

Northeast Iowa Area Agency on Aging PSA 2

SFY 2026 - 2029 Area Plan on Aging



Plan Effective Dates: July 1, 2025 – June 30, 2029

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Executive Summary

Northeast Iowa Area Agency on Aging (NEI3A) is proud to present its Area Plan for State Fiscal Years 2026–2029. This four-year plan outlines NEI3A’s strategic goals and focus areas to support the health, independence, and dignity of older Iowans and their caregivers across an 18-county service region. Developed in collaboration with community partners, service providers, consumers, older adults, and the public, the plan reflects both the challenges and opportunities of serving a growing and diversifying aging population.

Mission and Vision

NEI3A seeks to empower older individuals to live independently and with dignity by providing person-centered services, advocating for their needs, and connecting them to supportive resources. We envision communities where aging is seen as a valued stage of life and where all older adults are supported, engaged, and connected.

Navigating an Uncertain Funding Environment

NEI3A acknowledges a challenging fiscal landscape. As demand for services increases, NEI3A must operate in an environment of uncertain funding at both the state and federal levels. Inflation, rising operational costs, and the potential for shifting legislative priorities create financial unpredictability that may impact service delivery.

NEI3A is committed to responsible stewardship of public funds, leveraging every dollar to deliver high-impact services. The agency is also exploring alternative funding sources—including grants, community donations, and partnerships—to bolster its financial resilience and continue serving older Iowans without interruption.

Focus Areas

Improving Access to Services

NEI3A remains committed to ensuring that older Iowans, especially those in rural or underserved communities, can access the support they need. Services like home-delivered meals, transportation assistance, information and referral, and case management are lifelines that enable independence. The agency is expanding its outreach efforts, using both traditional and digital communication tools, to reach isolated individuals and families who may not be aware of the resources available to them.

NEI3A is also working to reduce barriers for those with the greatest economic and social need, ensuring that all older adults can navigate and benefit from its programs.

Promoting Health and Wellness

Aging well includes maintaining physical, mental, and emotional health. NEI3A promotes evidence-based health and wellness programs designed to reduce hospitalizations and readmissions, improve mobility, and support mental well-being. Programs include falls prevention workshops, chronic disease self-management classes, and social engagement activities aimed at reducing isolation.

Social isolation and loneliness are now recognized as major public health issues, and NEI3A is developing creative solutions to connect older adults with peers and communities through volunteer programs, congregate meals, and technology-based outreach.

Supporting Family Caregivers

Informal caregivers—often family members—are the backbone of home and community-based care in Iowa. NEI3A is prioritizing support for these individuals by offering respite services, caregiver education, and emotional support. Caregiving can be physically and emotionally taxing, and the Area Plan outlines initiatives to expand caregiver support networks and connect caregivers to counseling, support groups, and community services.

Strengthening Community Partnerships

NEI3A recognizes that no single organization can meet the complex needs of older adults. That's why collaboration is central to the agency's approach. The Area Plan emphasizes building and maintaining partnerships with local healthcare systems, veterans services, community providers, senior centers, and other service organizations. These partnerships help NEI3A offer a seamless network of care and helps us prioritize services funding to those of greatest economic need.

Looking Ahead

The Area Plan for 2026–2029 is a forward-thinking blueprint grounded in compassion, person-centeredness, prioritization of services, and innovation. It recognizes the demographic trends shaping Iowa's future and calls for responsive, data-informed strategies that adapt to the evolving needs of older adults and their caregivers. NEI3A will continue to listen to the voices of its consumers, advocate for system improvements, and deliver person-centered services that honor the dignity and worth of every individual.

For more information about NEI3A, visit www.nei3a.org.

Context

Northeast Iowa Area Agency on Aging (NEI3A) administers federal, state, and local funding to provide essential services under the Older Americans Act (OAA) in Planning and Service Area 2 (PSA 2). PSA 2 encompasses 18 counties across northeast Iowa, covering approximately 10,000 square miles with a total population of 524,549, of whom 136,090 (25.9%) are age 60 or older. Major cities include Waterloo, Dubuque, Marshalltown, Cedar Falls, and Decorah.

To inform the development of the SFY2026–2029 Area Plan, NEI3A conducted a comprehensive, multi-method needs assessment beginning in August 2024 and continuing into early 2025. The assessment was designed to ensure that planning priorities are aligned with the needs and preferences of older adults, caregivers, and other stakeholders throughout PSA 2.

Methods of Needs Assessment

NEI3A employed the following strategies to gather data and stakeholder input:

- **Community Survey:** A Community Needs Assessment Survey was distributed between September and October 2024. 92 responses were collected by the end of December 2024. The survey targeted older adults, caregivers, service providers, and other interested parties, gathering information on barriers to aging in place, service gaps, and personal demographics.
- **Data Review:** NEI3A staff met with staff from Iowa Health and Humans Services, Aging and Disability Services Division (ADS) on August 12, 2024 to review and analyze U.S. Census Bureau data, State Data Center resources, public Tableau dashboards, and NEI3A service utilization data. Subsequent NEI3A staff meetings were held in August and September to further analyze and identify demographic trends, disparities, and emerging needs.
- **Public Outreach:** Feedback was solicited via NEI3A’s website, social media, and other communication platforms to maximize community participation. A postcard containing a QR Code to the needs assessment survey was distributed to all meal sites and included with promotion materials at all outreach and education events conducted in September and October 2024. The QR code was also published and printed in the NEI3A Fall newsletter.
- **Advisory Council and Governing Board Input:** NEI3A engaged its Advisory Council and Board of Directors to share their observations and experiences to inform the Area Plan’s

priorities. NEI3A staff reviewed meeting minutes as part of its data analysis in August and September 2024.

Limitations

Survey respondents were predominantly female (94%) and white (100%), which does not fully reflect the racial and ethnic diversity present in PSA 2. However, internal service data shows NEI3A exceeds the area's minority representation in service delivery, with 5.6% of consumers identifying as racial or ethnic minorities, compared to 1.7% in the general 60+ population. Data validation across multiple sources helped compensate for sample limitations and strengthened overall findings.

Key Findings

The needs assessment identified several critical trends:

- **Population Aging:** Although overall population growth is flat, the number of older adults is increasing both numerically and as a share of the population.
- **Rural Isolation:** PSA 2 is predominantly rural, exacerbating challenges related to transportation, healthcare access, and social isolation.
- **Economic Insecurity:** About 25% of NEI3A's consumers live in poverty, and 28% reported monthly worries about running out of food.
- **Risk of Institutionalization:** High percentages of low-care residents in nursing homes were found in counties such as Howard, Buchanan, and Marshall, suggesting a strong need for home- and community-based alternatives.
- **Public Assistance Gaps:** Enrollment in key public benefits programs remains lower than national averages, limiting access to critical financial and health supports.
- **Caregiver Burden:** 21% of caregivers indicated significant stress levels, revealing a strong need for respite, education, and emotional support services for family caregivers.
- **Legal and Advocacy Needs:** 32% of survey respondents reported needing assistance accessing legal services.

- **Top Prioritized Services:** Transportation, hospital discharge support, Medicaid enrollment assistance, home-delivered meals, and caregiver support (namely respite) were identified as the most needed services.

How Assessment Informed Plan Development

The findings directly shaped the development of the goals, objectives, and strategies in this Area Plan:

- **Goal 1: Maximize Independence** focuses on facilitating transitions from health facilities to home and expanding enrollment in public benefits.
- **Goal 2: Improve Health and Wellness** addresses food insecurity, malnutrition, and social isolation among older adults.
- **Goal 3: Improve Safety and Quality of Life** prioritizes elder abuse prevention, legal support, and emergency preparedness.
- **Goal 4: Stay Engaged and Supported** strengthens supports for family caregivers and increases social engagement opportunities for isolated individuals.

Ongoing Needs Monitoring

NEI3A will continue to collect, monitor, and respond to community input, service data, and stakeholder feedback throughout the 2026–2029 planning period. The link to the Community Needs Assessment Survey remains active, and we continue to promote QR codes to the survey at outreach events. We plan to use the current survey instrument through SFY 2029.

Section 1: Goals, Objectives, Strategies & Measures

Goal 1: Maximize Independence

People with disabilities and older adults have access to high quality, equitable, and person-centered services that maximizes their independence, community integration, and self-sufficiency.

Agency Programs, Services, & Initiatives

Consumer surveys, Advisory Council feedback and community input all show that older individuals overwhelmingly prefer to age in their own home rather than a nursing home or other institutional setting. And those who need more supports cannot afford to privately pay for nursing home care. According to the Kaiser Family Foundation, the annual average cost of a semi-private nursing home bed is \$106,000.

Data from Iowa Health and Human Services show that Iowa has the highest proportion of private pay nursing facility (NF) residents and the 8th highest proportion of NF residents with low care needs who could reside in the community.

NEI3A staff provides options counseling, case management, information and assistance, and application assistance to individuals throughout PSA 2. These services help individuals coordinate their care among community providers so they can remain in their own home longer. NEI3A contracts with local providers to provide homemaker and personal care services to people throughout PSA 2 who are in high economic need and have statuses that limit their ability to perform activities of daily living.

The Iowa Return to Community Program (IRTC) assists people recently discharged from an inpatient hospital or nursing home Stay to better prepare and equip them for a successful transition home and to independence.

According to publicly available data presented by the National Council on Aging, people living in PSA 2 participate in public assistance programs such as Medicare Savings Programs (help with paying Part B premiums for low income people), SNAP (commonly referred to as food stamps), and SSI (Supplemental Security Income – monthly Social Security payments to people with disabilities and older adults who have little or no income or resources). 22% (1785) of all NEI3A consumers served in SFY2024 live in poverty. This greatly reduces their ability to pay for home and community-based services and therefore age in their own home.

We believe that assisting individuals to apply for and receive all public benefits available to them is critical to helping them maximize their independence and age in place. NEI3A utilizes Medicaid Administrative Claiming (MAC) match funding to help people apply for Medicaid in Iowa. NEI3A also coordinates with the National Council on Aging to operate a Benefits Enrollment Center (BEC). BEC funding enable NEI3A staff to provide additional application assistance for Medicaid, Medicare Savings Program (help paying Part B premiums), Part D Low Income Subsidy (help with Medicare drug plan premiums), SNAP (monthly assistance to help

pay for groceries), LIHEAP (help paying heating bills), and other assistance that may be available to the consumers locally such as United Ways, Housing Trust Funds, City block grant projects, and other local foundations. NEI3A assisted 244 people in Calendar Year 2024 to enroll in benefits, including 175 Medicaid applications.

Objective 1: 1.5 - Increase community integration of older adults and people with disabilities through care transition supports from health facilities to community of choice.

Why it Matters...

Our needs assessment showed that 14 of the 18 counties in PSA2 have high populations of low care residents in nursing homes (greater than 15%). Only 1 County (Butler) was less than 10% (9.7%). "High Population" counties include both rural (Howard and Buchanan Counties at 24.8% and 25.2% respectively) and urban counties (Marshall and Dubuque Counties at 27.1% and 15.3% respectively). Research suggests that "low care" individuals living in nursing homes could likely have their care needs met in their own residence so long as services and supports are available in their area.

Additionally, respondents to our needs assessment survey ranked hospital discharge assistance as the #3 most important service for older adults and/or adults with disabilities. This indicates that such services are needed in the community, and NEI3A commits to responding to community input.

People recently discharged from the hospital are often limited to carrying out activities of daily living. Hospitalization can lead to functional decline in older adults, with research indicating that repeated hospitalization may lead to functional decline in older adults.

Our needs assessment shows that some older people who live in Buchanan, Marshall, and Howard counties live at or near poverty and therefore unlikely to afford home and community-based services without additional support.

We believe that interventions that help individuals avoid hospital readmission and enter nursing homes when their needs could be met with home and community-based services will serve the goal of maximizing independence.

What we are doing...

Strategy: 1.5d - Provide Iowa Return to Community Options Counseling to persons transitioning from a health care facility into a less restrictive environment.

- Explanation of Other Strategy (if selected):
Click or tap here to enter text.

Activities:

NEI3A has been implementing the Iowa Return to Community Program (IRTC) in coordination with the Iowa Division on Aging and Disability Services to support community living by reducing hospital readmissions, decreasing low acuity nursing facility residents, and preventing avoidable hospitalizations and emergency department visits. In SFY 2024, we helped 349 people through this program. 95% of participants avoided readmission for the same condition for at least 90 days.

65% of all IRTC participants lived in Black Hawk, Bremer, Butler, Buchanan, or Grundy Counties); however, other areas where we did not have a referral partnership were underserved. For this plan period, we will focus outreach to referral and potential referral partners to in rural areas.

We utilized special IRTC grant funding and American Rescue Plan (ARP) funding to start this program without disrupting current NEI3A programs. While we will not be able to serve as many people in SFY2026, we will prioritize individuals living in poverty and those with statuses that limit their ability to perform ADLs/IADLs or threatens their capacity to live independently.

We will seek specific referral opportunities in Howard, Buchanan, and Marshall Counties as they have the highest percentage of low-risk nursing home placement.

Populations in Greatest Economic Need: Persons ages 60+ who identify as living in poverty (at or below 100% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected):
Click or tap here to enter text.

Populations in Greatest Social Need: Persons with a status that: a) limits their ability to perform ADLs/IADLs or b) threatens the capacity of the individual to live independently

- Explanation of Other or Sub Population (if selected):
Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): [Select a population.]

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Area(s) of Focus:

Howard, Buchanan, and Marshall Counties as they have high levels of low care nursing home residents as stated in the “Why it matters” section. We continuously monitor referral sources and consumer locations and may adjust our area of focus if data supports such an adjustment.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 1.5 - #/% of IRTC program referrals. #2: [Choose an item.] #3: [Choose an item.]	#1: 1.5 - # of IRTC program referrals who were successfully enrolled into the IRTC program. #2: [Choose an item.] #3: [Choose an item.]	#1: 1.5 - # of care transitions completed. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 400 #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 60 #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 50 #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure(s) (if selected):
Click or tap here to enter text.
- Explanation of logic used to develop SFY 2026 targets:
Funding limits this program's ceiling. With ARP funding, we admitted about 25 people per month in 2022 (rolling total service roster of 75). Expected funding limits monthly admissions to 10 individuals (average monthly census of 30 people).

Objective #2: 1.3 - Develop a high quality, equitable, comprehensive, and coordinated system of long-term care that enables people with disabilities and older adults to receive long-term care in community-based settings.

Why it matters...

As our capacity to provide home and community-based services to individuals diminished due to flat funding, less providers, and increased costs in the care system, helping individuals receive public assistance such as Medicaid becomes more important. Helping people receive the benefits to which they are entitled offers far more income security than funding NEI3A offers under the Older Americans Act. Medicaid waiver services far surpass the \$500/month that we provide.

Reports from the National Council on Aging show that, in PSA 2, program uptake of other critical public assistance programs such as Medicare Savings Programs, SNAP (food stamps), and even Supplemental Security Income is significantly lower than the national average. Data shows that only 34.6% of people in Black Hawk County who are eligible for Medicare Savings Programs are enrolled in that program. Our desired outcome is to increase the number of people enrolled in these assistance programs. Specifically, Medicaid, SNAP (food stamps), and Medicare Savings Programs. Helping individuals receive the public benefits to which they are entitled is a critical first step to them being able to afford home and community-based services and to age in the setting of their choice.

What we are doing...

Strategy: 1.3a - Provide MAC allowable assistance to persons who are applying for State benefits for individuals 60+ and are at-risk for institutional placement.

- Explanation of Other Strategy (if selected):
Click or tap here to enter text.

Activities:

We emphasize the importance of application assistance and MAC claiming with our staff. As previously stated, the benefits from other public programs far exceed NEI3A's capacity to make a population-level difference through funding HCBS services.

We received a grant from the National Council on Aging in 2024 to expand our application assistance activities. This has greatly bolstered our efforts to both provide application assistance to individuals and to conduct outreach in rural and underserved areas. While the grant specifies 5 core programs (Medicaid, Medicare Savings Program, Supplemental Nutrition Assistance Program, Low Income Home Energy Assistance Program, Part D Low Income Subsidy), we will also provide assistance for State and local assistance such as property tax relief - State and Local, utilities relief, rent vouchers, and special assistance programs through City programs, housing trust funds, United Way programs, and private foundations.

Nearly all people assisted live at or below 300% of the Federal poverty level.

We will continue to assist consumers to apply for the 5 core programs. We will also continue to seek new, local opportunities to help consumers. Often these programs help with larger home modifications that NEI3A is unable to fund. As the local Area Agency on Aging, we believe that we are best suited to know about such local programs and to help people apply for them. While data shows that program uptake of SNAP, SSI, and MSP are low throughout PSA 2, we will focus efforts on low income areas in Black Hawk, Tama, Clayton, and Marshall Counties through additional outreach.

Populations in Greatest Economic Need: Persons ages 60+ who identify as low-income (up to 300% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Populations in Greatest Social Need: Persons ages 60+ living in rural and underserved areas

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): [Select a population.]

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Area(s) of Focus:

We will offer a "benefits check" and screen all individuals for potential assistance programs who call our referral line. And we will assist with any application that may help the consumer maintain their independence.

While data shows that program uptake of SNAP, SSI, and MSP are low throughout PSA 2, we will focus outreach efforts on low income areas in Black Hawk, Tama, Clayton, and Marshall Counties. In Marshall County, we will seek partners who serve the Latinx community as we have had difficulty reaching that population in the past.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 1.3 - #/% of AAA staff who are able to claim MAC allowable activities.	#1: 1.3 - Agency achieves a MAC rate of at least 25%. #2: [Choose an item.]	#1: 1.3 - #/% of populations/areas in greatest need who received application assistance who are

	What We Do	How Well We Do It	Is Anyone Better Off?
	#2: [Choose an item.] #3: [Choose an item.]	#3: [Choose an item.]	now receiving state benefits. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 9# #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 35% #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 175# #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure(s) (if selected):
Click or tap here to enter text.
- Explanation of logic used to develop SFY 2026 targets:
NEI3A staff who provide information and assistance, options counseling, and/or case management all participate in MAC time studies and average a 40% rate. However, we believe this is the upper limit under the current framework. In Calendar Year 2024, we helped 244 individuals with application assistance. Of them, we assisted with 175 Medicaid applications. We believe that this is an accurate baseline and will be useful to determine the degree to which various outreach efforts are successful.

Objective #3: 1.2 - Develop quality measures for providers in the Aging & Disability Network using person centered practices.

Why it matters...

People living in PSA 2 have various backgrounds and needs. The Meskwaki Settlement in Tama County is home to two thousand Meskwaki people with distinct cultural backgrounds. NEI3A has served Bosnian people in Black Hawk County since thousands of refugees came to Waterloo in the 1990s. A significant number of Latinx people live in Marshall County.

Census data shows that people of these backgrounds are more likely to be of greater economic need than the majority population in PSA 2. People with disabilities have distinct needs that do not align with a “one size fits all” approach to NEI3A service.

People of these different backgrounds are less likely to seek services if they are not tuned to their specific backgrounds.

Staff training on how to deliver OAA person-centered, trauma informed, and culturally sensitive services allows NEI3A staff to better reach these populations and serve people of greatest economic need.

What we are doing...

Strategy: 1.2b - AAA staff participate in training on how to deliver OAA person-centered, trauma informed, and culturally sensitive services.

- Explanation of Other Strategy (if selected):
Click or tap here to enter text.

Activities:

NEI3A convenes all staff at least three times per year and, as part of an all day program, conducts person-centered, trauma informed training.

We will coordinate with Meskwaki Settlement for more training specific to their needs. We scheduled training with the Iowa Developmental Disabilities Council to provide person-centered training when working with people with disabilities. We will seek additional training opportunities with newly formed Disability Access Points (DAP) serving people with disabilities in PSA 2. We have already begun conversations with DAP partners to discuss office sharing and cross training opportunities.

As part of its strategic planning initiatives (apart from the area plan), an NEI3A staff committee developed NEI3A's core values. They are Dedication, Excellence, Innovation, Person-Centered, and Collaboration. We post these values on employee materials and refer to them regularly while working with individuals. We will continue to emphasize person-centeredness and trauma informed approaches with all staff and continue to offer training at all staff meetings. We believe that this will increase the number of options counseling consumers of greatest economic and social need.

Populations in Greatest Economic Need: Persons ages 60+ who identify as low-income (up to 300% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Populations in Greatest Social Need: Persons ages 60+ living in rural and underserved areas

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): [Select a population.]

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Area(s) of Focus:

We will focus application assistance to individuals who identify as low income (up to 300% of the Federal poverty level). We screen all I&A callers for income, and we offer them a benefits check. We will conduct outreach in low-income areas including Black Hawk, Tama, Marshall, and Clayton Counties as well as areas with high levels of low need nursing home placements such as Buchanan, Howard, and Marshall Counties.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 1.2 - #/% of AAA staff who have been trained in delivering person-centered, trauma informed, and culturally sensitive services. #2: [Choose an item.] #3: [Choose an item.]	#1: 1.2 - #/% of populations/areas in greatest need consumers who indicate they participated in creating their care plans for Options Counseling. #2: [Choose an item.] #3: [Choose an item.]	#1: 1.2 - #/% of populations/areas in greatest need who identified as having one or more ADLs/IADLs and are now receiving community-based services. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 500 #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 475 #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 400 #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure(s) (if selected):
Click or tap here to enter text.

- Explanation of logic used to develop SFY 2026 targets:
We served 140 people with options counseling from 10/1/24-12/31/24. Options counseling is challenging to predict as referrals to and from options counselors vary among programs. We predict that we'll assist 500 consumers in SFY26 through options counseling, that 95% (475) will indicate that they participated in creating their care plans, and that 80%(400) will receive HCBS services as a result. We chose 95% as that aligns with the performance measure "#/% of OC consumers indicating they were provided information to make an informed decision. in first half SFY25, we discharged 120 OC consumers because their goals were achieved. Only 26 were referred to NEI3A HCBS services. That is, most consumers were referred to external programs

Statewide Performance Measures

Measure	Purpose	SFY 2025 Target	SFY 2025 Results as of 3/31/2025	SFY 2026 Target
#/% of Information and Assistance callers indicating they received the information they were seeking.	To assess and provide information appropriate to the caller's need (from caller's perspective).	Number: 7000 Percentage: 95%	Number: 5207 Percentage: 99%	Number: 7000 Percentage: 95%
#/% of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need.	To evaluate the success of the service to assist individuals to make informed choices about long-term services and supports.	Number: 400 Percentage: 95%	Number: 359 Percentage: 96%	Number: 340 Percentage: 95%
#/% of Case Management cases closed because Case Management service was no longer needed.	To determine whether Case Management consumers receive supports and services for as long as they need or desire them in order to remain in their residence of choice.	Number: 26 Percentage: 65%	Number: 36 Percentage: 57%	Number: 35 Percentage: 65%
Average number of months a Case	To determine whether Case	Number of months:	Number of months:	Number of months:

Management consumer experiencing independent living impairments is able to remain safely at home prior to transitioning to facility.	Management consumers receive supports and services for as long as they need or desire them in order to remain in their residence of choice.	12	3	12
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Goal 2: Improve Health and Wellness

Older adults and people with disabilities are empowered to utilize programs that improve their health and wellness.

Agency Programs, Services, & Initiatives

Myriad studies have shown home delivered meals to be among the most effective interventions in maintaining a person's independence. Home delivered meals are consistently the most common call topic from the NEI3A referral line. We provide home delivered meals to approximately 400 (funding limit) homebound people per month to help them receive at least 1 nutritious and balanced meal per day.

Research from the National Institutes of Health show that social isolation can lead to poorer cognitive function and other adverse health outcomes. Additional research shows that older adults are at a significantly higher risk of malnutrition due to age-related physiological changes, increased prevalence of chronic diseases, and social and economic factors that can impact food access and intake. Social isolation compounds this issue as people are more likely to skip meals due to lack of companionship.

Congregate meals offer opportunities for isolated people to congregate and share a meal with others. We support traditional, congregate mealsites in 12 of the 18 counties in PSA 2. We partner with restaurants to serve congregate meals in rural areas in 6 counties. We recently started "pop up" sites. These programs serve meals 1-2 times per month at a local library or community center along with nutrition education and other educational programs (NEI3A outreach, provider partners such as Iowa Legal Aid, ISU extension, County Public Health, and others). From 7/1/24-12/31/24, we served 22,409 congregate meals to 1,624 individuals.

In that same period, we provided evidence based health promotion to 127 individuals. These classes form another pillar of NEI3A's activities to improve health and wellness. Our goal is to offer at least one class annually in each of the 18 counties in PSA 2. We partner with the USDA to administer vouchers for farmers markets to low income individuals. Last year, we sent over \$155,000 worth of vouchers to 3,102 low income 60+ individuals with a redemption rate of 79%. We offer nutrition counseling to all consumers who indicate that they are at risk of malnutrition. We assisted 15 individuals with nutrition counseling from 1/1/24 - 12/31/24.

Objective #1: 2.3 - Connect older adults who are at risk for malnutrition and/or have high nutrition risk scores with meaningful interventions.

Why it matters...

As stated earlier, older adults are at a significantly higher risk of malnutrition due to limited income, physiological factors such as dental issues and decreased appetite, and their higher likelihood of living alone and therefore less likely to eat nutritious meals regularly. Home delivered and congregate meals are effective interventions to address malnutrition, but the pre-meal cost of these services has doubled in less than 10 years with no additional funding.

Since implementing a waitlist in March 2022, we resolved to develop other ways to serve waitlisted consumers. We identified unaffiliated home delivered meal programs in PSA 2 and referred people to them. We offer application assistance for other benefits to help those of highest economic need increase access to nutritious food.

Moreover, since we collect this information, we believe we are obligated to prioritize individuals who are at risk for malnutrition and/or high nutrition risk and establish a process to connect them to meaningful person-centered services.

What we are doing...

Strategy: 2.3e - Implement a workflow process to identify consumers whose intake or assessment responses indicate high nutrition risk and/or risk of malnutrition to refer them to additional service interventions, such as nutrition counseling or options counseling.

- Explanation of Other Strategy (if selected):
Click or tap here to enter text.

Activities:

We plan multiple approaches to ensure that all consumers who are at risk of malnutrition are offered options counseling, nutrition counseling, and application assistance such as SNAP, MSP, and SSI. First, we will train Information and Assistance staff to conduct the malnutrition risk screening tool. Staff will make a general referral to the nutrition program when a person indicates risk of malnutrition. Once a referral is made, NEI3A nutrition staff will offer person-centered services and supports. We will run a monthly report to identify such individuals and reach out to them via mail to offer application assistance such as SNAP, MSP, and SSI and to inform them of available mealsites in the PSA.

Populations in Greatest Economic Need: Persons ages 60+ who identify as low-income (up to 300% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Populations in Greatest Social Need: Persons 60+ who screen at higher nutrition risk

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): [Select a population.]

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Area(s) of Focus:

We will focus on areas that show high risk for malnutrition as indicated on intake forms. We will narrow focus to counties indicating higher numbers of malnutritons risk and economic need as we gather more data over the plan period.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 2.3 - Total # of nutrition consumers who are screened for malnutrition and/or high nutrition risk. #2: [Choose an item.] #3: [Choose an item.]	#1: 2.3 - # of consumers who screen "more at-risk" for malnutrition and/or high nutrition risk score within initial intake enrollment for nutrition services. #2: [Choose an item.] #3: [Choose an item.]	#1: 2.3 - % new home delivered nutrition consumers served who indicate during intake they are at higher nutrition risk of food insecurity or malnutrition. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 2750 #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 1500 #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 50% #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
Click or tap here to enter text.

- Explanation of logic used to develop SFY 2026 targets:
We established these targets by reviewing SFY2025 first half consumers served. This includes all congregate and home delivered nutrition consumers. We will review the percentages of consumers indicating higher risk of malnutrition over the course of the year.

Objective #2: 2.2 - Increase older adults' access to high quality and person-centered nutrition services.

Why it matters...

NEI3A serves more consumers with nutrition services than any other registered service except for information and assistance. Access to nutritious meals has diminished over the past 10 years as congregate attendance has declined. As congregate programs shut down, so too do opportunities to socialize, receive nutrition education, and take evidence based classes.

As stated prior, living alone and isolation can lead to malnutrition as a person is more likely to skip meals or eat less nutritious food when they are not living with or socializing with others.

Based on the needs assessment, PSA 2 is primarily rural and white, although pockets of economic and social need emerge in its urban areas such as Waterloo, Marshalltown, and Dubuque. Developing new strategies to provide meals to people of greatest social and economic need is important to helping people remaining independent via socialization and quality nutrition.

What we are doing...

Strategy: 2.2c - Adjust service offerings to address barriers and/or meet consumer needs, including restaurant and/or "grab and go" meals to complement the congregate meal program. (If selected, complete "Grab-and-Go" Meals section within Attachments.)

- Explanation of Other Strategy (if selected):
Click or tap here to enter text.

Activities:

With a grant from ADS in 2021, we developed the Iowa Café program. This program contracts with local restaurants to serve meals to individuals in their communities. It lowers premise and meal transportation costs for NEI3A, and it allows us to serve locations not served in the past. Consumers report higher satisfaction with meals served under this program. It also provides them opportunities to socialize in their own communities. We served 390 individuals in SFY

2024 in Clayton County alone (Clayton County is rural and high economic need based on census data), a 100% increase from 2019 before the pandemic (194 people served).

We will seek restaurant partnerships to provide person-centered meals. With monthly/bi-weekly pop up sites, we will serve remote and underserved. Pop up sites provide participants opportunities to socialize, receive education, and connect with other services at least once a month. We will regularly seek participant feedback to evaluate program effectiveness.

Populations in Greatest Economic Need: Persons ages 60+ who identify as low-income (up to 300% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Populations in Greatest Social Need: Persons 60+ who are living alone

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): [Select a population.]

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Area(s) of Focus:

Areas of high social (lives alone) and/or economic need (Marshall County, Black Hawk County, Tama County, Clayton County).

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 2.2 - #/% of OAA nutrition providers offering nutrition options through innovative approaches, including culturally specific and/or medically tailored nutrition services.	#1: 2.2 - #/% of consumers who are of populations/areas in greatest need. #2: [Choose an item.] #3: [Choose an item.]	#1: 2.2 - #/% congregated nutrition consumers served who indicate during intake they are socially isolated. #2: [Choose an item.]

	What We Do	How Well We Do It	Is Anyone Better Off?
	#2: [Choose an item.] #3: [Choose an item.]		#3: [Choose an item.]
SFY 2026 Targets	#1: 4# #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 50% #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 50% #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
Click or tap here to enter text.
- Explanation of logic used to develop SFY 2026 targets:
These are baseline estimates to inform next year's targets.

Objective #3: 2.1 - Increase availability and utilization of evidence-based classes offered to older adults to improve healthy lifestyle choices and overall health and wellness.

Why it matters...

According to the Centers for Disease Control, falls are the leading cause of fatal and non-fatal injuries among older adults. The National Council on Aging reports that a growing number of older adults fear falling and limit their activities and social engagement as a result. This leads to further isolation, loneliness, and physical and cognitive decline. Intervening before this happens to provide individuals with the confidence and knowledge to avoid falls is important to helping them maintain their independence.

NEI3A has offered evidence-based classes for as long as we have received IIID funding. Most evidence-based classes meet weekly for several weeks. The primary challenge to this service is for participants to complete all class sessions – necessary for them to complete the class. It also limits our ability to provide classes in rural and remote areas as we need at least one 1 staff person (2 for some classes) to conduct the class.

Consumer post-surveys indicate that they would be more likely to complete a falls prevention class if it were held over one or two days rather than once a week for several weeks.

What we are doing...

Strategy: 2.1a - Develop or strengthen partnership with other agencies to increase referrals of populations/areas in greatest need to evidence-based health promotion programming.

- Explanation of Other Strategy (if selected):
Click or tap here to enter text.

Activities:

We purchased a license to the curriculum to "Healthy Steps for Older Adults" in SFY24. This class can be completed in 1 full day or 2 half days, and we only need 1 staff person plus a volunteer to conduct. This expands our ability to offer more classes in more areas. We will offer this evidence-based class in rural areas. Simplifying the class by reducing the number of sessions will expand the number of people we can reach with these evidence-based classes. The desired outcome is for more people to indicate a change in knowledge, skills, and behaviors after receiving such training.

Populations in Greatest Economic Need: Persons ages 60+ who identify as low-income (up to 300% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Populations in Greatest Social Need: Persons 60+ who are living alone

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): [Select a population.]

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Area(s) of Focus:

In our needs assessment, Fayette and Poweshiek Counties had the highest percentage of people living alone (32%). We will offer at least one class in each of those counties in SFY26.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 2.4 - Total # of OAA consumers who are referred to evidence-based falls prevention programming. #2: [Choose an item.] #3: [Choose an item.]	#1: 2.1 - # of health promotion evidence-based classes delivered. #2: [Choose an item.] #3: [Choose an item.]	#1: 2.1 - %/# class attendees who indicate a change in their knowledge, skills, or behavior after attending an evidence-based health promotion class. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 150 #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 30 #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 90% #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
Click or tap here to enter text.
- Explanation of logic used to develop SFY 2026 targets:
We used SFY 2025 first half data and consumer surveys to develop these targets.

Statewide Performance Measures

Measure	Purpose	SFY 2025 Target	SFY 2025 Results as of 3/31/2025	SFY 2026 Target
#/% of nutrition consumers served who indicate during intake they are socially isolated.	To prioritize consumers who are at risk for social isolation.	Number: Click or tap here to enter text. Percentage: Click or tap here to enter text.	Number: 429 Percentage: 22%	Number: 450 Percentage: 25%
#/% of nutrition consumers served who	To prioritize consumers who	Number: Click or tap here to enter text.	Number: 778	Number: 800

Measure	Purpose	SFY 2025 Target	SFY 2025 Results as of 3/31/2025	SFY 2026 Target
indicate during intake they are at higher nutrition risk.	have a higher nutrition risk.	Percentage: Click or tap here to enter text.	Percentage: 40%	Percentage: 40%
#/% nutrition consumers served who indicate during intake they are food insecure.	To prioritize consumers who are at risk for food insecurity.	Number: Click or tap here to enter text. Percentage: Click or tap here to enter text.	Number: 232 Percentage: 12%	Number: 240 Percentage: 12%
#/% nutrition consumers served who indicate during intake they are at risk for malnutrition.	To prioritize consumers who are at risk of malnutrition.	Number: Click or tap here to enter text. Percentage: Click or tap here to enter text.	Number: 283 Percentage: 15%	Number: 290 Percentage: 15%
#/% nutrition counseling consumers served who indicate during intake they are at risk for malnutrition.	To ensure those at risk for malnutrition receive nutrition counseling so that they have the opportunity to improve their nutrition status.	Number: Click or tap here to enter text. Percentage: Click or tap here to enter text.	Number: 3 Percentage: 100%	Number: 5 Percentage: 50%

Goal 3: Improve Safety and Quality of Life

Older adults and people with disabilities are safe from all forms of mistreatment and are empowered to improve their quality of life.

Agency Programs, Services, & Initiatives

NEI3A uses Older American's Act (OAA)-funded services to ensure older adults and people with disabilities are safe and empowered to improve their quality of life. Our Elder Abuse Prevention and Awareness Program (EAPA), Iowa Legal Aid assistance, and personalized emergency plans for options counseling consumers work together to provide comprehensive support across our service area.

EAPA focuses on preventing, detecting, and reporting elder abuse and exploitation by offering older Iowans options to enhance their lifestyles. We collaborate with professionals like Adult Protective Services (APS), hospitals, and law enforcement to coordinate services and raise awareness of elder abuse. Currently, we are partnering with the Aging and Disabilities Division (ADS) of the Iowa Department of Health and Human Services (IHHS) on the Clear Pathways Elder Justice initiative.

NEI3A contracts with Iowa Legal Aid to provide legal assistance to older adults, Quarterly reports help identify trends in legal concerns, such as income and housing. NEI3A works closely with Legal Aid to establish a referral network, service coordination, and trainings for both older adults and staff.

We prioritize emergency preparedness by annually helping consumers develop a comprehensive health, safety, and disaster plan.

Objective #1: 3.1 - Increase awareness, prevention, and reporting of elder abuse and dependent adult abuse.

Why it matters...

All NEI3A EAPA clients represent at least one prioritized population - economic need, social need, frail, risk of institutionalization. These individuals are at a significant risk of losing their independence due to various factors such as physical/emotional abuse, financial exploitation, and self neglect. Without EAPA support, nearly all individuals in the EAPA program would lose their independence and need to move to an institutional setting.

Often, these individuals are unseen by NEI3A and even traditional referral sources such as medical clinics and community action agencies. But local “eyes and ears” such as first responders and faith communities are often aware of people in their community that are struggling with self neglect and other concerns threatening their ability to remain independent. However, first responders and faith communities are often unaware that EAPA services are available and can assist individuals.

We have identified older adults living alone as a population most at risk of losing their ability to live independently. These individuals are more likely to experience social isolation, which is a significant risk factor for elder abuse. Isolation makes older adults vulnerable to mistreatment and exploitation, as they have fewer opportunities to interact with family, friends, or community members who might recognize signs of abuse or offer support in difficult situations.

To effectively address the changing needs of our consumers, all referrals and admissions into the EAPA program are regularly reviewed and assessed to identify emerging trends. Through this process, we’ve observed that approximately 75% of our consumers live alone, which has led us to tailor our prevention efforts specifically to target this group. For example, we partner with people and organizations that are more likely to interact with older adults living alone, such as churches, financial institutions, banks, and first responders.

What we are doing...

Strategy: 3.1d - Serve populations/area in greatest need with Elder Abuse Prevention and Awareness services to change their knowledge, skills, and/or behaviors in how to keep themselves safe from harm.

- Explanation for Other Strategy (if selected):
Click or tap here to enter text.

Activities:

The Elder Abuse Awareness and Prevention Program (EAPA) focuses on the prevention, intervention, detection, and reporting of elder abuse, neglect, and financial exploitation by presenting older Iowans with options to enhance their lifestyle choices. NEI3A's EAPA program is designed to:

- respond to reported concerns of older Iowans who are at risk, or experiencing, abuse, neglect, or financial exploitation,
- network and coordinate community resources to respond to the needs of the targeted population,
- collaborate and be a resource for professional providers, emergency responders, law enforcement, county attorneys, DHS, and Domestic Violence agencies,
- and locally increase public awareness on elder abuse issues.

Regular activities include quarterly correspondence to first responders and EMS in all counties and bi-annually mailings to all churches and financial institutions in the PSA. We regularly attend health fairs and outreach events to enhance awareness of the program and elder abuse in general.

All options counseling referrals are screened for potential abuse and EAPA eligibility, and staff are trained to refer to the NEI3A EAPA specialist as appropriate. We regularly collaborate with ADS on other initiatives such as Elder Justice initiative where "Clear pathways" meetings help all parties, the individual, their family, the case manager, and the provider establish a common framework for success. This has helped us with larger interventions such as water heater or roof replacement, first months rent, pest mitigation, and accessibility mods.

Annually, elder abuse information is included in contribution statements sent to all consumers to further raise awareness within this at-risk population. The EAPA program director and team lead review all referrals and admissions into the EAPA program to identify emerging trends and ensure we are effectively addressing the changing needs of our consumers.

Populations in Greatest Economic Need: Persons ages 60+ who identify as low-income (up to 300% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Populations in Greatest Social Need: Persons with a status that: a) limits their ability to perform ADLs/IADLs or b) threatens the capacity of the individual to live independently

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): [Select a population.]

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Area(s) of Focus:

We will promote to the entire PSA, but we will focus outreach and awareness activities on first responders and faith communities to help us identify individuals in need as we have identified that first responders and faith communities are in almost every community in the PSA and are likely to be aware of individuals who live alone and at risk of losing their independence.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 3.1 - Total # of consumers provided with EAPA Assessment & Intervention. #2: [Choose an item.] #3: [Choose an item.]	#1: 3.1 - % of referrals made to EAPA program by referral source. #2: [Choose an item.] #3: [Choose an item.]	#1: 3.1 - # of EAPA Assessment & Intervention consumer cases closed with EAPA services no longer needed. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 80# #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 50% #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 54# #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
Click or tap here to enter text.
- Explanation of logic used to develop SFY 2026 targets:
This is based on SFY25 mid year data as well as historical data back to SFY 2023.

Objective #2: 3.2 - Provide access to high-quality legal assistance for older adults.

Why it matters...

Older Iowans are often unaware how to receive legal help if they do not already work with an attorney. 32% of respondents to our needs assessment survey indicated that they need help getting legal advice. Quality legal advice and representation is a key pillar of the Older Americans Act as it is a priority service. Legal assistance is crucial for maintaining independence for longer, as it helps protect against financial scams, facilitates the use of Miller Trusts and guardianship services, among others.

What we are doing...

Strategy: 3.2a - Offer two annual trainings in coordination with ADS on topics including medical powers of attorney, financial powers of attorney, advance directives, IPOST, end of life planning, defense to guardianship and conservatorship, and financial scams.

- Explanation for Other Strategy (if selected):
Click or tap here to enter text.

Activities:

We worked with Iowa Legal Aid in the past to conduct staff trainings, and staff indicated that they were useful. We will offer these annual trainings to all program staff. We will work with ADS to select the most useful and pertinent topics to PSA 2.

We review quarterly reports and record demographic data and case topics to help us identify trends in the legal needs of older adults. Income and housing issues consistently rank among the top concerns

Populations in Greatest Economic Need: Persons ages 60+ who identify as living in poverty (at or below 100% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Populations in Greatest Social Need: Persons with a status that: a) limits their ability to perform ADLs/IADLs or b) threatens the capacity of the individual to live independently

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): [Select a population.]

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Area(s) of Focus:

All staff who provide I&A, options counseling, case management, EAPA services, nutrition services, and caregiver services. And the program directors. We will review annually where services are underserved and adjust training to fit these areas of focus in the future.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 3.2 - Total # of consumers referred to OAA legal assistance. #2: [Choose an item.] #3: [Choose an item.]	#1: 3.2 - Total # of consumers who received OAA legal assistance. #2: [Choose an item.] #3: [Choose an item.]	#1: 3.2 - Total # of consumers who indicate a change in knowledge, skills, and/or behaviors after receiving education on legal issues. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 10 #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 250 #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 200 #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
Click or tap here to enter text.
- Explanation of logic used to develop SFY 2026 targets:
We used historical data to develop these targets and will monitor through the upcoming fiscal year.

Objective #3: 3.3 - Strengthen emergency preparedness among care recipients, caregivers, and providers.

Why it matters...

People living in PSA 2 have endured tornados, flood, Derecho winds, and a pandemic all in the current plan period (July 1, 2021, through June 30, 2025). In addition, individual emergent events threaten individuals' ability to maintain their independence if they and their family are not prepared for emergencies. Options counseling is consistently among the top three call topics to the NEI3A referral line. Call records show that many options counseling referrals originate from family members seeking services in the wake of an emergency (for example, their

spouse/parent suffered a stroke and is about to be discharged from the hospital, and they need guidance to best assist their loved one).

Older people and family caregivers are especially vulnerable in emergent events as people often have additional needs such as transportation, medicine, mobility barriers, and diet restrictions. These unique needs for each client can be addressed through an emergency preparedness plan that they can use when an emergency occurs. NEI3A staff can assist consumers with such plans.

Individuals of greatest economic need are also vulnerable as displacement from a natural disaster or other emergency threatens their ability to live independently as they have less financial ability to recover to their original status. An emergency plan can help them prepare by understanding which family and community resources are available to them – and how to connect with them in the event of an emergency.

What we are doing...

Strategy: 3.3a - Assist Options Counseling consumers in creating an individual emergency plan.

- Explanation for Other Strategy (if selected):
Click or tap here to enter text.

Activities:

Options counselors develop individualized care plans with consumers based on the assessment and the consumer's needs. We will offer emergency preparedness plans when developing consumer goals and care plans.

NEI3A prioritizes the safety and well-being of older adults by focusing on emergency preparedness. Annually, aging specialists work with consumers enrolled in options counseling, case management, caregiver, return to community, and elder abuse programs to complete a comprehensive health, safety, and disaster plan. This plan includes collecting the name and contact information of an emergency contact and primary physician, as well as ensuring that basic safety measures like smoke detectors, fire extinguishers, and a 72- hour supply of food, water, and medications are accessible. Additionally, aging specialists review fire escape routes, evacuation plans, and strategies for potential emergencies such as floods, power outages, tornadoes, and loss of potable water service.

We will offer this service to all options counseling consumers whose status limits their ability to live independently. If demand for options counseling outpaces our ability to provide this service to everyone, we will prioritize individuals of greatest economic need.

Populations in Greatest Economic Need: Persons ages 60+ who identify as low-income (up to 300% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Populations in Greatest Social Need: Persons with a status that: a) limits their ability to perform ADLs/IADLs or b) threatens the capacity of the individual to live independently

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): [Select a population.]

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Area(s) of Focus:

Click or tap here to enter text.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 3.3 - Total # of consumers who were referred to further develop an individual emergency plan. #2: [Choose an item.] #3: [Choose an item.]	#1: 3.3 - Total # of consumers who developed an individual emergency plan. #2: [Choose an item.] #3: [Choose an item.]	#1: 3.3 - Total # of consumers who indicate they feel more prepared to provide care during disaster and emergency situations. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 50 #2: Click or tap here to enter text. #3:	#1: 40 #2: Click or tap here to enter text. #3:	#1: 40 #2: Click or tap here to enter text. #3:

	What We Do	How Well We Do It	Is Anyone Better Off?
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

- Explanation of Other Measure (if selected):
Click or tap here to enter text.
- Explanation of logic used to develop SFY 2026 targets:
Click or tap here to enter text.

Statewide Performance Measures

Measure	Outcome	FY2025 Target	FY2025 Results as of 3/31/2025	FY2026 Target
#/% of EAPA Assessment and Intervention consumer cases closed with services no longer needed.	To evaluate resolution rate for a consumer's abuse, neglect, or exploitation situation.	Number: NA Percentage: 50%	Number: 45 Percentage: 79%	Number: 45 Percentage: 80%
#/% of EAPA Consultation consumers whose needs are met through provider referrals for Self-Advocacy.	To evaluate whether consumers are able to use information and referrals for self-advocacy in resolving abuse, neglect, or exploitation situation.	Number: NA Percentage: 25%	Number: 15 Percentage: 27.8%	Number: 15 Percentage: 25%

Goal 4: Stay Engaged and Supported

People with disabilities and older adults are supported by formal and informal caregivers of their choice and have social connections within their communities.

Agency Programs, Services, & Initiatives

Northeast Iowa Area Agency on Aging has designated Family Caregiver Specialists within each region of our PSA to deliver a variety of Family Caregiver Services including Options Counseling, Case Management, Information Services, Support Group Facilitation, Information and Assistance, Counseling, and Training and Education. The Family Caregiver Specialist meets the required educational degrees as stated in the Iowa Administrative Rules and are mandatory reporters. Family Caregiver Specialists are also certified through InformUSA as a certified information and referral specialist for aging and disabilities. These requirements and training criteria ensure credibility and provide the knowledge to assist caregivers and connect them to valuable resources and opportunities to best support them in their caregiving role.

Caregivers face a multitude of challenges and NEI3A strives to build their support network to carry out their obligations of keeping adults safe and secure. NEI3A's caregiver program provides informative options for care and support through the services of information and assistance, options counseling, case management, emotional support through informal counseling, support groups, respite care, supplemental services to provide GrandPad devices, and training and education opportunities.

Respite is the most requested service by caregivers. Respite care provides a period of relief of caregiver duties to rest and recharge. NEI3A partners with community health care providers to provide respite care for caregivers. All caregivers utilizing respite with NEI3A funding are currently enrolled in case management. This allows close monitoring of the service and regular contact with the caregiver to provide optimal support. Approximately 90 consumers receive respite services monthly.

Objective #1: 4.1: Increase social engagement opportunities for persons at risk for social isolation.

Why it matters...

Despite the high need for additional support, a significant portion of caregivers haven't participated in support groups. For some, online opportunities are popular and easier to access when in a demanding caregiver role. This highlights the need to reach caregivers where they are and avoid creating barriers to access. Versatile platforms offer ways to connect, including virtual groups, social media posts, educational guides and in-person opportunities. Despite the need for help, according to a study, nearly two in three caregivers have not participated in any caregiver support groups. Support groups provide a sense of belonging and reduce feelings of isolation. Caregivers learn from others that may be experiencing a similar situation. It is an avenue for them to find a compassionate community. Studies show that support groups can be effective in improving coping and reducing stress.

Supporting caregivers who care for those living with Alzheimer's disease and related disorders with neurological and organic brain dysfunction is the most cost effective approach to helping

people avoid institutionalization. Caregivers provide \$600 billion in unpaid care each year. Care that otherwise would have been paid for by insurance plans or other Government programs. For many caregivers, the stress of their role is too great to continue. 21% of NEI3A caregiver clients indicate significant stress (>18 caregiver stress index). These individuals are at significant risk of losing their ability to maintain their caregiving role due to a combination of stress, depression, and financial burden.

What we are doing...

Strategy: 4.1h - Increase access of Caregiver/ORC services to caregivers who provide care to populations/areas of greatest need.

- Explanation for Other Strategy (if selected):
Click or tap here to enter text.

Activities:

We provide several services in our caregiver program including caregiver information and Assistance , caregiver options counseling, caregiver support groups, and caregiver counseling. We also host annual caregiver conferences in Calmar, Dubuque, Marshalltown, and Waterloo to conduct outreach and to provide additional support and education to NEI3A caregiver consumers.

We will pilot the Dementia Service Specialist Program and care consultations and refer back if those results indicate that the caregiver could benefit from the NEI3A Caregiver Program. We coordinated with the Meskwaki Settlement in Tama county to provide dementia education. and additional future supports we are equipped to help support caregivers on their settlement. NEI3A will work to further our connection by assisting with teaching a class for caregivers and the developement of a support group.

All information and assistance and case management staff are trained to work with caregivers, although we identify specific staff as caregiver specialists in each region of the PSA. Our caregiver specialists often provide reassurance and emotional support during telephone contacts and home visits. This provides the caregiver with time to be heard and listened to and hopefully lessen their burden so they can maintain their caregiver role. Our staff are not licensed therapists, but we are a listening ear which is often what the caregiver is truly seeking. An opportunity for caregivers to express their challenges is through our support groups. Currently NEI3A facilitates five in-person support groups and one weekly virtual support group. While we prefer to offer support groups in all our counties throughout our PSA, we are limited due to staff availability. However, we strategically plan for locations of these support groups where most in need and requested.

Often, our support groups have developed after a Powerful Tools for Caregivers six-week class series is completed and those caregivers request to continue their social support. We also provide tablets known as “Grandpads” for care recipients. This helps caregivers stay connected to care recipients and helps care recipients stay engaged with games, news, and interaction with family members.

Populations in Greatest Economic Need: Persons 60+ who identify as low-income (up to 300% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Populations in Greatest Social Need: Persons with a status that: a) limits their ability to perform ADLs/IADLs or b) threatens the capacity of the individual to live independently

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): Caregivers who are experiencing or at-risk for stress, depression, and financial cost burden due to their caregiver role

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Area(s) of Focus:

We will focus on Marshall County and Tama Counties to focus on caregivers who are at risk for stress, depression, and financial cost burden due to their caregiver role.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	<p>#1: 4.1 - Total # of caregivers who are referred to attend a caregiver support group.</p> <p>#2: [Choose an item.]</p> <p>#3: [Choose an item.]</p>	<p>#1: 4.1 - # of caregivers who are enrolled to attend a caregiver support group.</p> <p>#2: [Choose an item.]</p> <p>#3: [Choose an item.]</p>	<p>#1: 4.1 - Other (Please explain.) The number of caregivers who indicate their stress has been decreased due to attending support group.</p> <p>#2: [Choose an item.]</p>

			#3: [Choose an item.]
SFY 2026 Targets	#1: 200 #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 30 #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 75% #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
Click or tap here to enter text.
- Explanation of logic used to develop SFY 2026 targets:
These are baseline estimates that we will use to inform the Area Plan in future years.

Objective #2: 4.2: Ensure services and supports are available to informal caregivers in underserved areas.

Why it matters...

Ensuring services and support are available to caregivers in underserved areas is crucial. Caregivers in these regions often face increased stress due to limited access to healthcare, respite services, and financial assistance. Without adequate support, they are at a higher risk of burnout, negatively impacting their well-being and quality of life. Expanding services in areas that lack resources will improve caregiver strain and extend their ability to be in a caregiving role. As congregate mealsite attendance has declined the past 10 years, so too has the availability of opportunities for individuals to connect socially. Respondents to our needs assessment survey indicated loneliness as the #2 top impact on a person continuing to live independently. 14 of NEI3A's 18 counties are rural. Individuals living in remote locations are even more at risk to loneliness due to transportation barriers and lack of opportunities.

What we are doing...

Strategy: 4.2a - Develop or strengthen partnerships to increase referrals of informal caregivers of populations/areas in greatest need to OAA Caregiver/ORC services.

- Explanation for Other Strategy (if selected):

Click or tap here to enter text.

Activities:

We plan to enhance our presence in our southern counties in the PSA specifically Marshall, Tama and Poweshiek counties. Recently a support group has started at the Marshalltown Public Library that has increased awareness in the community. This provides an outlet to other supports such as case management to coordinate often complex care coordination that caregivers need. Often, we will address the financial burden being experienced by the caregiver if they are no longer employed or are assisting their care recipient with expenses. A benefits screening with the care recipient can address and alleviate some of those concerns.

We discuss programs with mealsite participants at least twice per year during site assessments. They report that the meal is "okay" but they really come for other activities such as cards, bingo, quilting, and education presentations. We will work with communities to keep senior centers open even if we do not provide a meal regularly. We will work with other venues to offer health promotion classes in communities with no mealsites. Libraries and community centers have been receptive to partnering with us, particularly in Howard County.

We will also train other people to provide "Healthy Steps for Older Adults". NEI3A has worked with 2 Occupational Therapy Doctoral students in the past years for their final projects. We've identified OTs as a great source to tap for EBHP trainers as they are also committed to preventing falls. We offer to train them at no cost so long as they conduct 3 training sessions over 3 years for NEI3A.

Populations in Greatest Economic Need: Persons 60+ who identify as low-income (up to 300% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Populations in Greatest Social Need: Persons 60+ who are living alone

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): Caregivers who are experiencing or at-risk for stress, depression, and financial cost burden due to their caregiver role

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Area(s) of Focus:

Marshall, Tama, and Poweshiek counties and individuals living alone and/or are socially isolated.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 4.2 - #/% of caregivers who live underserved areas are referred to Caregiver/ORC Case Management. #2: [Choose an item.] #3: [Choose an item.]	#1: 4.2 - #/% of caregivers who live in underserved areas who enrolled in Caregiver/ORC Case Management. #2: [Choose an item.] #3: [Choose an item.]	#1: 4.2 - #/% of caregivers who indicate their stress, depression, and/or financial cost burden due to their caregiver role has been reduced after receiving Caregiver/ORC services. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 25# #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 20# #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 18# #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
Click or tap here to enter text.
- Explanation of logic used to develop SFY 2026 targets:
. We use this as a performance measure every six months for caregivers enrolled in case management to monitor the effectiveness of our case management services. Caregivers generally are enrolled in case management for shorter time periods and their situations can change quickly. Every six months ensures adequate assessment of their well-being and adjustments needed to their plan of care.

Objective #3: 4.3: Identify informal caregivers are experiencing or at risk for stress, depression, and financial cost burden due to their caregiver role.

Why it matters...

Caregiver consumers overwhelmingly indicate that respite support is the most important service in helping them maintain their caregiving role. As the number of HCBS provider declines due to consolidation of nursing homes (In our experience with Nursing Home acquisitions is that they shut down their home care services immediately), rising costs, and population decline, we must develop new approaches to serve rural caregivers.

What we are doing...

Strategy: 4.3i - Other (Please explain.)

- Explanation for Other Strategy (if selected):
Develop self-directed respite voucher program to expand reach in rural areas

Activities:

NEI3A contracts with half as many HCBS providers as it did 10 years ago. While we are still able to serve all counties with at least 1 provider, our ability to serve caregivers in rural locations is strained. We have experience administering self directed programs with a partnership through the VA. We will utilize that experience to design a self directed program so that caregivers may direct their respite support themselves and not through a contracted provider. The anticipated outcome is to expand our reach in rural areas and also increase the number of caregivers able to receive respite support.

We discussed provider shortages with the Meskwaki Settlement. They indicated that need for HCBS providers far surpasses availability. We plan to work with the Settlement to establish a consumer directed caregiver respite program for people who live on the Meskwaki Settelement.

Populations in Greatest Economic Need: [Select a population.]

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Populations in Greatest Social Need: [Select a population.]

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): Caregivers who are older individuals with greatest economic need and older individuals with greatest social need

- Explanation of Other or Sub Population (if selected.):
Click or tap here to enter text.

Area(s) of Focus:

We will focus on the Meskwaki Settlement to begin this program.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 4.4 - Other (Please explain.) #2: [Choose an item.] #3: [Choose an item.]	#1: 4.4 - # of caregivers who are considered at-risk and are caring for someone with Alzheimer's disease or related disorders with neurological or organic brain dysfunction. #2: [Choose an item.] #3: [Choose an item.]	#1: 4.4 - #/ of caregivers with care recipients who live with Alz. Disease and related disorders with neurological and organic brain dysfunction who indicate their stress, depression, and/or financial cost burden due to their caregiver role has been reduced. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 5# #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 5# #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 4# #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
We will measure the total # of caregivers utilizing a self directed approach.
- Explanation of logic used to develop SFY 2026 targets:

We plan to use SFY 2026 to design and plan the self directed program with the Meskwaki settlement. We will use information from SFY 2026 to develop more informed estimates for the remaining of the plan period.

Statewide Performance Measures

Measure	Purpose	FY2025 Target	FY2025 Results as of 3/31/2025	FY2026 Target
#/% of congregate nutrition consumers who score 6 or higher for being at-risk for social isolation during intake.	To determine whether congregate meal consumers who may be socially isolated have the opportunity to socialize in their community.	Number: NA Percentage: NA	Number: 287 Percentage: 12%	Number: 200 Percentage: 10%
#/% of home delivered nutrition consumers who score 6 or higher for being at-risk for social isolation during intake.	To determine whether home delivered meal consumers who may be socially isolated receive regular contact with a meal delivery person.	Number: NA Percentage: NA	Number: 187 Percentage: 8%	Number: 70 Percentage: 10%
#/% of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role.	To determine whether case management and respite services provide caregivers the supports and services they need to continue to provide informal care to care recipients.	Number: Click or tap here to enter text. Percentage: 85%	Number: 97 Percentage: 90%	Number: 100 Percentage: 90%

Section 2: Service Projections

SFY 2026 Projected Consumers and Service Units

[Insert a copy of your agency's Form 3A-1]

Service		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
1: Personal Care	Gen. Aging	500	20	12	2	1	8
2: Homemaker	Gen. Aging	8000	200	100	13	10	60
3: Chore	Gen. Aging	0	0	0	0	0	0
4: 60+ Home Delivered Nutrition	Gen. Aging	90000	700	250	50	40	200
5: Adult Daycare/Health	Gen. Aging	0	0	0	0	0	0
6: 60+ Case Management	Gen. Aging	2300	200	45	15	8	60
7: 60+ Congregate Nutrition	Gen. Aging	45000	2000	1125	25	20	250
8: Nutrition Counseling	Gen. Aging	35	25	15	2	1	4
9: Assistive Transportation	Gen. Aging	9000	400	75	35	22	140
10: Transportation	Gen. Aging	5800	75	10	35	5	55
11: Legal Assistance	Gen. Aging	1400	500	0	0	0	0
12: Nutrition Ed.	Gen. Aging	15000	3000	1500	80	50	375
13: 60+ Information & Assistance	Gen. Aging	7500	3600	700	200	4	600
14: Outreach	Gen. Aging	160	150	65	25	10	50
B02: Health Promotion: Non-Evidence	Gen. Aging	2500	250	149	16	10	34
B04: 60+ Emergency Response System	Gen. Aging	0	0	0	0	0	0
B05: Behavioral Health Supports	Gen. Aging	0	0	0	0	0	0
B07: Health Promo: Evidence Based	Gen. Aging	200	175	18	10	7	20
C07: EAPA Consultation	Gen. Aging	108	70	14	5	3	21
C08: EAPA Assess & Intervention	Gen. Aging	630	50	10	5	4	15
C09: EAPA Training & Education	Gen. Aging	42	10250	8000	0	0	0
D01: Training & Education	Gen. Aging	55	13000	8000	100	25	200
E05: 60+ Options Counseling	Gen. Aging	2000	350	125	27	12	65
A01: 60+ Material Aid: Home Mod./Repairs	Gen. Aging	25	25	5	7	2	9
F06: 60+ Material Aid: Asst. Tech./Durable Med. Equip.	Gen. Aging	0	0	0	0	0	0
F07: 60+ Material Aid: Consumable Supplies	Gen. Aging	0	0	0	0	0	0
F08: 60+ Material Aid: Other	Gen. Aging	350	50	15	5	5	20
CG3: FC Counseling	Caregiving	160	130	30	5	1	4
CG4: FC Information Services	Caregiving	36	9500	12	5	5	8
CG7: FC Home Delivered Nutri.	Caregiving	0	0	0	0	0	0
CG8: FC Options Counseling	Caregiving	845	127	43	0	0	7
CG9: FC Case Management	Caregiving	1000	135	38	2	1	5
CG10: FC Information & Assistance	Caregiving	1300	800	190	25	15	100
CG11: FC Support Groups	Caregiving	250	50	20	2	1	3
CG12: FC Training	Caregiving	420	100	38	5	0	3

Service		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
CG13: FC Congregate Nutri.	Caregiving	0	0	0	0	0	0
CG14: FC Emergency Resp. Sys.	Caregiving	0	0	0	0	0	0
CG27: FC Supplemental Services: Asst. Tech./Durable Med. Equipment	Caregiving	0	0	0	0	0	0
CG15: FC Supplemental Services: Consumable Supplies	Caregiving	0	0	0	0	0	0
CG22: FC Supplemental Services: Other	Caregiving	240	25	8	0	0	2
CG23: FC Respite Care: In Home	Caregiving	8500	101	25	5	4	20
CG24: FC Respite Care: Out-of-Home (Day)	Caregiving	900	10	4	0	0	3
CG25: FC Respite Care: Out-of-Home (Overnight)	Caregiving	0	0	0	0	0	0
CG26: FC Respite: Other	Caregiving	0	0	0	0	0	0
GO3: ORC Counseling	Caregiving	0	0	0	0	0	0
GO4: ORC Information Services	Caregiving	0	0	0	0	0	0
GO7: ORC Home Delivered Nutrition	Caregiving	0	0	0	0	0	0
GO8: ORC Options Counseling	Caregiving	0	0	0	0	0	0
GO9: ORC Case Management	Caregiving	0	0	0	0	0	0
GO10: ORC Information & Assistance	Caregiving	0	0	0	0	0	0
GO11: ORC Support Groups	Caregiving	0	0	0	0	0	0
GO12: ORC Training	Caregiving	0	0	0	0	0	0
GO13: ORC Congregate Nutri.	Caregiving	0	0	0	0	0	0
GO14: ORC Emergency Response System	Caregiving	0	0	0	0	0	0
GO27: ORC Supplemental Services: Asst Tech/Durable Med Equipment	Caregiving	0	0	0	0	0	0
GO15: ORC Supplemental Services: Consumable Supplies	Caregiving	0	0	0	0	0	0
GO22: ORC Supplemental Services: Other	Caregiving	0	0	0	0	0	0
GO23: ORC Respite Care: In-Home	Caregiving	0	0	0	0	0	0
GO24: ORC Respite Care: Out-of-home (Day)	Caregiving	0	0	0	0	0	0
GO25: ORC Respite Care: Out-of-home (Overnight)	Caregiving	0	0	0	0	0	0
GO26: ORC Respite Care: Other	Caregiving	0	0	0	0	0	0

SFY 2026 Service Coverage

Information & Service Assistance Services

Please indicate with an "X" the services offered within each of your PSA counties.

Services	Allamakee	Black Hawk	Bremer	Buchanan	Butler	Chickasaw	Clayton	Delaware	Dubuque	Fayette	Grundy	Hardin	Howard	Jackson	Marshall	Poweshiek	Tama	Winnebago
60+ Case Management	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FC Case Management	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ORC Case Management																		
FC Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ORC Counseling																		
EAPA Assessment & Intervention	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Information & Assistance (general)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FC Information & Assistance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ORC Information & Assistance																		
EAPA Consultation	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Legal Assistance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
60+ Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FC Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ORC Options Counseling																		

Nutrition & Health Promotion Services

Please indicate with an "X" the services offered within each of your PSA counties.

Services	Allamakee	Black Hawk	Bremer	Buchanan	Butler	Chickasaw	Clayton	Delaware	Dubuque	Fayette	Grundy	Hardin	Howard	Jackson	Marshall	Poweshiek	Tama	Winnebago
60+ Congregate Nutrition	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	
FC Congregate Nutrition																		
ORC Congregate Nutrition																		
Health Promotion: Evidence-Based	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Promotion: Non Evidence-Based	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
60+ Home Delivered Nutrition	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FC Home Delivered Nutrition																		
Nutrition Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition Education	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Services to Promote Independence

Please indicate with an "X" the services offered within each of your PSA counties.

Services	Allamakee	Black Hawk	Bremer	Buchanan	Butler	Chickasaw	Clayton	Delaware	Dubuque	Fayette	Grundy	Hardin	Howard	Jackson	Marshall	Poweshiek	Tama	Winnebago
Adult Day Care / Health																		
Assisted Transportation	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Behavioral Health Supports																		
Chore																		
60+ Emergency Response System																		
FC Emergency Response System																		
ORC Emergency Response System																		
Homemaker	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FC Information Services																		
ORC Information Services																		
60+ Material Aid – Types:																		
• Assistive Tech/Durable Medical Equipment																		
• Consumable Supplies																		
• Home Modification/Repairs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• Other	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FC Supplemental Services – Types:																		
• Assistive Tech/Durable Medical Equipment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• Consumable Supplies																		
• Other																		
ORC Supplemental Services Types:																		
• Assistive Tech/Durable Medical Equipment																		
• Consumable Supplies																		
• Other																		
Outreach	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Personal Care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Caregiver Respite																		
• FC Respite Care: In-Home	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• ORC Respite Care: In-Home																		
• FC Respite Care: Out-of-Home (Day)																		
• ORC Respite Care: Out-of-Home (Day)																		
• FC Respite Care: Out-of-Home (Overnight)																		
• ORC Respite Care: Out-of-Home (Overnight)																		
• FC Respite: Other																		
• ORC Respite: Other																		
CG Support Group	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Services	Allamakee	Black Hawk	Bremer	Buchanan	Butler	Chickasaw	Clayton	Delaware	Dubuque	Fayette	Grundy	Hardin	Howard	Jackson	Marshall	Poweshiek	Tama	Winnebago
ORC Support Group																		
Training & Education	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FC Training	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ORC Training																		
EAPA Training & Education	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Transportation	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Self-Direction Service Delivery

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

OR

☐ Agency uses a self-direction service delivery approach to providing services to older adults and/or caregivers. Please provide a list below of services that are delivered using a self-directed services delivery approach.

[Click or tap here to enter text.](#)

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

Item	Projection
Persons Served - Older Adult	[Enter #]
Projected Title IIIB Expenditure - Older Adults	[Estimated \$]
Projected Other - State Expenditure - Older Adults	[Estimated \$]
Projected Other - Non-State Expenditure - Older Adults	[Estimated \$]
Projected Program Income Expended - Older Adults	[Estimated \$]
Persons Served - Caregivers of Older Adult	[Enter #]
Projected Title IIIE Expenditure - Caregivers Older Adult	[Estimated \$]
Projected Other - State Expenditure -Caregivers Older Adult	[Estimated \$]
Projected Other - Non-State Expenditure - Caregivers Older Adult	[Estimated \$]
Projected Program Income Expended -Caregivers Older Adult	[Estimated \$]
Persons Served - Older Relative Caregivers	[Enter #]
Projected Title IIIE Expenditure - Older Relative Caregivers	[Estimated \$]
Projected Other - State Expenditure –Older Relative Caregivers	[Estimated \$]
Projected Other - Non-State Expenditure - Older Relative Caregivers	[Estimated \$]
Projected Program Income Expended - Older Relative Caregivers	[Estimated \$]

Caregiver Respite Voucher

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

OR

☒ Agency uses a voucher method for caregivers to obtain respite services.

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

Item	Projection
Persons Served - Caregivers of Older Adults	5
Does AAA intend to use the funding sources listed below to provide respite services for Caregivers of Older Adults through vouchers?	
OAA Title III E federal funds	<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No
Other - State Expenditure	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Other - Non-State Expenditure	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Program Income Expended	<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No
Persons Served - Older Relative Caregivers	[Enter #]
Does AAA intend to use the funding sources listed below to provide respite services for Older Relative Caregivers through vouchers?	
OAA Title III E federal funds	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Other - State Expenditure	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Other - Non-State Expenditure	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Program Income Expended	<input type="checkbox"/> Yes or <input type="checkbox"/> No

Evidence-Based Programming (EBP)

EBP Definition

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

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

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

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

Within the table below, please list the EBP you intend to offer in SFY 2026 along with the methods in which you are planning to deliver the service.

Name of Program	Description of location(s) where program will be offered.	Method(s) for Service Delivery
Healthy Steps for Older Adults	Senior Meal Sites, Community centers, Libraries, Senior Living apartments, wellness centers, Hospital, churches	<input type="checkbox"/> Virtual <input checked="" type="checkbox"/> In-Person
A Matter of Balance	Senior Meal Sites, Community centers, Libraries, Senior Living apartments, wellness centers, Hospital, churches	<input type="checkbox"/> Virtual <input checked="" type="checkbox"/> In-Person
Tai Chi for Arthritis and Fall Prevention	Senior Meal Sites, Community centers, Libraries, Senior Living apartments, wellness centers, Hospital, churches	<input checked="" type="checkbox"/> Virtual <input checked="" type="checkbox"/> In-Person
Walk with Ease	Senior Meal Sites, Community centers, Libraries, Senior Living apartments, wellness centers, Hospital, churches	<input type="checkbox"/> Virtual <input checked="" type="checkbox"/> In-Person

Name of Program	Description of location(s) where program will be offered.	Method(s) for Service Delivery
Powerful Tools for Caregivers	Senior Meal Sites, Community centers, Libraries, Senior Living apartments, wellness centers, Hospital, churches	<input type="checkbox"/> Virtual <input checked="" type="checkbox"/> In-Person
		<input type="checkbox"/> Virtual <input type="checkbox"/> In-Person

Area Plan Service Waiting List

☐ Agency **does not** anticipate a waiting list for any services in SFY 2026.

OR

☒ Agency **anticipates** a waiting list for services in SFY 2026 as indicated in the following table. *Please provide additional information with the table below.*

Service(s) with Waiting List	Please select reason(s) for anticipating waiting list.	Estimated Number of Individuals on Waiting List
Home Delivered Nutrition	<input checked="" type="checkbox"/> Funding Inadequate <input checked="" type="checkbox"/> No Funding <input type="checkbox"/> No Service Provider <input type="checkbox"/> Unable to Staff <input type="checkbox"/> Other (please describe):	200
CG Respite	<input checked="" type="checkbox"/> Funding Inadequate <input checked="" type="checkbox"/> No Funding <input type="checkbox"/> No Service Provider <input type="checkbox"/> Unable to Staff <input type="checkbox"/> Other (please describe):	25
Homemaker/Personal Care	<input checked="" type="checkbox"/> Funding Inadequate <input checked="" type="checkbox"/> No Funding <input type="checkbox"/> No Service Provider <input type="checkbox"/> Unable to Staff <input type="checkbox"/> Other (please describe):	30

Please refer to the SFY 2026 Reporting Manual for instructions on how to document and notify ADS when implementing a waiting list.

Title III and Title VI Coordination and Tribal Elders and Family Caregivers Outreach Activities

☐ Area Agency on Aging does not have a Title VI program within their planning and service area.

- Please describe how the agency intends to reach out to Native Americans with Title III services within the agency's Planning and Services Area.

Click or tap here to enter text.

OR

☒ Area Agency on Aging has a Title VI program within their planning and service area. If so, please provide responses to the questions below.

1. Describe how your AAA has developed policies and procedures in coordination with the Title VI program director located in your planning and service area.

Representatives from NEI3A, the Meskwaki Settlement, and Iowa Aging and Disability Services met via video conference on October 7th, 2024 to discuss coordination responsibilities and opportunities among all groups. From this meeting emerged a plan for both NEI3A and the Meskwaki Settlement to share information and make connections. First and foremost, NEI3A and the Meskwaki Settlement identified an individual from their respective groups to serve as the point of contact for Title VI coordination.

This is to help the Meskwaki Settlement know about which services they may be eligible for, to include them when developing policies and procedures (including emergency preparedness), and to maintain open communication so they know how to refer individuals to NEI3A for services.

2. How does your AAA, including contact service providers, provide outreach to Tribal elders and family caregivers regarding service for which they may be eligible under Title III?

NEI3A and the Meskwaki Settlement regularly share information and have been since the Meskwaki Settlement started their Title VI program (before then, an NEI3A staff member worked on the settlement). A representative from the Settlement serves on the NEI3A Advisory Council. NEI3A attends the Meskwaki Health Fair each Spring.

3. What communication opportunities does the AAA make available to Title VI programs, to include Title III and other funding opportunities, technical assistance

on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings?

We maintain regular and open communications with the Meskwaki Settlement. The Meskwaki Title VI program director serves on the NEI3A Advisory Board. Our joint objective is to enhance communication so that we may help each other with our programs and improve the lives of older people who live on the Settlement.

4. Describe how Title VI programs may refer individuals who are eligible for Title III services.

NEI3A assigned Title VI coordination responsibility to the Regional Director in the Tama County Area. This provides the Title VI Program Director a single point of contact by which to make referrals and also reach out with questions.

5. Describe how the AAA plans to include the Title VI program director in emergency planning.

We plan to include the Title VI director when drafting and updating our emergency plan.

Section 3: Quality Management

NEI3A regularly and continuously reviews and improves its data collection process. An Agency staff member (quality management director) is responsible for reviewing data collection and reporting back to the program team. We have at least quarterly meetings to review service deliveries and see if they align with the projections we set forth in the Area Plan (Table 3A1). The program team (3 regional directors, the Nutrition and Wellness Director, and Deputy Director) meets at least quarterly with the finance director to verify that service delivery aligns with the budget submitted with the area plan.

The quality management director prepares monthly reports listing all consumers who've yet to have an updated intake completed for the fiscal year. This has improved our "missing intake" percentage greatly. We anticipate over 95% of intakes completed for SFY 2025.

The quality management director prepares monthly reports listing all consumers whose intake is missing data. This has greatly improved our "missing data" percentage.

Program Directors and Team Leads, as part of their workflow, regularly review records for accuracy. All program rules list a minimum percentage of all case management records reviewed, information and assistance calls, and home delivered meal visits.

Section 4: Public Input

NEI3A promotes its services through its website and on social media, specifically Facebook. Board of Directors meetings and Advisory meetings are promoted on its events calendar and open to the public. A video conference link is available upon request. Members of the public may also attend in person.

NEI3A staff regularly attend outreach events and events where we provide public information. There, we seek public input by providing a link to our public needs assessment survey as part of our ongoing efforts to better understand needs from the public.

Public Hearing Information

Notice on the NEI3A Facebook page:



Northeast Iowa Area Agency on Aging

Published by Vicki Hyke



· April 11 at 6:17 PM · 🌐

Northeast Iowa Area Agency on Aging will hold a public hearing on Friday, April 25, 2025, at 11:00 a.m. to review its Area Plan Fiscal Years 2026 -2029. The meeting will take place at the NEI3A Waterloo office located at 201 Tower Park Drive, Suite 100, Waterloo, IA 50701

Use the link below to attend virtually:

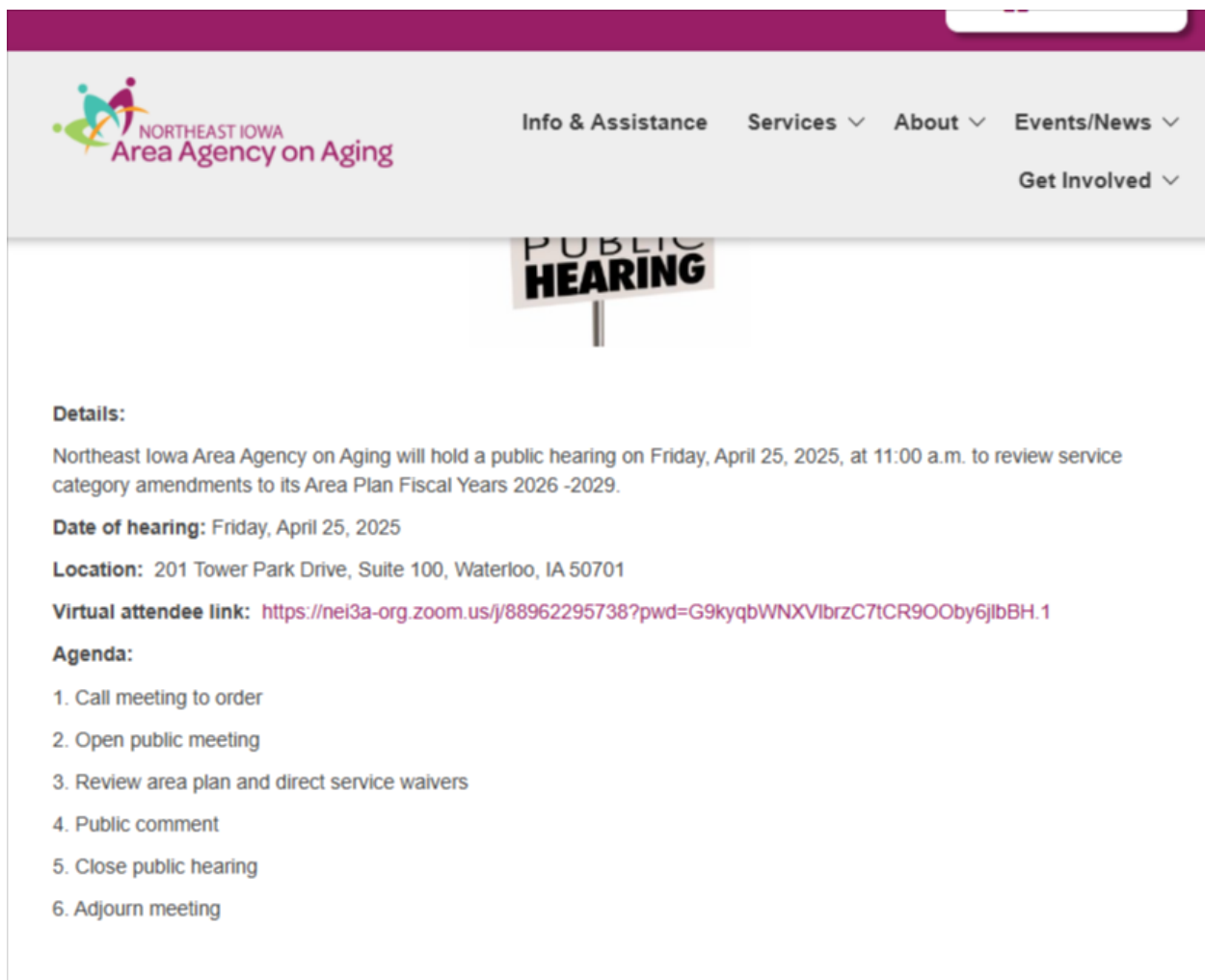
<https://nei3a-org.zoom.us/j/88962295738...>

To see the complete agenda, visit:

<https://nei3a.org/public-hearing/>

Public Hearing Information on NEI3A Website:

<https://nei3a.org/public-hearing/>



The screenshot shows the website for the Northeast Iowa Area Agency on Aging. The header is purple with the agency's logo on the left and navigation links on the right. The logo features three stylized figures in green, blue, and red, with the text "NORTHEAST IOWA Area Agency on Aging" below it. The navigation links are "Info & Assistance", "Services", "About", "Events/News", and "Get Involved", each with a downward arrow. Below the header, there is a large graphic of a sign that says "PUBLIC HEARING". The main content area is white and contains the following text:

Details:

Northeast Iowa Area Agency on Aging will hold a public hearing on Friday, April 25, 2025, at 11:00 a.m. to review service category amendments to its Area Plan Fiscal Years 2026 -2029.

Date of hearing: Friday, April 25, 2025

Location: 201 Tower Park Drive, Suite 100, Waterloo, IA 50701

Virtual attendee link: <https://nei3a-org.zoom.us/j/88962295738?pwd=G9kyqbWNXVlbrzC7tCR9OOby6jlBBH.1>

Agenda:

1. Call meeting to order
2. Open public meeting
3. Review area plan and direct service waivers
4. Public comment
5. Close public hearing
6. Adjourn meeting

Friday, April 25, 2025 Public Hearing minutes:



NEI3A helps older persons
respond to their evolving
needs and choices.

Public Hearing Meeting Minutes

April 25, 2025 – 11:00 a.m.

Members of the Public Present: Jane Shea

Staff: Greg Zars

1. Zars called the meeting to order at 11:02 a.m.
2. Member of the public present: Jane Shea of Cedar Falls, Iowa.
3. Public Comments on Area Plan
 - a. Shea commented that daily hot meal delivery is preferable to bi-weekly home delivered meals because a daily contact is an important part of the home delivered meal service. She believes that NEI3A should seek caterers and home delivered meal programs in ways that they can serve hot daily meals.
 - b. Zars recorded public comments.
4. Discussion
 - a. Zars and Shea discussed the meal program, the NEI3A service area, and its ability to serve all individuals in the Planning and Service Area. Zars and Shea discussed using multiple caterers to offer home delivered meals rather than one large caterer. Zars explained that NEI3A refers to many home delivered meal programs in other communities that are not affiliated with the AAA, and that community partnerships and innovative approaches to meal service are integral parts to the Area Plan. Zars and Shea discussed local opportunities at nursing homes and church-led programs. Zars agreed to review the procurement process for home delivered meals to allow for more programs to participate, particularly programs that offer daily meal delivery.
5. Zars closed the public hearing at 12:25 PM

May 12, 2025



Northeast Iowa Area Agency on Aging will hold a Public Hearing to review the area plans and direct service waivers.

Date: Monday, June 2

Time: 11:00 a.m.

Location: 201 Tower Park Drive, Suite 100 – Waterloo, IA 50701

Attend virtually: <https://nei3a-org.zoom.us/j/89047208750>

Agenda:

1. Call meeting to order
2. Open public meeting
3. Review area plan and direct service waivers for
 - Health Promotion
 - Caregiver counseling
 - Caregiver Support Groups
 - Caregiver Training
4. Public comment
5. Close public hearing
6. Adjourn meeting



NEI3A helps older persons
respond to their evolving
needs and choices.

Public Hearing Meeting Minutes

June 2, 2025 – 11:00 a.m.

Members of the Public Present: Kathleen Herman

Staff: Greg Zars

1. Zars called the meeting to order at 11:04 a.m.
2. Member of the public present: Kathleen Herman of Waterloo, Iowa.
3. Public Comments on Area Plan
 - a. Herman attended the meeting to learn more about NEI3A's family caregiver program.
 - b. Zars recorded public comments.
4. Discussion

Zars and Herman discussed the challenges of caregiving, highlighting the lack of understanding and support for family caregivers, as well as the high costs of long-term care facilities. They discussed the complexities of Medicaid and Medicare, noting that state rules vary and that support is often limited. Zars also described a program funded by the Older Americans Act that provides caregiver support, including respite services, and mentioned the availability of additional private services from home care agencies.

Zars said that a staff member for the Family Caregiver Program will follow up with Herman.
5. Zars closed the public hearing at 12:10 PM

Governing Body

Governing Body for: Northeast Iowa Area Agency on Aging.

Updated On: 3/25/2025

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Jacob Bates	1930 Richard Road.	Cedar Falls 50613	Black Hawk	319-231-6010 jacob.bates@westernhome.org	2026

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Valerie Schwager	3420 University Ave. Ste. C	Waterloo 50702	Black Hawk	319-226-8344 vschwager@northstarcs.org	2026

Secretary/Secretary-Treasurer

Name	Address	City & Zip	County	Phone & Email	Term Expires
Shannon Zoffka	129 West High Street	Toledo 52342	Tama	641-484-4788 szpffla@tcph.tamacountyiowa.gov	

Treasurer, (if separate officer)

Name	Address	City & Zip	County	Phone & Email	Term Expires
Greg Orwoll	2728 Asbury Road Ste. 330	Dubuque 52001	Dubuque	563-564-9156 greg@duridedbq.com	2026

Other Members

Name	Address	City & Zip	County	Phone & Email	Term Expires
Les Askelson	908 Pine Ridge Court	Decorah 52101	Winneshiek	563-379-2441 les@kvikradio.com	2027
Sally Davies	205 Ahlers	Maquoketa 52060	Jackson	563-581-2967 welcome@cloverridgeplace.net	2026
Diana Dawley	1037 510 th Ave.	Montezuma 50171	Poweshiek	641-660-5032 dddawley@gmail.com	2025
Kari Harbaugh	P.O. Box 214	Guttenberg 52052	Clayton	563-880-8441 kari.harbaugh@gttenberghospital.org	2025
Julie Hinders	4301 Stewart Lane	Cedar Falls 50613	Black Hawk	319-415-5143 Jsmithhi@crk.umn.edu	2025

Janell McElree	103 North Park Court	West Union 52175	Fayette	563-380-0828 janellMcelree@yahoo.com	2025
Patrick Murray	531 3 rd Avenue East	Cresco 52136	Howard	319-240-9433 pmurray@howardcounty.iowa.gov	2026
Chelsea Petersen	110 Flintstone Drive	Waverly 50677	Bremer	641-751-5284 croskens@gmail.com	2027
Kayla Reyes	1893 Audubon Drive	Waterloo 50701	Black Hawk	319-252-7981 kreyes@careinitiatives.org	2025
Amanda Stahley	1101 3 rd St. SW	Oelwein 50662	Fayette	563-379-7791 amandastahley@gmail.com	2025
Katie Thornton-Lang	706 H. Ave. Suite 2	Grundy Center 50638	Grundy	319-824-6312 katie.lang@grundycountyiowa.gov	2027
Jessie Tibbott	106 West Howard Street	Manchester 52057	Delaware	563-608-4246 jtibbott@goodneighborsociety.org	2025

Advisory Council

Older Americans Act Section 306(a)(6)(D). Each area agency on aging shall establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.

Older Americans Act Code of Regulations, Subpart C, Sec. 1321.63 (b) Composition of Council. The council shall include individuals and representatives of community organizations from or serving the planning and service area who will help to enhance the leadership role of the area agency in developing community-based systems of services targeting those in greatest economic need and greatest social need. The advisory council shall be made up of:

- (1) More than 50 percent older individuals, including minority individuals who are participants or who are eligible to participate in programs under this part, with efforts to include individuals identified as in greatest economic need and individuals identified as in greatest social need in [§ 1321.65\(b\)\(2\)](#);
- (2) Representatives of older individuals;
- (3) Family caregivers, which may include older relative caregivers;
- (4) Representatives of health care provider organizations, including providers of veterans' health care (if appropriate);
- (5) Representatives of service providers, which may include legal assistance, nutrition, evidence-based disease prevention and health promotion, caregiver, long-term care ombudsman, and other service providers;
- (6) Persons with leadership experience in the private and voluntary sectors;
- (7) Local elected officials;
- (8) The general public; and
- (9) As available:
 - (i) Representatives from Indian Tribes, Pueblos, or Tribal aging programs; and
 - (ii) Older relative caregivers, including kin and grandparent caregivers of children or adults ages 18 to 59 with a disability.

If the agency's Advisory Council does not currently meet at least 1-8 composition criteria listed above, provide the following information:

1) Composition criteria yet to be satisfied by the Council (# 1, 2, 3, 4, 5, 6, 7, 8)

No local elected officials currently serve the Advisory Council. We will seek local elected officials to serve on the Advisory Council.

Advisory Council for: [Northeast Iowa Area Agency on Aging](#)

Updated on: [3/26/2025](#)

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Amanda Stahley	1101 3 rd St. SW	Oelwein 50662	Fayette	563-379-7791 amandastahley@gmail.com	2025	4

Other Members:

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Marcia Bauer	2309 Muncy Avenue	Waterloo 50701	Black Hawk	319-883-8498 marciaandgirls@mediacombb.net		2
Rosie Bruns	821 Hammond Ave.	Waterloo 50702	Black Hawk	319-290-3757 Rosiebruns@gmail.com		1,2
Sandy Chilson	366 Willard Street	Lime Springs 52155	Howard	563-203-1226 sandy_chilson@yahoo.com		3
Lori Egan	305 Montgomery	Decorah 52101	Winnebago	563-387-4928 egan.lori66@gmail.com		1,2

Lamoyne Gaard	506 Maple Avenue	Grinnell 50112	Poweshiek	641-236-3598 lamoyne@iowatelecom.net		1,2
Jerry Gade	506 E. Maple Avenue	Conrad 50621	Grundy	641-750-7718		1,2
Sharon Harms	17203 F. Avenue	Wellsburg 50680	Grundy	641-751-8439 harmssharon@yahoo.com		1,2
MacKenzie Jaeger	2700 Matthew John Drive	Dubuque 52002	Dubuque	563-663-7843 elivant@trustwellliving.net		3
Heather Levinson	1307 Big Sky Lane	Decorah 52101	Winneshiek	Heatherklevinson@gmail.com		3
Margaret Mjoness	2728 Asbury Rd. Ste 330	Dubuque 52001	Dubuque	563-451-4999		4
Linda Ridihalgh	1408 E. Knoll Ct.	Oelwein 50662	Fayette	319-283-8087		1,2
Don Shonka		Independence	Buchanan	Dlshonka@gmail.com		1,2
Brian Schoon	229 E. Park Ave.	Waterloo 50703	Black Hawk	319-235-0311 bschoon@inrcog.org		4
Kelsey Umthun	360 Westfield Ave. 201	Waterloo 50701	Black Hawk	319-883-3015 kelsey_umthun@vccv.org		4,5,6

Linda VanHolten	2608 S. 2 nd Street Ste. E	Marshalltown 50158	Marshall	641-328-4059 mvcv@cirsvp.org		4
Ron Welper	1120 W. 8 th Street	Waterloo 50702	Black Hawk	319-234-6013		1,2,7
Brittany Lundquist	3731 Pheasant Ln.	Waterloo 50701	Black Hawk	Brittany.lundquist@rahef.com		4
Christina Blackcloud	301 Meskwaki Rd.	Tama 52339	Tama	Christinablackcloud.mss@meskwakinsn.gov		B – representative from Tribal Title VI program

ATTACHMENTS

Authorized Signatures

Area Agency on Aging Name	Primary Street Address	City & Zip Code	Type of Agency	Date of AAA Designation
Northeast Iowa Area Agency on Aging, Inc	21 Tower Park Suite 100	Waterloo 50701	Private, non profit 501(c)3	July 1 2013

Please **list names and titles** (*signatures are not required*) of all persons authorized to sign and submit documents on behalf of your agency regarding the following areas:

Authorized Signatories for Funding Applications and Contracts

1. Mike Donohue
2. Greg Zars
3. Click or tap here to enter text.

Authorized Signatories for Fiscal Reports

1. Mike Donohue
2. Heather Liebold
3. Greg Zars

Authorized Signatories for Program Reports

1. Mike Donohue
2. Greg Zars
3. Click or tap here to enter text.

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

Grievance Procedures

NEI3A's grievance policy is available on its website, 2 clicks from the homepage.

<https://www.nei3a.org/about-nei3a/grievance-policy.aspx>

Staffing and Volunteer Information

The following table lists the anticipated number of full and part-time positions at the agency, the number of SCSEP beneficiaries employed at the agency, and the number of volunteers supporting the agency at the start of the SFY 2026 (7/1/2025).

Position	Total Number
Staff (paid) full-time:	45
Staff (paid) part-time:	1
SCSEP Beneficiaries:	0
AAA Volunteers:	110

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

Nutrition Services

Agency staff reviewed the following Nutrition Services information in the case management system (Wellsky) and verified that the information is current as of **3/25/2025**

Nutrition Services information to be verified for accuracy includes:

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

Service Providers of OAA Services

Agency staff reviewed the Service Provider information in the case management system (Wellsky) and verified that the information listed below is current as of **3/25/2025**

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

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

Senior Centers and Focal Points

Agency staff reviewed the Senior Center and Focal Point information in the case management system (Wellsky) and verified that the information is current as of **3/25/2025**

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

OR

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

Selecting Senior Centers and Focal Points

NEI3A defines focal points as a physical location with both nutrition and Information and assistance services are available. By that criteria, Grundy Center is the single focal point in PSA 2.

Emergency Plan and Plan Development Summary

NEI3A reviewed the amended CFR 1321.97 and updated its emergency preparedness plan accordingly, gathering input from the public, contractors, grantees, and funders.

It includes definition of emergency, establishes a coordination lead in such event, and the duties of various staff Directors and Managers. It establishes communication protocols with public, Title VI, contractors, staff, consumers, funders, and the media. It outlines service continuity protocols for all services. It outlines the use of funds in the event of a disaster. Finally, it includes a training plan to ensure that we are ready to implement this plan.

Direct Service Requests

☒ A completed Request to Provide Direct Service form along with efforts to identify service providers has been submitted with the plan for the direct service the agency plans to provide in SFY 2026.

Cost Allocation Plan

- ☒ A Cost Allocation Plan for SFY 2026 - 2029 submitted separately with the SFY 2026 - 2029 Area Plan on Aging.

SFY2026 Estimated Funds Distribution to Prioritized Populations

Please describe how your agency's SFY 2026 Area Plan Budget supports the strategies, activities, and measures to meet the needs of the prioritized populations as outlined for each goal within Section 1.

Goal 1: Maximize Independence

- People with disabilities and older adults have access to high quality, equitable, and person-centered services that maximize their independence, community integration, and self-sufficiency.

We are setting 25% as a baseline estimate of funds distribution and will update future plans as information is collected and observed.

Goal 2: Improve Health and Wellness

- Older adults and people with disabilities are empowered to utilize programs that improve their health and wellness.

We are setting 25% as a baseline estimate of funds distribution and will update future plans as information is collected and observed.

Goal 3: Improve Safety and Quality of Life

- Older adults and people with disabilities are safe from all forms of mistreatment and are empowered to improve their quality of life.

We are setting 25% as a baseline estimate of funds distribution and will update future plans as information is collected and observed.

Goal 4: Stay Engaged and Supported

- People with disabilities and older adults are supported by formal and informal caregivers of their choice and have social connections within their communities.

We are setting 25% as a baseline estimate of funds distribution and will update future plans as information is collected and observed.

Funds Transfer Request

☐ A funds transfer has been requested for SFY 2026. Describe how the transfer(s) for Titles III-B, III-C1 or III-C2 address the needs as identified in this plan for SFY2026.

Click or tap here to enter text.

“Grab and Go” Meals

☒ Agency **does not** intend to utilize Grab and Go Meals in SFY 2026.

OR

☐ Agency **anticipates** using Title III C-1 funds of up to 25 percent, after all transfers are made, to be used for shelf stable and/or “grab and go” (pick-up, carry-out, drive-through or similar meals) in SFY 2026. Complete the information below to describe how this service delivery approach compliments the Congregate Nutrition program. *Also, ensure within Goal 2, Objective 2.2 that you have selected strategy 2.2c.*

- Provide a description of how shelf stable and/or “grab and go” meals will improve congregate nutrition services, using participation projections based on existing data and how the area agency will track and evaluate the impact on congregate nutrition services:

Click or tap here to enter text.

- Provide eligibility criteria and how populations in greatest economic need and greatest social need will be prioritized for shelf stable and/or “grab and go” meals:

Click or tap here to enter text.

- Provide stakeholder input, including service providers and the public, regarding the need for and provision of shelf stable and/or “grab and go” meals, and how services will be coordinated.

Click or tap here to enter text.