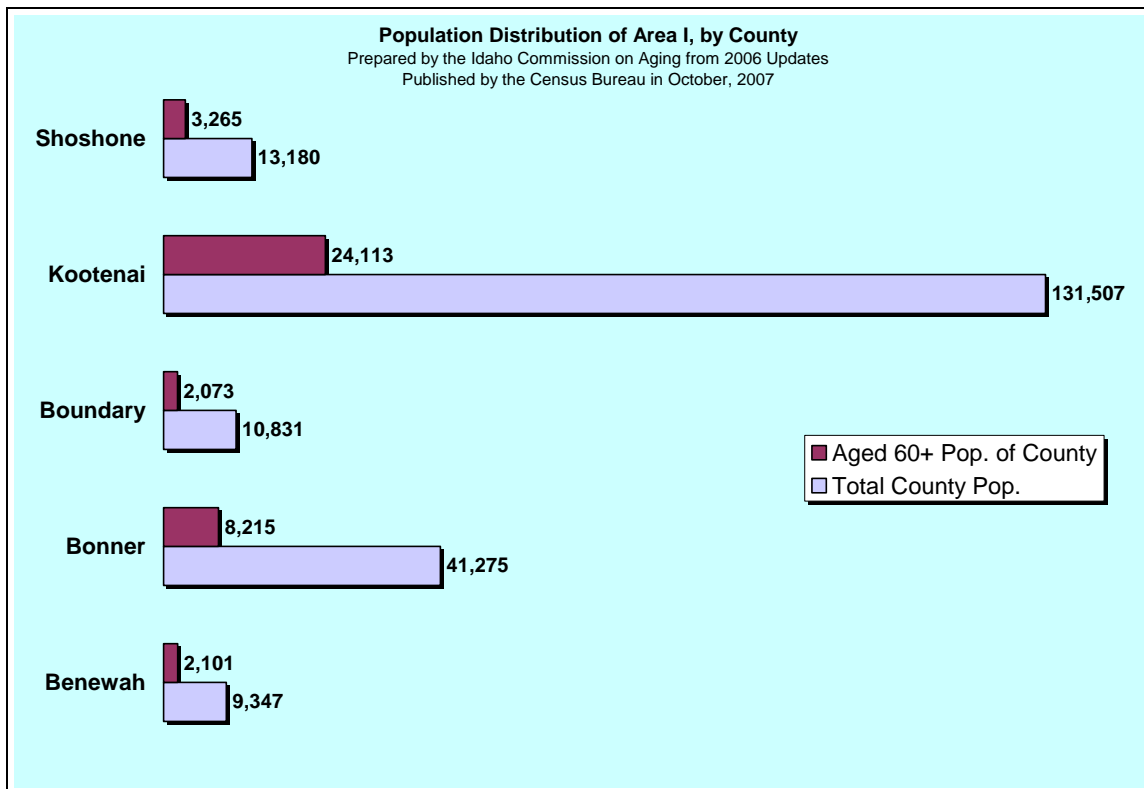
All these trends are expected to continue well into the 21st Century.



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.

60+ Population	Census COUNT	Census Update ESTIMATE	Census COUNT	Census Update ESTIMATE
PSA I	TOTAL POPULATION in 2000	TOTAL POPULATION in 2006	TOTAL 60+ in 2000	TOTAL 60+ in 2006
	178,333	206,140	31,315	39,767

YOUNGER SENIORS	OLDER SENIORS	OLDEST SENIORS	% of TOTAL Est. Population	% of TOTAL Est. Population	% of TOTAL Est. Population	PSA I TOTALS
PERSONS AGED 60 - 69 (2006)	PERSONS AGED 70 - 84 (2006)	PERSONS AGED 85+ (2006)	% of 2006 POPULATION AGED 60 - 69	% of 2006 POPULATION AGED 70 - 84	% of 2006 POPULATION AGED 85+	
19,884	16,448	3,435	9.6%	8.0%	1.7%	



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

Shoshone: 24.8% population 60+
 Kootenai: 18.3% population 60+
 Boundary: 19.1% population 60+
 Bonner: 19.9% population 60+
 Benewah: 22.5% population 60+

Growth Projections

Age Group	July 2000	July 2010	July 2020	2000-2020
Total	179,417	235,081	288,484	60.8%
50 to 54	13,126	19,230	18,734	42.7%
55 to 59	10,035	19,526	23,686	136.0%
60 to 64	8,209	17,440	25,028	204.9%
65 to 69	6,861	13,910	24,301	254.2%
70 to 74	5,930	9,378	17,158	189.3%
75 to 79	4,697	5,885	9,428	100.7%
80 to 84	3,146	4,136	5,179	64.6%
85 & Over	2,741	4,525	5,410	97.4%
65 & Over as %	13.0%	16.1%	21.3%	

Benewah County

Age Group	July 2000	July 2010	July 2020	2000-2020
Total	9,193	9,761	10,812	17.6%
50 to 54	668	762	711	6.4%
55 to 59	588	802	809	37.6%
60 to 64	484	755	918	89.7%
65 to 69	442	656	879	98.9%
70 to 74	320	492	751	134.7%
75 to 79	216	330	478	121.3%
80 to 84	167	218	286	71.3%
85 & Over	172	243	306	77.9%
65 & Over as %	14.3%	19.9%	25.0%	

Bonner County

Age Group	July 2000	July 2010	July 2020	2000-2020
Total	37,023	49,794	61,551	66.3%
50 to 54	3,215	4,363	3,610	12.3%
55 to 59	2,332	4,813	5,028	115.6%
60 to 64	1,897	4,311	6,251	229.5%
65 to 69	1,550	3,421	5,909	281.2%
70 to 74	1,274	2,113	4,212	230.6%
75 to 79	941	1,297	2,123	125.6%
80 to 84	618	844	213	3%
85 & Over	493	788	1,028	108.5%
65 & Over as %	13.2%	17.0%	23.5%	

Boundary County

Age Group	July 2000	July 2010	July 2020	2000-2020
Total	9,927	11,409	13,161	32.6%
50 to 54	764	930	722	-5.5%
55 to 59	540	985	1,070	98.1%
60 to 64	428	896	1,124	62.6%
65 to 69	412	693	1,213	94.4%
70 to 74	372	501	842	26.3%
75 to 79	240	314	537	23.8%
80 to 84	144	228	264	83.3%
85 & Over	154	234	318	106.5%
65 & Over as %	13.3%	17.3%	24.1%	

Kootenai County

Age Group	July 2000	July 2010	July 2020	2000-2020
Total	109,528	149,802	186,802	70.6%
50 to 54	7,457	11,966	12,738	70.8%
55 to 59	5,727	11,705	15,431	169.4%
60 to 64	4,586	10,344	15,362	235.0%
65 to 69	3,821	8,164	14,875	289.3%
70 to 74	3,352	5,475	10,284	206.8%
75 to 79	2,794	3,396	5,528	97.9%
80 to 84	1,859	2,452	2,850	53.3%
85 & Over	1,641	2,835	3,233	97.0%
65 & Over as %	12.3%	14.9%	19.7%	

Shoshone County

Age Group	July 2000	July 2010	July 2020	2000-2020
Total	13,746	14,315	16,158	17.5%
50 to 54	1,022	1,209	953	-6.8%
55 to 59	848	1,221	1,348	59.0%
60 to 64	814	1,134	1,373	68.7%
65 to 69	636	976	1,425	124.1%
70 to 74	612	797	1,069	74.7%
75 to 79	506	548	762	50.6%
80 to 84	358	394	566	58.1%
85 & Over	281	425	525	86.8%
65 & Over as % of Population	17.4%	21.9%	26.9%	

Source: Kathryn Tacke, Department of Commerce & Labor

Poverty and Eligibility for Medicaid and Food Stamps among Persons Aged 65+ residing in PSA I

Data from the 2000 Census, Poverty Data* **BASED ON SAMPLING** (SF-3 Released 9/4/02);
Eligibility Numbers from Idaho Department of Health and Welfare are Current for 2003

COUNTY	Total Persons Aged 65+ in County	Percent of 65+ Living in Poverty*	Estimated Number of 65+ in Poverty*	Percent of 65+ Eligible for Medicaid	Number 65+ Eligible for Medicaid	Percent of 65+ Eligible for Food Stamps	Number 65+ Eligible for Food Stamps
Benewah	1,305	9.7%	127	10.7%	139	3.1%	40
Bonner	4,835	10.2%	493	7.1%	343	1.8%	88
Boundary	1,321	11.4%	151	9.8%	130	2.8%	37
Kootenai	13,345	7.3%	974	7.4%	991	2.1%	284
Shoshone	2,400	10.0%	240	10.7%	256	3.5%	84
<i>Area I Totals</i>	<i>23,206</i>	<i>8.6%</i>	<i>1,985</i>	<i>8.0%</i>	<i>1,859</i>	<i>2.3%</i>	<i>533</i>

SERVICE NEEDS AND / OR GAPS IN SERVICE PROVISION AND / OR AVAILABILITY WITHIN PSA I, AS ASSESSED FOR 2010 (to be updated for each year this Plan is in effect)					
The 1992 amendments to the Older Americans Act require each state to assess the needs of its older residents, with particular attention to unmet needs and gaps in available services. Provision to provide input from public and private providers of services related to such gaps in current service availability is also indicated in the revisions to the Act. This Needs Assessment provides a format for documenting current service needs in the PSA. Services presently being offered in Idaho are listed in the left-hand column. In the four right-hand columns, place an "X" in the appropriate category to indicate if the service is (1) NOT needed; (2) available in sufficient supply to meet present need (for example-- no waiting list); (3) service is available BUT in insufficient supply to meet the currently assessed level of need (for example-- five or fewer clients on waiting list); or (4) service is unavailable or need is far greater (for example— large waiting list) than present of service (i.e., a significant service gap exists).					
SERVICE NAME	NOT NEEDED; NOT PROVIDED	SUFFICIENT: ADEQUATE PROVISION TO MEET CURRENT NEED	MODERATE NEED: PROVISION INSUFFICIENT TO MEET CURRENT NEED	GREAT NEED: COMPLETELY INSUFFICIENT PROVISION OR NO PROVISION	NOTES RE: HOW NEED WAS DETERMINED; OTHER COMMENTS
1 ADULT DAY CARE			x		Available in 2 of 5 counties
2 ADULT PROTECTION		x			
3 ASSISTED TRANSPORTATION				x	No provision
4 CASE MANAGEMENT			x		Waiting list due to lack of resources
5 CHORE SERVICES				x	No provision
6 CONGREGATE MEALS		x			
7 FAMILY CAREGIVER			x		Waiting list due to lack of resources
8 HEALTH PROMOTION			x		Available in 2 of 5 counties
9 HOME-DELIVERED MEALS		x			
10 HOMEMAKER SERVICES				x	Waiting list due to lack of resources
11 INFORMATION & ASSISTANCE		x			

12	LEGAL COUNSEL/ASSISTANCE			x		Staffing has been reduced to 80% FTE
13	NUTRITION ED./COUNSELING		x			
14	OLDER WORKER PROGRAMS		x			
15	OMBUDSMAN SERVICES		x			
16	OUTREACH		x			
17	RESPITE CARE			x		Waiting list due to lack of resources
18	TRANSPORTATION			x		Rural communities in need of increased availability
Other Client Needs Not Currently Being Addressed by Existing Programs/Services						
19	VOLUNTEERS			x		Non-profit workstations await volunteers
20	HOME REPAIRS				x	Rural communities in need of services
21						
22						

**Area I Agency on Aging
STRATEGIC PLAN
For Federal Fiscal Years 2010 – 2013
(Oct. 1, 2009 through Sept. 30, 2013)**

GOALS, OBJECTIVES, STRATEGIES AND OUTCOME MEASURES

The goals and objectives listed below are the same as those presented in the current State Plan. The strategies here are the AAA's specific planned actions for achieving the statewide goals and objectives within their jurisdiction (PSA). Progress of strategies and the outcome measures outlined below are annually reviewed and a report is submitted to the Idaho Commission on Aging (State Unit).

Goal 1

Empower older Idahoans, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.

Objective 1.1: Provide Idahoans with a streamlined and efficient point of entry into aging services.

Strategies:

- Partner with Idaho Commission on Aging to provide public access to accurate and comprehensive web-based resources within the five northern counties.
- Partner with Health and Welfare, Region 1, to improve the quality of applications filed for Medicaid eligibility so that applications are ready to process upon submission.
- Participate in the development and implementation of programming that improves outcomes after hospital discharge and avoids re-admissions.

Objective 1.2: Encourage Idahoans to plan for future long-term care well in advance of their need for it.

Strategies:

- Incorporate concepts of long-term-care planning, including distinction between Medicare and Medicaid, into agency public presentations.
- Continue to build competency in the skills of options counseling within Information and Referral programming to include the option of planning to finance and select appropriate long-term care.

Outcome Measures:

- 1.1: All Idahoans in the PSA have access to an Aging and Disability Resource Center, electronically, telephonically, or in person.
- 1.2: 80% of participants who fill out evaluations will report that informational presentations, including group presentations, made by AAA staff members increased their knowledge about aging programs, resources and/or services.

Goal 2

Enable older Idahoans to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

Objective 2.1: Expand Idaho's aging network to increase clients' service options and enable consumer direction.

Strategies:

- Partner with community organizations to expand home maintenance and repair efforts into rural counties.
- Partner with Disability Action Center to expand AAA client choice when family and friends are preferred for respite services.
- Participate in the Alzheimer's Innovations Grant to enhance caregiver counseling and choices for direct service.
- Explore other sources of funding to address gaps in service delivery.
- Assist Panhandle Health District Senior Companion Program in achieving equitable distribution of companion services throughout the five counties.
- Consult with food banks throughout the five counties on ways to reduce hunger and food insecurity experienced by elders.
- Continue campaign to raise dollars to benefit individuals waiting to receive services.

Objective 2.2: Disseminate information on the current availability of services to help aging Idahoans remain in their homes.

Strategies:

- Routinely implement, evaluate effectiveness, and update the agency public relations plan.
- Prepare and widely distribute a comprehensive listing of available modes of public transportation within the five counties.
- Participate in the establishment or routine updating of county-based directories.
- Support employed caregivers by providing relevant materials and other resources for distribution through large employers in each of the five counties.

- Present information on available resources to seniors attending center meal sites, community organizations, and businesses.
- Prepare material for family, neighbors and friends to enlighten them on practical ways they can support elders in their sphere of influence.

Objective 2.3: Disseminate information on the maturing of America to assist communities in their planning efforts.

- Annually assess partnerships and identify specific goals for action.
- Broaden representation on County Councils on Aging.
- Advocate for improved quality, availability, and diversification of services and amenities that address the needs of an aging population.

Outcome Measures:

2.1: 75% of consumers' survey responses received during the year will indicate that programs are relevant and helpful in addressing their needs.

2.2: 75% of caregivers' survey responses received during the year will indicate that programs are relevant and helpful in addressing their needs and critical to helping them continue to act as caregivers.

Goal 3

Empower older people to stay active and healthy through Older Americans Act and Idaho Senior Services Act services.

Objective 3.1: Support maximum utilization of Older Americans Act Services, Idaho Senior Services Act services, and the new preventions benefits under Medicare by older persons most likely to benefit from these services.

Strategies:

- Promote and support evidenced based chronic disease/health promotion activities throughout the five counties including "Living Well in Idaho" and "Fit and Fall Proof".
- Routinely implement, evaluate effectiveness, and update the agency public relations plan.
- Partner with Senior Health Insurance Benefits Advisors (SHIBA) to expand outreach, volunteer recruitment, and enrollments in Medicare plans.
- Inform agency staff and individuals regarding prevention benefits under Medicare.

Objective 3.2: Broadened options and opportunities exist for older persons to enter and remain in the workforce for as long as possible.

Strategies:

- Promote the value of older adults in the workplace.
- Develop and implement a referral process to the one-stop career center (Idaho Department of Labor) for older adult job seekers.
- Partner with Idaho Commission on Aging to deliver an older worker career fair.
- Inform older workers of incentives to work, i.e. Workers with Disabilities Program, and advocate for increased incentives to keep older workers in the work place.
- Provide public comment on the basis of age discrimination and what relevant practices in the workplace should be eliminated.

Objective 3.3: Enrich the volunteer experience of older adults.

Strategies:

- Utilize the volunteer news letter to offer tips to volunteers and workstations on ways to express the value of volunteer efforts.
- Follow up with placement evaluations to minimize volunteer turnover.
- Maintain an annual mentoring/tutoring volunteer workforce of 100 tutors and 25 mentors through an “Each-one, recruit-one” campaign.
- Partner with United Way’s on-line recruitment system to follow up with personal interviews for older adults.
- Monitor trends of a changing volunteer environment and incorporate relevant practices into agency operations.

Outcome Measures:

- 3.1: A sustainability plan is created for the Living Well in Idaho program (chronic disease self management program)
- 3.1: There is an increase in the number of Master Trainers/class leaders for and participants involved in “Living Well in Idaho”.
- 3.2: A formal process is developed and implemented to refer older job seekers to the one-stop career center located in the PSA.
- 3.2: AAA participates in the development and implementation of older worker career fairs in the PSA.
- 3.3: Volunteers express satisfaction with placements and retention of volunteers is improved.

Goal 4

Ensure the rights of older people and prevent their abuse, neglect and exploitation.

Objective 4.1: Strengthen safeguards that protect vulnerable adults from abuse, neglect, and exploitation.

Strategies:

- Present Adult Protection topics to Medicaid providers serving aged, disabled, and developmentally disabled individuals.
- Expand the multi-disciplinary team concept into Bonner County.
- Strengthen safeguards designed to reduce and/or prevent abuse, neglect, and exploitation of residents living in assisted living and skilled facilities.

Objective 4.2: AAA participates in the development and implementation of strategies designed to strengthen Idaho’s statewide legal services delivery system.

Strategies:

- Consult with Idaho Commission on Aging regarding the best use of available resources and implement strategies at the local level.

Objective 4.3: Strengthen and build up Idaho’s Ombudsman program to address needs resulting from the rapid growth in long-term care facilities.

Strategies:

- Achieve certification for existing volunteer ombudsmen and all future volunteers.
- Maintain a volunteer retention ratio of 80% of volunteers trained.

Outcome Measures:

- 4.1 Response within the statutory timeframe occurs in 90% of APS complaints.
- 4.2 Needed additional forms are added to the Senior Legal Forms Library hosted on ILAS’s website.
- 4.3 100% of all volunteers will be trained and certified.

Goal 5

Maintain effective and responsive oversight of Older Americans Act and Idaho Senior Services Act-funded programs.

Objective 5.1: Promote and implement state-of-the-art management practices, including the use of information management and data gathering/reporting software, within the AAA and the Aging Network

Strategies:

- Design and implement a comprehensive quality assurance process.
- Routinely monitor NAPIS demographic data and follow up to improve quality of reporting.

Objective 5.2: Implement the Governor's Management Agenda.

Strategies:

- Consult with Idaho Commission on Aging regarding zero-based budgeting and other management agenda items.
- Prioritize internal and contract monitoring to achieve compliance with program and fiscal reviews.

Outcome Measures:

5.1: The AAA achieves uniform client and unit reporting.

5.2: 90% of all aging programs, when reviewed, are found to be substantially in compliance with governing laws, rules, regulations, policies and procedures.

AREA I ADVISORY COUNCIL PROFILE: FY 2012						
NAME & ADDRESS Joanna Adams 1928 Canyon Drive Coeur d'Alene, ID 83815 AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Kootenai County - Health Promotion	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	x			x		x
NAME & ADDRESS John Albee 4944 E. Shoreline Drive Post Falls, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Kootenai County	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	x			x		x
NAME & ADDRESS Linda Beecher 1120 ironwood Drive Coeur d'Alene, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Kootenai County - Department of Health and Welfare	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	x			x		x
NAME & ADDRESS Jonnie Bradley 772 Sky Hawk Dr. Spirit Lake, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Bonner County	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
		x		x		x
NAME & ADDRESS Judy Dinger 44137 Riverview Drive Kingston, ID 83839 AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Shoshone County	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
		x		x		x
NAME & ADDRESS Marie Fish 2107 N. Spokane Street Post Falls, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Kootenai County--Senior Centers	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	x			x		x
NAME & ADDRESS Lisa Gardom 8500 N. Atlas Road Hayden, ID 83835 AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Panhandle Health District - Health Promotion	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
		x		x		x

NAME & ADDRESS Esther Gilchrist 491 Overlake View Road Cocolalla, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Bonner County--Caregiver	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	x			x	x	
NAME & ADDRESS Heather Gray RN 23617 N. Lakeview Blvd Rathdrum, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Kootenai County - assisted living	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
		x		x		x
NAME & ADDRESS Carol Hampton P.O. Box 267 Bonners Ferry, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Boundary County--County Extension	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	x			x		x
NAME & ADDRESS Betty Johnson 104 S. Division Street Kellogg, ID 83837 AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Senior Companions	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	x			x		x
NAME & ADDRESS Jan Klopfenstein P.O. Box 21 Bonners Ferry, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Boundary County--Hospital Social Worker	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
		x		x		x
NAME & ADDRESS Sophie Larson PO Box 508 Smelterville, ID 83868 AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Shoshone County	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	x			x		x
NAME & ADDRESS Mary Moss 73526 Highway 2 Moyie Springs, ID 83845 AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Boundart County	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	x			x		x
NAME & ADDRESS Cindy Mottern 416 Main Street St. Maries, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Benewah County--low income	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
		x		x		x

NAME & ADDRESS Julie Robbins P.O. Box 1091 Osburn, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Shoshone County--care provider	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
		x		x		x
NAME & ADDRESS Bob Rogers P.O. Box 315 Plummer, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Benewah County	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	x			x		x
NAME & ADDRESS Kay Sather 2129 Idaho Avenue St. Maries, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Benewah County	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	x			x		x
NAME & ADDRESS Dennie Seymour 113 S. Coho Road Post Falls, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Kootenai County--Caregiver	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	x			x		x
NAME & ADDRESS Donna Silva PO Box 424 Kellogg, ID 83837 AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Shoshone County	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
		x		x		x
NAME & ADDRESS Carey Ann Spears 247 Heath Lake Road Sagle, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Bonner County	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
		x		x		x
NAME & ADDRESS Rose Spencer P.O. Box 381 Fernwood, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Benewah County	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	x			x	x	
NAME & ADDRESS Larry Verhei P.O. Box 1331 Sagle, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Bonner County	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	x					x

NAME & ADDRESS Peggy White Box 308 Kingston, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Shoshone County	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	X		X			X
NAME & ADDRESS Gini Woodward 7438 Sundance Bonners Ferry, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Boundary County	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	X			X	X	
NAME & ADDRESS Dorothy Zakrajsek 17455 Arapaho Road Bayview, ID AREA, DISTRICT OR INTEREST GROUP MEMBER REPRESENTS: Kootenai County	TERM ENDS (DATE):				ELECTED	
	AGED 60+		MINORITY		OFFICIAL	
	YES	NO	YES	NO	YES	NO
	X			X		X

PROJECTED OUTPUTS: 2010

Calendar Year = January 1 through December 31

AREA I SERVICE UNITS:						
Service	Funding	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Name	Source(s)	Completed	In Progress	Projected	Projected	Projected
Information & Assist.	III-B	2,522	1,380	2,500	2,500	2,500
Outreach	III-B	163	66	66	66	66
Transportation	III-B	7,947	7,150	7,150	7,150	7,150
Congregate Meals	III-C1	67,319	64,672	65,000	65,000	65,000
H-D Meals	III-C2	50,017	43,314	44,000	44,000	44,000
Legal Asst.	III-B	414	518	520	520	520
Homemaker	State	19,740	15,000	13,500	13,500	13,500
Case Management	III-B: State	4,440	5,000	4,445	4,445	4,445
Respite Care	State	6,463	4,822	4,800	4,800	4,800
Family Caregiver 60+	III-E	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
<i>CATEGORY I: Information Services</i>	<i>III-E</i>					
<i>CATEGORY II: Access Assistance a. I&A</i>	<i>III-E</i>	662	300	600	600	600
<i>II-b. Case Management</i>	<i>III-E</i>	1,005	1,510	1,510	1,510	1,510
<i>II-c. Transportation</i>	<i>III-E</i>					
<i>CATEGORY III: Counseling</i>	<i>III-E</i>	-0-	217	220	220	220
<i>CATEGORY IV: Respite</i>	<i>III-E</i>	6,173	5,180	5,200	5,200	5,200
<i>Category V: Legal Services.</i>	<i>III-E</i>	465	320	320	320	320
<i>Other</i>	<i>III-E</i>					

PROJECTED OUTPUTS: 2010

Family Caregiver For RELATED CHILDREN	III-E	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
<i>CATEGORY I: Information Services</i>	<i>III-E</i>					
<i>CATEGORY II: Access Assistance a. I&A</i>	<i>III-E</i>	10	2	-0-	-0-	-0-
<i>II-b. Case Management</i>	<i>III-E</i>					
<i>II-c. Transportation</i>	<i>III-E</i>					
<i>CATEGORY III: Counseling</i>	<i>III-E</i>					
<i>CATEGORY IV: Respite</i>	<i>III-E</i>					
<i>Category V: Legal Services</i>	<i>III-E</i>	84	50	50	50	50
<i>Other</i>	<i>III-E</i>					
Ombudsman	III-B T-VII	1,237	1,300	1,400	1,500	1,600
Adult Protection	State	4,777	5,112	5,470	5,630	5,800
Adult Day Care	III-B					
Health Promotion	III-D	317	150	150	150	150
Medication Management	III-D	379	222	225	225	225
Other Home Modifications	III-B	-0-	-0-	50	50	50
Other Options Counseling	III-B	-0-	-0-	150	150	150
Other Nutrition Advisors	III-C	199	136	136	136	136
Other (Local Option)						

PROJECTED NEED: 2010

Calendar Year = January 1 through December 31

AREA I SERVICE UNITS:						
Service	Funding	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Name	Source(s)	Completed	Complete d	Complete d	Projected Need	Projected Need
Information & Assist.	III-B	2,522	2,033	5,749		3,240
Outreach	III-B	163	79	55		120
Transportation	III-B	7,947	7,704	8,234		29,067
Congregate Meals	III-C1	67,319	63,499	58,358		98,736
H-D Meals	III-C2	50,017	43,950	49,163		66,645
Legal Asst.	III-B	414	524	482		796
Homemaker	State	19,740	15,928	14,919		49,208
Case Management	III-B: State	4,440	6,133	6,642		10,454
Respite Care (Senior Comp.)	State	6,463	5,515	5,009		13,613
Family Caregiver 60+	III-E	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
<i>CATEGORY I: Information Services</i>	<i>III-E</i>					
<i>CATEGORY II: Access Assistance a. I&A</i>	<i>III-E</i>	662	448	1,851		771
<i>II-b. Case Management</i>	<i>III-E</i>	1,005	1,209	1,206		3,100
<i>II-c. Transportation</i>	<i>III-E</i>					
<i>CATEGORY III: Counseling</i>	<i>III-E</i>	-0-	239	351		673
<i>CATEGORY IV: Respite</i>	<i>III-E</i>	6,173	9,336	6,284		12,009
<i>Category V: Legal Services.</i>	<i>III-E</i>	465	444	466		494
<i>Other</i>	<i>III-E</i>					

PROJECTED NEED: 2010

Family Caregiver For RELATED CHILDREN	III-E	FY 2008 Completed	FY 2009 Completed	FY 2010 Completed	FY 2011 Projected	FY 2012 Projected
<i>CATEGORY I: Information Services</i>	<i>III-E</i>					
<i>CATEGORY II: Access Assistance a. I&A</i>	<i>III-E</i>	10	2	-0-		-0-
<i>II-b. Case Management</i>	<i>III-E</i>					
<i>II-c. Transportation</i>	<i>III-E</i>					
<i>CATEGORY III: Counseling</i>	<i>III-E</i>					
<i>CATEGORY IV: Respite</i>	<i>III-E</i>					
<i>Category V: Legal Services</i>	<i>III-E</i>	84	28	42		80
<i>Other</i>	<i>III-E</i>					
Ombudsman (Visits)	III-B T-VII	1,237	850	962		2,006
Adult Protection (Hours)	State	4,777	5,121	4,236		7,887
Adult Day Care	III-B					
Health Promotion	III-D	317	150	243		235
Medication Management	III-D	379	222	25		50
Other Home Modifications	III-B	-0-	-0-	-0-		309
Other Options Counseling	III-B	-0-	-0-	-0-		173
Other Nutrition Advisors (Clients)	III-C	NA	NA	31		210
Other (Local Option)						

PROJECTED OUTPUT VS NEED: 2012

Calendar Year = January 1 through December 31

AREA I SERVICE UNITS:						
Service	Funding	FY 2008	FY 2009		FY 2012	FY 2012
Name	Source(s)	Completed	In Progress		Projected Output	Projected Need
Information & Assist.	III-B	2,522	2,100		2,500	3,240
Outreach	III-B	163	66		66	120
Transportation	III-B	7,947	7,150		7,150	29,067
Congregate Meals	III-C1	67,319	64,672		65,000	98,736
H-D Meals	III-C2	50,017	43,314		44,000	66,645
Legal Asst.	III-B	414	518		520	796
Homemaker	State	19,740	15,000		13,500	49,208
Case Management	III-B: State	4,440	5,000		4,445	10,454
Respite Care	State	6,463	4,822		4,800	13,613
Family Caregiver 60+	III-E	FY 2008	FY 2009		FY 2012	FY 2012
<i>CATEGORY I: Information Services</i>	<i>III-E</i>					
<i>CATEGORY II: Access Assistance a. I&A</i>	<i>III-E</i>	662	500		600	771
<i>II-b. Case Management</i>	<i>III-E</i>	1,005	1,510		1,510	3,100
<i>II-c. Transportation</i>	<i>III-E</i>					
<i>CATEGORY III: Counseling</i>	<i>III-E</i>	-0-	217		220	673
<i>CATEGORY IV: Respite</i>	<i>III-E</i>	6,173	5,180		5,200	12,009
<i>Category V: Legal Services.</i>	<i>III-E</i>	465	320		320	494
<i>Other</i>	<i>III-E</i>					

PROJECTED OUTPUT VS NEED: 2012

Family Caregiver For RELATED CHILDREN	III-E	FY 2008	FY 2009		FY 2012	FY 2012
<i>CATEGORY I: Information Services</i>	<i>III-E</i>					
<i>CATEGORY II: Access Assistance a. I&A</i>	<i>III-E</i>	10	2		0	-0-
<i>II-b. Case Management</i>	<i>III-E</i>					
<i>II-c. Transportation</i>	<i>III-E</i>					
<i>CATEGORY III: Counseling</i>	<i>III-E</i>					
<i>CATEGORY IV: Respite</i>	<i>III-E</i>					
<i>Category V: Legal Services</i>	<i>III-E</i>	84	50		50	80
<i>Other</i>	<i>III-E</i>					
Ombudsman	III-B T-VII	1,237	1,300		1,600	2,006
Adult Protection	State	4,777	5,112		5,800	7,887
Adult Day Care	III-B					
Health Promotion	III-D	317	150		150	235
Medication Management	III-D	379	222		225	346
Other Home Modifications	III-B	-0-	-0-		50	309
Other Options Counseling	III-B	-0-	-0-		150	173
Other Nutrition Advisors	III-C	199	136		136	210
Other (Local Option)						

AAA I DISASTER PLAN TO MEET THE NEEDS OF AREA SENIORS IN THE EVENT OF NATURAL OR MAN-MADE DISASTER OR OTHER WIDESPREAD EMERGENCY *Updated for 2010*

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/press/preparedness/preparedness.asp>. 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. 2006-10 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:

NAME	TITLE/POSITION	TELEPHONE / CELLULAR / EMAIL
Pearl Bruno Bouchard	Director	208-667-3179 pbouchard@aaani.org

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

NAME (AAA staff)	TITLE/POSITION	TELEPHONE	EMERGENCY ASSIGNMENT
William Langer	RSVP Manager	208-667-3179	Local Emergency Planning Committee
Jan Young	Ombudsman	208-667-3179	Facilities and assisted living
Jennifer Giesbrecht	Community Services Mgr.	208-667-3179	Assessing needs (a)
Marilyn Anders	Contract Mngr.	208-667-3179	Coordination of services (b) Senior Centers (d)
Betsy Bullard	Options Counselor	208-667-3179	Information and referral, response and recovery (c)
Bobbie Sailor	Assistant Director	208-667-3179	Documentation (throughout) and identification of at-risk elderly (e)

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

LOCATION NAME AND ADDRESS	TELEPHONE / OTHER CONTACT NUMBERS
Business Office, Lee-Kildow Hall North Idaho College 1100 Garden Way Coeur d'Alene, ID 83814	208-769-3344 carol_jones@nic.edu 208-769-3431 (fax)

4. Does the AAA have personal and community disaster preparedness information available for clients, services providers and the general public?

YES



NO



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:

NAME	AGENCY NAME AND ADDRESS	TELEPHONE CELLULAR #S	COUNTY/ OTHER JURISDICTION
Bill Langer, Disaster Preparedness Contact	Area Agency on Aging of NI 2120 Lakewood Dr., Ste B Coeur d'Alene, ID 83814	208-667-3179, ext 235 Fax: 208-667-5938 Attn: Bill Langer	Office-Area Agency on Aging
Peggy Cedros Service Delivery	American Red Cross of Greater ID, North Idaho Office 411 Haycraft Ave., Suite D2 Coeur d'Alene, ID 83815	1-800-853-2570 Office: ext 103 Peggy: ext 104 Fax: 208-665-9750	Benewah Bonner Boundary Kootenai Shoshone
Norm Suenkel Director	Benewah County Emergency Management 701 College Ave. St. Maries, ID	208-245-4122 Fax: 208-245-8032	Benewah
Bob Howard, Dir. of Emergency Mgmt.	Bonner County Emerg. Management-911/EMS 335 McGhee Rd, Suite 335 Sandpoint, ID 83864	208-265-8867 Fax: 208-255-7077	Bonner
David Kramer, Dir. of Emergency Mgmt.	Boundary Cty. Emerg. Management 144 Stampede Lake Rd Naples, Idaho 83847	208-267-2045 (home/office) Cell 208-255-6073 Fax 267-2045 dkramer@boundary countyid.org	Boundary

Sandy Von Behren, Director	Kootenai County Office of Emerg. Management 5500 N. Gov't Way P.O. Box 9000 Coeur d'Alene, ID 83816	208-446-1775 Fax: 208-446-1780	Kootenai
John Specht Head of Disaster Services	Shoshone County Sheriff's Office 717 Bank St. Wallace, ID 83873	208-556-1114 ext. 206 Fax: 208-753-8851 attn: John Specht	Shoshone

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



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

NAME / ADDRESS OF SERVICE PROVIDER	TELEPHONE AND FAX NUMBERS	DISASTER RESPONSE SERVICE BY COUNTY
Fernwood Community Bible Church P.O. Box 279 Fernwood, ID 83830	208-245-6693 fax: 208-245-6693	Senior Centers in Benewah County and Worley Home-bound seniors
Valley Vista Care 820 Elm Street St. Maries, ID 83861	208-245-4576 fax: 208-245-2138	Transportation in Benewah Co.
Sandpoint Area Seniors 820 Main Street Sandpoint, ID 83864	208-263-6860 fax: 208-265-4876	Senior Centers in Bonner Co. Home-bound seniors
North Idaho Community Express 407 South Second Street Sandpoint, ID 83864	208-263-7287 or 208-664-9769 fax: 208-667-6565	Transportation in Bonner Co.
Seniors Hospitality 6635 Lincoln Bonners Ferry, ID 83805	208-267-5553 fax: 208-267-2563	Senior Center in Boundary Co. Home-bound seniors Transportation in Boundary Co
Lake City Senior Center 1916 Lakewood Drive Coeur d'Alene, ID 83814	208-667-4628 fax: 208-667-6695	Senior Center in Coeur d'Alene Home-bound seniors
Post Falls Senior Center 1203 E 3 rd Street Post Falls, ID 83877	208-773-9582 fax: 208-773-3629	Senior Center in Post Falls Home-bound seniors
Rathdrum Sr. Citizens, Inc. 802 Montana Rathdrum, ID 83858	208-687-2028 fax: 208-687-2028	Senior Center in Rathdrum Home-bound seniors

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.)

Job Duties

Preface: Assignment of Area Agency on Aging staff, unless otherwise noted (RSVP, I&R, Contract Manager, and Ombudsman), is designed to focus efforts on clients within the service delivery system identified by the Area Agency on Aging through its database known as SAMS.

Director:

- Responsible for implementation of the AAA disaster plan
- Determine staff involvement/agency commitment based on input from staff liaison (RSVP manager)
- Responsible for communicating to AAA staff the nature and geographic area affected by the disaster
- Identified "go to" person when implementation of any aspect of the plan does not deliver anticipated results
- Identifies and arranges for staff training
- Determines staffing schedule based upon declared disaster

RSVP Manager/Liaison:

- Represent AAA with local Emergency Management Departments
- Participate and coordinate volunteer services with regional Citizen Corp
- Update AAA management team with current emergency management policies and training opportunities
- Keep RSVP volunteers aware of local/regional volunteer opportunities in emergency services
- Keep local/regional emergency management updated on capabilities of AAA in emergency situations

Long-term Care Ombudsman:

- Identifies nursing facilities and assisted living homes within the geographic area of disaster
- Monitors bed vacancies in SNF and RALF facilities forwarding information to local designated agency to make placement.
- Develops a tracking sheet in order to follow up with relocated residents.
- Provides training to public on transfer trauma, residents' rights.
- Ensures transfer is implemented in a way that is respectful of the residents and not infringing on their rights.

Community Services Manager:

- Coordinates with Assistant Director in the identification of homebound isolated elderly clients.
- Works with Case Managers to prioritize clients identified as most at risk.
- Coordinates efforts to contact identified at-risk clients for assessment of needs; works with Case Managers, Senior Centers, other service providers and local/state officials as available.
- Works with Information & Referral Technician on distribution of information to clients during an event and through the recovery phase.

Contract Manager:

- Assist senior centers within the declared area in making their facilities available for shelter, mass feeding, and rest centers.
- Assist senior centers in establishing documentation for recovery of costs incurred such as staff time, food, etc.
- Assist in coordination of AAA providers in transporting seniors and other individuals with mobility problems for meals in a congregate setting or delivery of meals to homes.

Information and Referral Technician:

- Coordinates with Red Cross and other state and local emergency management officials to obtain information relevant to the disaster
- Provides Area Agency on Aging Disaster Preparedness Team with relevant information.
- Assures that older persons have access to and the assistance necessary to obtain needed services and recovery assistance.

Assistant Director:

- Identifies at-risk elderly: Homebound seniors needing meal preparation assistance as identified in the Area 1 Agency on Aging's SAMS database will be considered at-risk.
- Monitors compliance with requirement for storing database on a flash drive two times annually as a Word document. The laptop and flash drive will be kept off-site with other agency backup disks.
- Monitors compliance with requirement for at-risk data to be sorted by county and hard copies printed two times annually; copy will be stored on site in a folder containing the disaster plan.
- Works with emergency management officials to determine what type of expenditures should be tracked, how to best track them, and reporting requirements.

Continuity of Operations

The purpose of "Continuity of Operations" is to address how the Agency will respond in a disaster in the event multiple staff members are unable to meet their normal work schedule.

Essential Elements of AAA Operations are identified in the event the agency needs to narrow the scope of activity.

1. Communications with contractors, clients, and employees.
2. Coordination efforts with emergency and disaster agencies.
3. Fulfillment of Adult Protection response times.

Modification of Face-to-Face Contacts is relevant especially if the event is related to a contagious disease, but may not be limited to that type of event.

1. Communication by telephone and/or internet when possible.
2. Enhance employee's ability to work from home when a disaster occurs in their locality.
3. Link equipment (phones and computers) between work and home.

Method of Communicating with Employees

1. A phone tree will be implemented.
2. The web site will be updated to communicate essential information.
3. When all else fails relay critical information through Idaho Commission on Aging.

Sick Leave Policy

1. Existing sick leave and Family Medical Leave policies will be followed in the event of a disaster.
2. Changes to the sick leave policy can only be approved by the President of North Idaho College.
3. Any suggested changes to leave policy will be presented by the Director.

Moving the Disaster Plan Ahead

1. When needing access to equipment, data, and disaster plan, go to any manager.
2. Always refer to essential duties identified in the beginning of this policy and deliver on those items first.

North Idaho College Area 1 Agency on Aging
COMPREHENSIVE BUDGET SUMMARY
 Fiscal Year 2012

Date: October 2011
 Revision: (1)

COST CATEGORY	OAA Funds	Other Fed	State Funds	Program Income	OTHER NON-FED		TOTAL
					Cash	In-Kind	
Retired & Senior Volunteers		\$67,148			\$7,273	\$36,655	\$111,076
AAA Admin.	\$99,183					\$35,000	\$134,183
Coordination	\$43,295						\$43,295
Program Development	\$74,263						\$74,263
Ombudsman	\$61,577		\$12,404			\$50,000	\$123,981
Ombud VII	\$17,218						\$17,218
I & A	\$78,322	\$10,382					\$88,704
Transportation	\$18,000			\$4,000	\$2,000	\$1,785	\$25,785
Assist. Transportation							-
Legal Assist.	\$30,340	\$4,000				\$1,000	\$35,340
Outreach	\$4,000						-
Homemaker			\$255,809	\$3,539	\$4,191		\$263,539
Respite			\$23,000		\$2,200	\$8,000	\$33,200
Chore							-
Case Management	\$124,942		\$92,128		\$ -		\$217,070
Home Modif.	\$ -						\$ -
Employment							-
Adult Day Care							-
Congregate Meals	\$231,394	\$32,016		\$175,000	\$25,000	\$245,500	\$708,910
H D Meals	\$154,963	\$2,261	\$45,000	\$63,000	\$42,500	\$ 79,000	\$406,724
Health Promotion	18,843					\$2,047	\$20,890
Medication Mgmt.	\$7,777					\$816	\$8,593
Adult Protection			\$215,543				\$215,543
Subtotal	\$964,117	\$35,807	\$643,884	\$245,539	\$83,164	\$459,803	\$2,528,314
Family Caregiver							
Public Info Services Total							
Access - I&A	\$18,212						\$18,212
Access - Case Mgmt			\$26,605				\$26,605
Access Assistance Total	\$18,212	\$ -	\$26,605				\$44,817
Counseling 60+ Individual	\$18,580				\$ -		\$18,580
Counseling 60+ CG Training	\$4,000				\$1,000		\$5,000
Counseling Total	\$22,580				\$1,000		\$23,580
Respite - In Home	\$39,440						\$39,440
Respite - Adult Day Care	\$19,720						\$19,720
Respite - Inst. & Direct	\$6,572						\$ 6,572
Respite Total	\$65,732						\$65,732
Suppl.Svcs. - Legal	\$21,560	\$ 6,300					\$27,860
Subtotal Family Care	\$128,084	\$6,300	\$26,605	-	\$1,000	-	\$143,409
TOTAL Budget	\$1,092,201	\$42,107	\$670,489	\$245,539	\$84,164	\$459,803	\$2,671,723

Adopted May 3, 2007
 Effective January 1, 2009
 Revised 5/19/09

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

Total OAA \$ (not including ICOA portion):									5,436,540			
Less AAA Admin base:									586,734			
Less \$50,000 Base Amount awarded to each AAA:									300,000			
Balance to be Distributed by Formula:									4,549,806			
PSA	TOTAL PERSONS AGED 65+ IN PSA	Factors used in Weighted Elderly Population (At Risk)							WEIGHTED ELDERLY POPULATION (AT RISK)	WEIGHTED PERCENTAGE	AVAILABLE 2009 FUNDS DISTRIBUTED ACCORDING TO RISK PERCENTAGES + \$50,000 BASE + \$97,789 AAA ADMIN.	
		NUMBER OF 65+ LIVING IN POVERTY	65+ LIVING ALONE	60+ RACIAL MINORITY (Not Hispanic)	60+ HISPANIC (ETHNIC MINORITY)	65+ LIVING IN RURAL COUNTY	AGED 75+	AGED 85+				
I	29,740	2,362	7,781	841	509	11,185	13,615	3,772	40,065	16.831841%	\$913,605	
II	15,895	953	4,511	717	143	5,439	7,975	2,505	22,243	9.344581%	\$572,949	
III	69,074	4,773	16,083	2,999	3,746	14,433	32,512	9,937	84,483	35.492436%	\$1,762,626	
IV	23,290	3,077	5,790	549	1,526	12,749	11,535	3,633	38,859	16.325185%	\$890,554	
V	17,877	1,003	4,195	834	814	9,649	8,450	2,471	27,416	11.517828%	\$671,828	
VI	19,070	1,122	4,882	434	597	6,874	8,701	2,355	24,965	10.488130%	\$624,978	
TOTAL	174,946	13,290	43,242	6,374	7,335	60,329	82,788	24,673	238,031		\$5,436,540	

FY 08	Change
\$844,450	\$69,155
\$531,486	\$41,463
\$1,636,176	\$126,450
\$849,831	\$40,723
\$666,116	\$5,712
\$636,555	\$(11,577)
\$5,164,614	\$271,927

Column Ref. #

1 2 3 4 5 6 7 8 9 10 11 12

AAAs 4, 5, 6 & Total adjusted by +/- 1 dollar for rounding

Notes RE Calculations and Sources

Column 2 - Total Persons Aged 65+ in PSA: U.S. Bureau of the Census, August 2008, County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin. CC - EST2007 – ALLDATA

Column 3 - Number of 65+ Living in Poverty: U.S. Bureau of the Census, American Community Survey, PUMA, 1-year estimates, August 2008, Table B17001 or Subject Table S1701

Column 4 - 65+ Living Alone: U.S. Bureau of the Census, American Community Survey, PUMA, 1-year estimates, September 2008, Table B11010

Column 5 - Racial Minority Population 60+ Years of Age, 2007 (not Hispanic): U.S. Bureau of the Census, August 2008, County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin. CC - EST2007 – ALLDATA

Racial minority is defined as all persons 60 years and over minus White not Hispanic and Hispanic to avoid double counting of Hispanic in the adjacent At Risk column.

Column 6 - Hispanic Population 60+: U.S. Bureau of the Census, August 2008, County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin. CC - EST2007 – ALLDATA

Column 7 - 65+ Living in a Rural County: U.S. Bureau of the Census, August 2008, County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin. CC - EST2007 – ALLDATA

Column 8 - Total Persons aged 75+: U.S. Bureau of the Census, August 2008, County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin. CC - EST2007 - ALLDATA

Column 9 - Total Persons Aged 85+: U.S. Bureau of the Census, August 2008, County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin. CC - EST2007 – ALLDATA

Column #10 adds up units of risk for each PSA.

Column #12 breaks out available funding by PSA.

METHODS FOR SERVING PRIORITIZED (“TARGETED”) POPULATIONS RESIDING WITHIN PSA I

During the period (2010 through 2013) covered by this Area Plan, the AAA shall undertake those prioritization (“targeting”) strategies which are checked below:

- Conduct surveys, utilize Census data, consult with community leaders, and employ any other appropriate methods to identify and locate those residents of the PSA who qualify as low-income and/or minority elderly;
 - Conduct surveys, utilize Census data, consult with community leaders, and employ any other appropriate methods to identify and locate any communities within the PSA in which low income and/or minority persons predominate;
 - Utilize Outreach and other informational and educational programs to alert and inform such prioritized individuals and communities regarding availability of aging services;
 - Publish information regarding aging services as well as how to access them in the primary language(s) of the “targeted” individuals and their families.
 - Assure that such published information is circulated or broadcast in communities where the predominant language is other than English, in whatever manner is appropriate within the context of that community’s social/cultural norms;
 - Make every effort to recruit outreach workers and information/assistance workers who are fluent in the language(s) of the targeted population(s). Where feasible, solicit and recruit outreach and information/assistance workers who are themselves members of the targeted communities;
 - Establish ongoing partnerships with area organizations that serve or advocate on behalf of persons with particular disabilities so as to better locate and serve elderly individuals having disability-related needs; and
 - Incorporate service objectives, with specific strategies for targeting prioritized populations, within the “Goals and Objectives” section of the area plan.
- X Other (described): Prioritize people on waiting lists for services, giving weight to target populations.