

# Coordination and Delivery of Senior Services in Idaho

Evaluation Report  
February 2011

Office of Performance Evaluations  
Idaho Legislature



Report 11-02

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Rakesh Mohan, Director  
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Office of Performance Evaluations

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# Office of Performance Evaluations Idaho Legislature

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February 1, 2011

Members  
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Last year, you asked us to look at senior services in Idaho, particularly nutrition and transportation services. The Idaho Commission on Aging is responsible for the distribution and monitoring of state and federal funds, but it plays a limited role in determining service priorities and setting reimbursement rates used for paying service providers. As outlined in the Older Americans Act, decisions about senior services in Idaho are made primarily at the local level by six area agencies on aging (AAAs).

The AAAs are not state agencies; they contract with the commission and providers to administer programs in a way that reflects the various needs of each area. As a result, reimbursement rates for nutrition and transportation vary widely among the six areas. This report provides recommendations for improving contract management and financial oversight to ensure state funds are spent appropriately and in accordance with state law.

As Idaho prepares to meet the needs of the baby boomer population, the successful delivery of senior services will rely on the coordinated efforts of the commission and the AAAs. To measure the results of these efforts, the commission should expand its performance measures to include detailed information about the types and number of services provided in each area. This will not only identify statewide trends, but will promote better accountability in how state funds are spent.

We thank the AAAs and the commission for their assistance and cooperation throughout our study. Formal responses from the AAAs, the commission, and the Governor are included in the report.

Sincerely,

A handwritten signature in blue ink that reads "Rakesh Mohan".

Rakesh Mohan

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## *Executive Summary*

# Coordination and Delivery of Senior Services in Idaho

As the aging population in Idaho and across the country continues to grow, states are placing more focus on the services provided to seniors. The delivery of most senior services relies on the efforts of local communities to fully meet the needs of eligible seniors; the state plays a relatively limited role in the actual delivery of services funded through the Older Americans Act and the Idaho Senior Services Act. In Idaho, the Commission on Aging coordinates with the US Administration on Aging, six area agencies on aging (AAAs), and a variety of providers to reach seniors in need. The AAAs and the providers vary in how they fund, deliver, and report services.

## **Legislative Interest and Study Focus**

This study identified the cost variations and associated causes, particularly in nutrition and transportation services, among the entities that make up the aging services network in Idaho. In addition, we found that stakeholders would benefit from a better understanding of the roles and responsibilities of each entity that provides senior services. As a result, this study also provides a comprehensive overview of how local, state, and federal efforts are coordinated.

As policymakers and commission officials consider how to address future challenges, increased collaboration with the AAAs and continued improvements in managing senior services data will provide more meaningful information to help guide the state's next steps. Through these efforts, Idaho can continue to seek new ways to serve seniors, to assist senior centers in remaining relevant in their communities, and to provide the AAAs with support and encouragement to keep seniors living independently and in their homes for as long as possible.

We have made recommendations for the commission to improve collaboration with the AAAs; to further standardize how senior service data are collected, stored, and reported; and to improve the tracking and reporting of performance measures. We have also made recommendations to the AAAs for the rate-setting and contracting processes. Our last recommendation is for the Legislature to modify statute so the AAAs can use state funds for additional senior services.

## Federal Framework Allows for Significant Local Control

Flexibility is a key element of the Older Americans Act—flexibility for which services states and local AAAs choose to provide to seniors and how those services are provided. We found that senior services in Idaho vary by area and that service delivery decisions are generally made at the local level by the six AAA directors.

Through contracts with the commission, the AAAs provide a direct link to the communities they represent and set priorities based on local needs and resources. The commission has a responsibility to ensure both state and federal dollars are spent appropriately, but it does not have the capacity or responsibility to manage the daily operations or supervise staff at the AAAs.

The commission provides guidance to the AAAs for the use of Older Americans Act funds as well as requires the AAAs to regularly submit reports on expenditures and services provided. However, because the working relationship between the AAAs and the commission is limited to language specified in their contracts, additional coordination of senior services relies on positive working relationships and clear communication.

AAAs set reimbursement rates with contracted service providers.

Idaho’s approach to providing senior services aligns with the requirements in the Older Americans Act and Idaho Code. The commission is not responsible for determining contract rates or the amount of services the AAAs provide. As a result, the variations in service priorities among the AAAs reflect local differences in senior needs and highlight the discretion each AAA has in determining how to best serve local communities.

## Idaho Code Places Some Restrictions on the Use of State Funds

In our review of allowable services under the Older Americans Act and Idaho Code, we found that Idaho Code restricts the use of state funds to the direct provision of certain services, such as nutrition, transportation, and in-home services. While this restriction may reflect the legislative intent of providing basic necessities to Idaho seniors, it creates challenges for the AAAs as service demands continue to grow.

The commission and the AAAs are currently expanding their approach to senior services through the implementation of the federal Aging and Disability Resource Center. This initiative, which builds on the existing work of each AAA to provide a central access point to a variety of services, is currently funded through federal grants. However, as implementation continues, the Legislature

may wish to expand statutory guidelines to allow the use of state funds in providing additional services such as those related to the Aging and Disability Resource Center.

## **Funding for Senior Services Only Covers a Portion of Total Costs**

Both state and federal funds are distributed according to Idaho's senior population in each of six geographical areas, taking into consideration factors such as those seniors living in a rural area and those living in poverty. The initial intent of the Older Americans Act was to encourage local communities to financially support services to seniors. As a result, the AAAs primarily use federal and state funds as seed money, allowing them to build on that money and expand the number and types of services they provide.

Because the contract terms and conditions for service delivery are determined by each AAA, reimbursement rates vary. We found a wide range of rates for meals, transportation, and homemaker services. These differences are often caused by a number of factors, such as access to resources, specific community needs, and even a lack of competition among providers. Collectively, these factors create challenges for the AAAs when standardizing the types of services they provide, the rates associated with providing them, and the units of service reimbursable to providers.

Reimbursement rates vary among the AAAs and the providers.

Nutrition services include meals provided in a congregate setting and a home-delivered setting. The AAAs reimburse providers for a limited number of meals, and reimburse, on average, about one third of a provider's total cost. We found that senior centers, which are the primary provider of meals, rely on a variety of other sources to cover their costs. These sources include volunteers, donations, and funding from cities and counties.

When we analyzed trends in nutrition over the past five years, we found the total number of meals provided is declining despite increases in AAA spending. This decline could indicate that fewer seniors are taking advantage of meals, costs are increasing at senior centers, or that AAAs are covering a larger portion of total costs because centers are not generating enough additional revenue. We recommend the commission collaborate with the AAAs and senior centers to understand causes for this decline and consider ways to further encourage senior participation at centers.

## **State and Federal Reporting Requirements Are Not Linked to Funding**

The commission is responsible for reporting expenditure and demographic data to the US Administration on Aging. The reporting process varies throughout the state and relies on self-reported data from a number of sources, including the AAAs and some service providers. In our review of reported data, we found discrepancies in several program totals between what was reported to us by the AAAs and what the AAAs reported to the commission and the Administration on Aging. Discrepancies in data may lead to submission of inaccurate expenditure and service unit reports to the Administration on Aging. We recommend the commission review its data collection and reporting process to ensure information submitted to the Administration on Aging is accurate and comprehensive.

States are required to submit annual reports to the Administration on Aging to ensure money is spent appropriately, but the annual reports do not directly affect the funding amounts.<sup>1</sup> As a result, the AAAs and the commission have few incentives to expand their data collection and storage capacities. We recommend the AAAs and the commission build on their current data management efforts and consider standardizing the level of information that is currently stored using an existing web-based system. Further standardization will provide the commission with more opportunities to assess state policy for senior services, measure program performance, and increase accountability.

## **Performance Measures Do Not Reflect the Role of AAAs in Providing Senior Services**

As part of its annual performance measurement report to the Legislature, the commission provides summary information on major initiatives and details its progress in meeting certain performance benchmarks. In 2009, these benchmarks included developing new partnerships and ensuring programs were in compliance with state and federal laws.

While these benchmarks have important information about select services, they do not provide legislators with comprehensive data about the major services provided by each AAA. To improve accountability and to better gauge how state and federal dollars are spent, the commission should work with the AAAs to expand its performance measures to include regional benchmarks. In addition, the commission should provide more complete data on the wide range of

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<sup>1</sup> States receive Older Americans Act funds according to the total number of individuals age 60 and older. While the *distribution* of funds is based on a variety of factors, funding *levels* are generally based on total senior population.

services that are provided throughout the state by building on the information that is already submitted to the Administration on Aging.

## **Planning for the Future Requires Statewide Collaboration**

The initial intent of the Older Americans Act was to provide local control over the delivery of services to seniors and to serve those seniors with the greatest social and economic need. Consequently, the contractual relationships between the AAAs and the commission are focused on services that are funded under the Older Americans Act. The commission is the federally designated state unit on aging. It serves as the statewide liaison to the US Administration on Aging and an advocate for seniors on a wide range of issues.

The AAAs are primarily responsible for the direct delivery and contracting of services in each of their areas. This responsibility is central for reaching the most number of seniors but also puts a burden on each AAA to meet the demands of a growing senior population. If the AAAs are to effectively meet these demands, they will have to develop new ideas for working with senior centers, generating revenue, and coordinating with the commission. Likewise, the commission will need to continue working closely with the AAAs as part of its long-term vision and strategic plans.

The growth of an aging population combined with recent economic conditions presents new challenges when planning for the future. Senior centers, which have historically served as the community-based option for outreach and nutrition programs, will need additional statewide guidance to encourage participation and develop innovative ways to remain successful in local communities. In addition, implementation of the federal Aging and Disability Resource Center program will help Idaho to centralize access to senior and disability-related services, but it does not increase the community-based infrastructure to allow for the delivery of more services.<sup>2</sup> We encourage the commission, the AAAs, and service providers to build on existing relationships, not only within areas, but statewide.

## **Acknowledgements**

We appreciate the cooperation and assistance we received from Idaho's six area agencies on aging, the Idaho Commission on Aging, as well as additional information provided by the US Administration on Aging.

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<sup>2</sup> The commission has created a steering committee to address issues related to the infrastructure of long-term care.

Amy Lorenzo, Bryon Welch, and Carrie Delong Parrish of the Office of Performance Evaluations conducted this study. Margaret Campbell was copy editor and desktop publisher. Brekke Wilkinson designed the exhibits.

Kathleen Sullivan, former professor and director of the Center for Education Research and Evaluation at the University of Mississippi, conducted the quality control review.

# Chapter 1

## Introduction

### Overview of the Senior Population

Throughout Idaho and across the nation, senior citizens are becoming a larger portion of the population. By 2030, the US Census estimates that nearly 20 percent of the US population will be 65 or older, largely due to aging baby boomers.<sup>1</sup> This increase in senior citizens also holds true for Idaho. By 2030, Idaho's total population is projected to increase by 52 percent, while the number of individuals over the age of 65 will grow by 147 percent.

Anticipation of the dramatic growth of the nation's senior population has resulted in greater recognition for the need to provide seniors with tools to live independent, full lives. The Older Americans Act of 1965 was designed to assist seniors in living independently at home and in their communities, and to also help protect the rights of vulnerable adults. In 1976, Idaho passed the Senior Services Act, recognizing the need to provide seniors with services that were coordinated and readily accessible. The Older Americans Act and the Senior Services Act provide the framework for how services are currently coordinated and delivered in Idaho.

### Legislative Interest and Relevance in Idaho

To better understand the needs of Idaho's growing senior population and identify the potential for additional efficiencies in how senior services are provided, the Joint Legislative Oversight Committee directed us to study the state's area agencies on aging (AAAs), which are primarily responsible for delivering many of the services outlined in the Older Americans Act and the Idaho Senior Services Act.

Given the significant growth of the senior population in Idaho in the next several decades, this study of how senior services are coordinated and delivered is particularly timely. Legislators have expressed interest in learning more about nutrition and transportation services. In addition, questions have been raised about the role of the AAAs in delivering senior services, how contract rates are determined, and how reimbursements are processed, specifically for services that are subcontracted.

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<sup>1</sup> A baby boomer is someone born between 1946 and 1964.

To provide legislators with a better understanding of senior services in Idaho, our study focused on the following questions:

1. How are services to seniors coordinated and delivered throughout Idaho? What are the roles and responsibilities of the Idaho Commission on Aging, umbrella agencies, AAAs, subcontractors, and service providers in this process?
2. What are the costs of delivering services, particularly nutrition and transportation?
3. Do the costs of service delivery vary? If so, what are the factors associated with these variations?
4. What opportunities exist for Idaho to reduce costs, improve efficiencies, and maximize services to seniors?

## Methodology

To better understand the network of organizations in Idaho that serves the senior community, our methodology included the following tasks:

- Analyzed the Older Americans Act and the Idaho Senior Services Act as well as federal and state administrative rule.
- Interviewed staff and administrators at the US Administration on Aging, the Idaho Commission on Aging, Idaho's six AAAs, and service providers across the state.
- Attended two meetings of the Idaho Commission on Aging: a commissioners' meeting and an adult protection hearing.
- Conducted a brief survey of the commissioners.
- Attended two meetings of the Idaho Association of Area Agencies on Aging.
- Gathered trend data over a five-year period from the six AAAs. The data illustrated expenditures for each AAA from 2005 to 2009 across major service categories.<sup>2</sup>
- Surveyed neighboring states about funding, service delivery, and reporting.

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<sup>2</sup> For the purpose of our study, 2009 was the most recent year data was available.

- Collected program data by service category and by funding source from the six AAAs. Using that data, we analyzed reimbursement rates to providers for the following services: congregate meals, home-delivered meals, transportation, homemaker, and respite.
- Visited all six AAAs and met with staff as well as several providers. We conducted 40 interviews with AAA staff, providers, senior center staff, and board members. Additionally, we visited eight senior centers, accompanied AAA staff on one home visit, and attended one caregiver support group.
- Surveyed all 92 senior centers in Idaho that receive funds from the Older Americans Act. We received 82 surveys for a response rate of 89 percent. We analyzed the costs per meal, the funding sources, and the types of activities each senior center offers; we then reported them by area and statewide.

## **Report Organization**

To provide the most comprehensive overview of senior services in Idaho, including the working relationships among the US Administration on Aging, the Idaho Commission on Aging, and the six AAAs, we organized our report in the following chapters:

**Chapter 2** describes the roles and responsibilities of the various entities charged with coordinating services to seniors, including detailed profiles of each AAA.

**Chapter 3** addresses how state and federal funding amounts are calculated and distributed, and recommends the commission and the AAAs monitor the impact of the newly implemented funding formula.

**Chapter 4** details programs that are available to eligible seniors through the federal and the state frameworks and discusses various contracting models used to deliver services. This chapter recommends clarifying language to manuals and contracts to ensure state funds are spent according to state law.

**Chapter 5** compares current contracted services in Idaho, analyzes services among areas and from a statewide perspective, and encourages the AAAs to continue their efforts to standardize reimbursement rates.

**Chapter 6** outlines the oversight and reporting structure for units of service and expenditures. This chapter follows the reporting process beginning with providers and ending with reports submitted to the Administration on Aging, and recommends improvements to financial practices and data management.

**Chapter 7** discusses the impact that the aging population will have on Idaho's existing infrastructure, identifies current efforts, and provides recommendations for long-term planning.

## **Chapter 2**

# **Roles and Responsibilities**

### **What Is the Governing Authority for Senior Services?**

Idaho's approach to delivering services to seniors relies on the coordinated efforts of the US Administration on Aging, the Idaho Commission on Aging, Idaho's six area agencies on aging (AAAs), and a large number of service providers. These entities make up Idaho's aging network and rely on a combination of federal and state guidelines to help set priorities, determine programming needs, and deliver services effectively.

### ***Older Americans Act Is the Primary Framework for Senior Services***

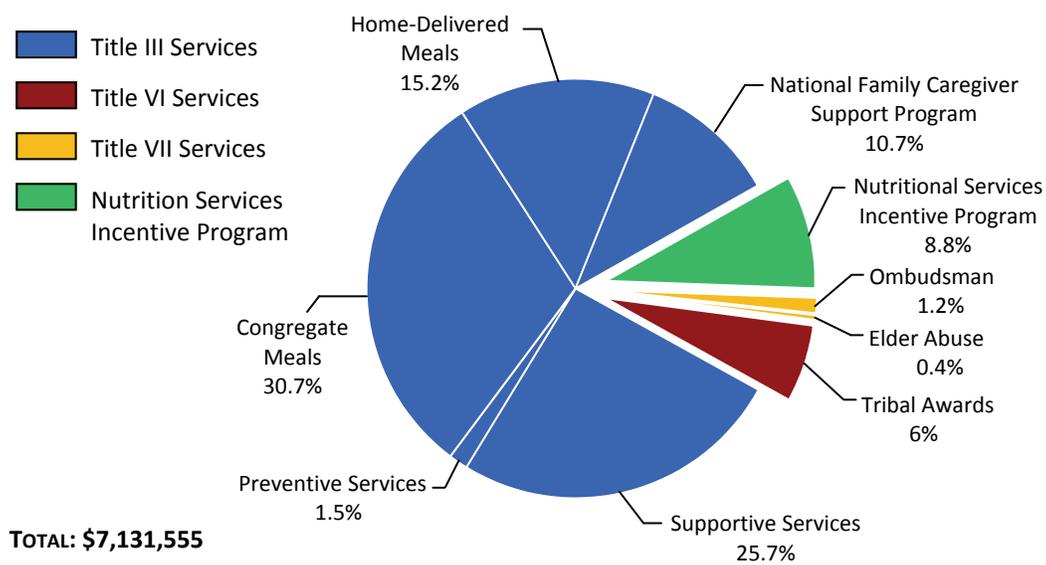
The current structure of service delivery is rooted in a federal framework, which was created through the passage of the Older Americans Act. The act is divided into seven titles, including a series of state and community grants. The grants are designed to assist states in serving seniors in need. Rather than wholly support all of a state's needs, the federal grant money was intended to leverage other resources, including other federal, state, and local funds.

The majority of federal allocations are awarded under Title III, Grants for State and Community Programs on Aging, for services such as nutrition, disease prevention and health promotion, and supportive services (e.g., transportation, case management, and legal aid). The remaining titles fund a wide range of services: support activities, research, employment, grants for Native Americans, and protection of elders' rights. Idaho's 2010 federal allocations under Title III are shown in exhibit 2.1.

The purpose of Title III is to "...encourage and assist State agencies and area agencies on aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State..." This language reinforces the role of a state and its local entities in furthering their efforts to meet the needs of seniors.

Considering its purpose and structure, the Older Americans Act gives states guidance in the types of services that should be provided to seniors but still

**EXHIBIT 2.1 IDAHO'S OLDER AMERICANS ACT ALLOCATIONS, FISCAL YEAR 2010**



Source: Information from the US Administration on Aging.

Note: Percentages may not sum to 100 due to rounding.

allows for variation in the specific services and the means by which services are delivered. Beyond requiring states to dedicate at least *some* resources to each service category outlined in the act, states have a significant amount of flexibility in carrying out individual programs. As a result, both states and area agencies on aging have the discretion and flexibility to modify their programs to best align with the needs of their communities. Chapter 3 describes the specific services Idaho supports using Title III funds.

***Idaho Senior Services Act Established Additional Criteria for Services in Idaho***

After the passage of the Older Americans Act, Idaho passed the Senior Services Act and created an agency that is now known as the Idaho Commission on Aging. Idaho Code outlines the purpose of this act, as well as the role of the commission in serving as an advocate for older Idahoans and an advisory body for legislative issues affecting older Idahoans.<sup>1</sup> In fiscal year 2010, the commission, which reports directly to the Office of the Governor, was appropriated approximately \$1.7 million for its operating budget. The commission currently has 15.35 full-time positions, nearly half of which are funded through federal grants. As shown in appendix A, Idaho is different from its neighboring states in having a stand-alone agency dedicated to senior services. In neighboring states, senior services generally fall within a division of health and human services.

<sup>1</sup> IDAHO CODE § 67-50.

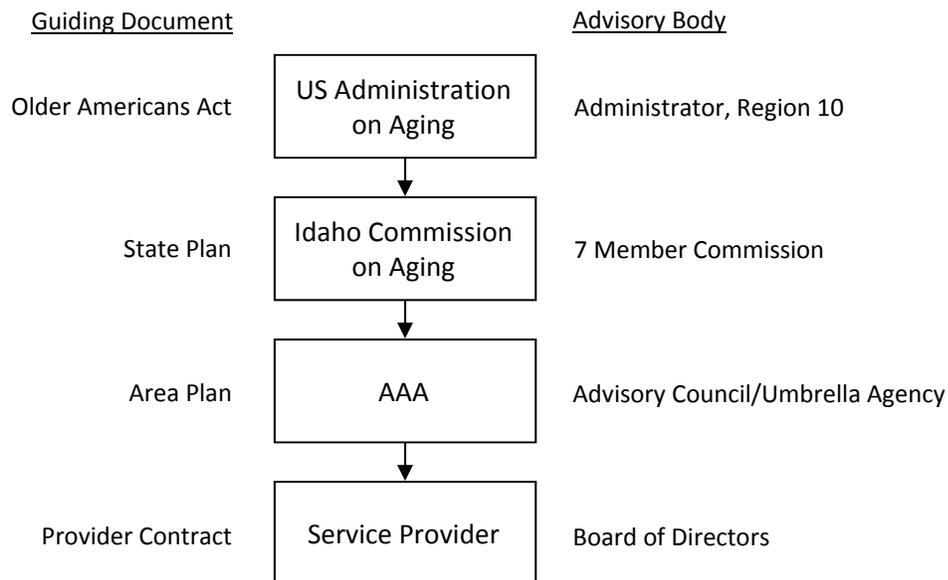
As established in Idaho Code, seven commissioners oversee the commission and carry out its legislative responsibilities, including the approval of grants and contracts and the submission of annual reports. According to one commissioner, commissioners also review and approve the strategic plan but are not involved in its preparation. Commissioners are appointed by the Governor and are representative of all areas of the state, including one at-large member.

To help guide the state in allocating resources, Idaho Code specifies which services can be provided using state funds, and it establishes a basis for entering into contracts with local area agencies on aging for the delivery of those services. In addition, it lays out the requirements for both performance and financial reporting.

## Who Is Responsible for Delivering Services?

To carry out the objectives in the Older Americans Act and the Idaho Senior Services Act, a network of federal, state, and local entities work together, both formally and informally, to target services where they are most needed. Exhibit 2.2 shows the organizational structure of Idaho’s aging network. Each of these entities is responsible for meeting the terms of its contract and other guiding documents, and each must consult with relevant advisory bodies when making service-delivery decisions.

**EXHIBIT 2.2 SENIOR SERVICES ORGANIZATIONAL AND OVERSIGHT STRUCTURE**



Source: Information from the US Administration on Aging, Idaho Commission on Aging, and area agencies on aging.

## ***US Administration on Aging Approves Idaho's Statewide Plan***

The US Administration on Aging has ten regional offices that work with states to implement the requirements of the Older Americans Act. To be eligible for the grants under the act, states must submit a detailed plan for how they will comply with federal requirements. According to the commission, this plan also establishes service priorities within the aging network and serves as an informational tool.

The commission works closely with its regional administrator (Region 10), ensuring that the state's plan for providing services to seniors meets federal requirements. The commission formally submits its plan every four years but communicates with its administrator for ongoing guidance as needed. In addition, the administrator serves as a subject-matter expert and has served on several commission-sponsored panels.

## ***Commission Approves Six Area Plans***

AAAs are not  
state agencies.

The commission is charged with reviewing and approving each of the state's six area plans. These plans outline the specific procedures for service delivery for each of Idaho's six areas. Each area has a designated AAA that enters into contracts with the commission to provide services outlined in the Older Americans Act and Idaho Code.<sup>2</sup>

Individually, the plans help the AAAs set priorities and justify requests for increases in funding; collectively, the plans serve as a roadmap for the state as a whole and often as an indicator of the challenges Idaho will face in the coming years. The plans, reviewed and approved by each AAA's advisory council, guide the decision making of the AAAs and establish the framework for contracting with providers. The oversight of these plans is pivotal in ensuring that the AAAs' collective approach to services aligns with the state and federal intent.

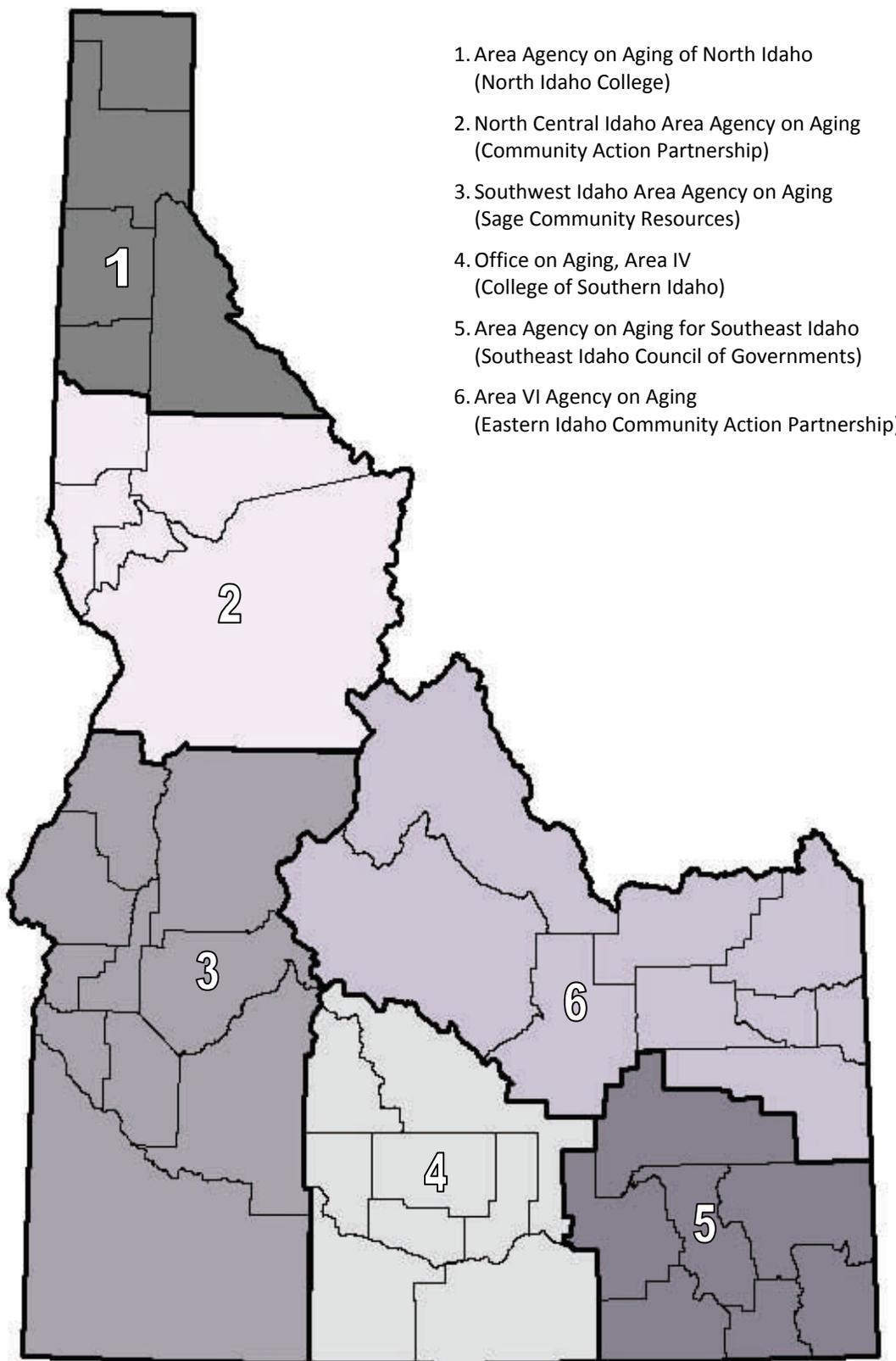
## ***Delivery of Services Is Coordinated Through a Series of Contracts***

As shown in exhibit 2.3, each AAA oversees a specific set of counties and operates as a division of a larger organization. These organizations, referred to as umbrella organizations, approve the area plan, support the AAAs in terms of space, financial resources, and a shared mission or vision. Depending on the structure of an umbrella organization, the level of support and oversight varies among the AAAs. In addition to variations in their organizational structure, the AAAs vary in the types and levels of service they provide. Appendix B profiles each area.

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<sup>2</sup> Under the Older Americans Act, the AAAs must be nonprofit or public agencies.

**EXHIBIT 2.3 AREA AGENCY ON AGING REGIONAL MAP**



Source: Information from the Idaho Commission on Aging.

### ***Providers Work Closely with Seniors in Local Communities***

Each AAA is required to provide some services directly, such as information and assistance. Other services, such as homemaker or respite, are provided through contracts with providers in the community. Although the AAAs are responsible for monitoring contracts, providers are responsible for meeting their contractual agreements, delivering the specified services, and working with the AAAs when changes to the contract are needed.

Senior centers  
provide  
nutritional  
services.

In the case of nutrition services, the AAAs generally contract with senior centers that then coordinate meals for seniors at the center (called congregate meals program) and via a home-delivered meals program. These centers, which have historically served as the cornerstone of many communities, are now facing challenges in encouraging seniors to participate in the activities offered. Chapter 7 describes the role of senior centers in providing access to services, as well as identifies what centers may need to do to stay relevant to a changing senior population.

## Chapter 3

# Funding of Senior Services

### How Are Senior Services Funded?

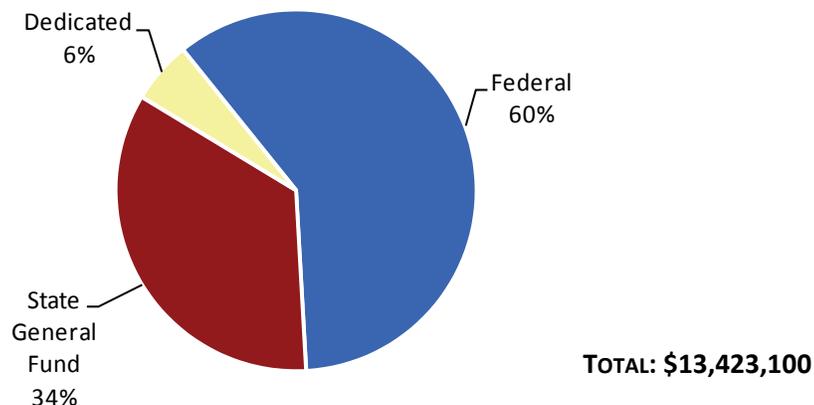
Under the Older Americans Act, federal grant money for senior services is considered seed money. To build on this seed money, funds from a variety of sources are used to support senior services at local levels. Funding sources include other federal grants such as the Nutrition Services Incentive Program (NSIP) and the American Recovery and Reinvestment Act (ARRA), state funds, county and city funds, program income, and cash and in-kind donations.

### Federal Funds Are Generally Based on Census Data

Federal grant money is appropriated to the Idaho Commission on Aging for distribution to the AAAs. The commission receives more funds from federal sources than any other source. As shown in exhibit 3.1, federal funds represent 60 percent of the commission's total appropriations for fiscal year 2010.

To determine funding amounts, the US Administration on Aging uses national census data to identify the total number of individuals age 60 and older in each

**EXHIBIT 3.1 FEDERAL AND STATE APPROPRIATIONS FOR THE IDAHO COMMISSION ON AGING, FISCAL YEAR 2010**



Source: Legislative Services Office, Budget and Policy Analysis Division, *Legislative Fiscal Report*, 2010.

Note: Dedicated funds are primarily federal but do include some state funds.

state.<sup>1</sup> Idaho, as well as ten other states with relatively small populations, is considered a minimally funded state, which means Idaho receives a guaranteed minimum amount of money to help offset the cost of delivering services. See appendix A for more information about Older Americans Act funding levels in neighboring states, including other minimally funded states.

### ***State Funds Are Based on Commission Requests***

The Idaho Legislature appropriates funds for senior services from the state's General Fund. The commission's budget request may include requests from the AAAs, which vary based on the needs identified in each area. For state fiscal year 2010, the Idaho Legislature appropriated more than \$4.6 million to the commission.

Unlike federal funding, the Legislature's appropriation to the commission is not based on the size of the state's senior population. Although funding has increased in the past 30 years, legislative appropriations are not currently allocated according to the size of each area's senior population. In some years, however, funds are appropriated according to specific needs. In fiscal year 2007, the Legislature appropriated nearly \$300,000 for adult protective services.

### ***AAAs and Providers Rely Heavily on Other Funding Sources***

The AAAs and service providers receive financial support from other sources besides federal and state funds, such as county and city funds, program income, cash and in-kind donations, and grants. These funding sources are essential because federal and state funds do not cover all costs associated with senior services. Additionally, the Older Americans Act requires some programs to meet certain minimum funding requirements, which rely on other forms of financial support.<sup>2</sup>

#### **County and City Funds**

In addition to appropriating funds to many senior centers, some counties and cities also provide centers with benefits such as utility exemptions and donated space. Of those centers that responded to our survey, 32 percent reported receiving funds from cities and 74 percent reported receiving some funds from counties.

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<sup>1</sup> The family caregiver program is the exception, allocating funds to states based on the number of seniors 70 and over.

<sup>2</sup> These requirements, referred to as match requirements, help ensure local communities are supporting senior service programs.

### Program Income

The AAAs and providers receive funds through program income. Program income is any cash donation paid by a senior for a particular service. For example, the donations by seniors who eat at congregate meal sites are considered program income. The AAAs can also charge seniors for homemaker services when the AAA determines that those seniors have the ability to pay for a portion of the service they receive. By charging these seniors, the AAA may be able to immediately offer them services instead of putting them on a waiting list.

### Cash Donations

Cash donations are made to the AAAs and providers by individuals or organizations, such as private corporations, and offset the cost of services. Unlike program income, cash donations may not be associated with a particular service and can be used for operational costs.

### In-Kind Donations

Providers, particularly senior centers, rely on noncash donations to help offset expenses. Volunteers, donated materials and equipment, and utilities paid by local government on behalf of a center are examples of in-kind donations.

In 2009, the AAAs reported more than \$3.6 million in in-kind donations.

### Grants

In addition to funding under the Older Americans Act, another source of income for the AAAs and providers is federal and non-profit grants. Some of the grants that the AAAs and providers have recently received include federal stimulus funds and United Way grants.

### Other Sources

The AAAs and providers also rely on funding from a number of additional sources. For example, many senior centers use member dues to assist the center in providing center maintenance, supplementing program income, covering operating costs, and expanding center activities. Of the senior centers that responded to our survey, 41 percent reported charging annual dues to its members. Those dues ranged from \$1 to \$24 annually, with \$5 being the most common amount.

## How Are Senior Service Funds Distributed?

After the Administration on Aging determines the amount of federal funds Idaho will receive, it distributes that amount to the commission. The commission then decides how it will distribute both the federal and state funds, using a formula approved by the administration. Over the past ten years, the commission has developed a standardized formula to calculate how much money each geographical area will receive.

### Funds Are Distributed Using a Weighted Formula

Federal and state funds target at-risk seniors.

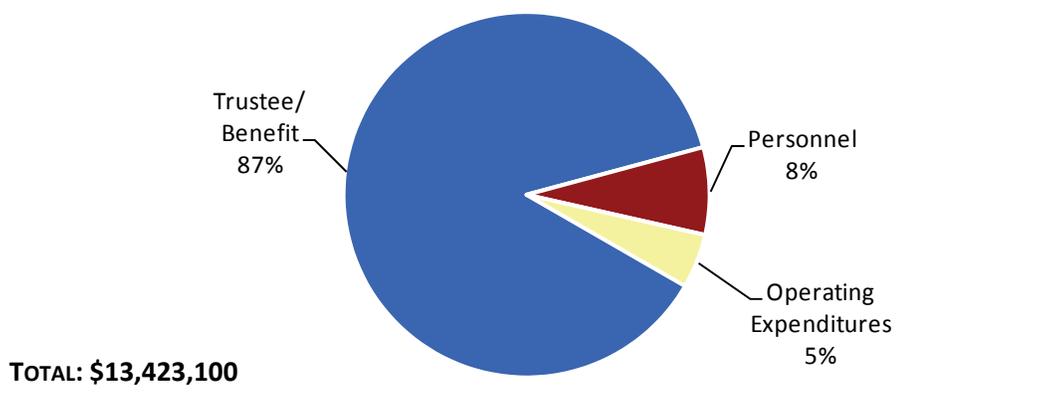
For each AAA, the commission uses a distribution formula for federal funds that is based on several qualifiers: the area’s percentage of senior population, the number of seniors living in poverty, the number of seniors of racial or ethnic minorities, the number of seniors who live in rural areas, number of seniors living alone, and the number of seniors 75 and 85 years and older.

After the commission developed and implemented a formula for disbursing federal funds, the Idaho Legislature encouraged the commission to create a similar formula for the distribution of the state appropriation. Beginning in fiscal year 2011, the commission distributed the state appropriation using a new formula that closely mirrors the formula for federal funds, with two exceptions:

- The base amount, or guaranteed amount, is more than the federal base. Areas receive a minimum of \$100,000 in state funds and \$50,000 in federal funds.
- To reduce the impact on senior services, the formula for state funds is being implemented over a two-year period. For the first year of implementation, the AAAs received 50 percent of their original allocation.

Federal and state funds are distributed to the AAAs as reimbursements for services they delivered directly, as well as services contracted by the AAAs to providers. As shown in exhibit 3.2, 87 percent of the commission’s total budget is passed on to the AAAs under the category of “trustee/benefit.” Chapter 4 outlines the specific services that are provided by the AAAs and providers using state and federal funds.

**EXHIBIT 3.2 ALLOCATIONS OF THE IDAHO COMMISSION ON AGING, FISCAL YEAR 2010**



Source: Legislative Services Office, Budget and Policy Analysis Division, *Legislative Fiscal Report*, 2010

Note: Capital Outlay was less than 1%.

### ***Some Funds Can Be Transferred According to Program Need***

AAAs have some specific requirements for what services they provide but also have some discretion in transferring federal funds among certain services. Consistent with the intent of the Older Americans Act, AAAs are not expected to serve the entire senior population in their areas. The ability to transfer funds allocated for congregate and home-delivered meals also allows the AAAs flexibility in identifying and meeting local needs.

Each state must closely monitor how each AAA transfers funds to ensure the statewide totals align with the restrictions set forth in the Older Americans Act. In its 2010 preliminary report on senior services, the Government Accountability Office noted that providers often transfer funds among service categories to meet the needs of increased requests for specific services.<sup>3</sup>

### **What Are the Challenges of the Current Funding Structure?**

When the Older Americans Act was passed, local communities were charged with taking an active role in caring for an aging population. As baby boomers begin to enter their senior years, the need for local support continues to grow, especially considering neither state nor federal funding was ever intended to fully fund senior programs.

### ***New State Funding Formula Has Redistributed Funds Among AAAs***

Idaho's standardized formulas for federal funds and state funds are based on the total number of seniors who live in a certain area, not how many seniors access services. By design, the formulas have no provision for areas that serve a larger percentage of the senior population. In addition, the formulas do not specifically consider the higher costs associated with providing senior transportation in communities that lack public transportation options.

The commission's recent development of a funding formula for state funds has redistributed the amount of funds that each AAA receives. Some AAAs are now receiving more state funds under the new funding formula, while other AAAs are receiving less. In areas where state funding has been reduced by the formula, the AAAs must rely more on funds from other sources, such as cash donations and local government appropriations.

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<sup>3</sup> US Government Accountability Office, *Older Americans Act: Preliminary Observations on Services Requested by Seniors and Challenges in Providing Assistance*, Kay E. Brown, GAO-10-1024T (September 7, 2010), <http://www.gao.gov/new.items/d101024t.pdf>.

### ***AAAs and Providers Rely on Volunteers to Reduce Costs***

Given the structure outlined in the Older Americans Act, many services are highly dependent on volunteers. Although this approach reduces administrative or operational costs, the AAAs and providers often struggle to keep volunteers in certain positions and are frequently forced to use paid staff to fill these positions. When this occurs, less money is spent on services and more is spent on administrative costs.

Nationally, the ombudsman program relies heavily on volunteers as funding has not kept pace with demand. Idaho has developed a strong volunteer ombudsman program in several areas to fulfill legislative mandates. These volunteers visit long-term care facilities to meet with residents, conduct investigations, and resolve complaints. Without volunteers, staff at one AAA noted that visiting all of the facilities on a regular basis would be problematic.

For example, Idaho currently has 79 nursing homes (6,152 beds) and 286 assisted living facilities (8,676 beds) that the area ombudsmen are required to monitor and serve. Additionally, older Idahoans who choose to receive long-term care services in their homes are also eligible to receive ombudsman services. Each of the seven full-time ombudsmen is required to conduct 24 public presentations each year and make one unannounced visit each quarter to each of the facilities in their area.<sup>4</sup> These visits are in addition to complaint investigations. Even with the help of volunteers, ensuring that the needs of Idaho seniors living in care facilities are met is a challenging task.

### ***Program Funding Has Not Kept up with Growth***

Considering the broad scope of many of the senior services outlined in the Older Americans Act, the funding made available for these programs has continued to be relatively modest and has not kept pace with population growth. One of the greatest challenges that states are facing is an increased demand in several service categories with either stagnate or decreasing funding amounts. We found that federal funding for Older Americans Act services in Idaho increased from 2005 to 2009, but the rate of this increase was too low to keep pace with inflation. As a result, the purchasing power of federal funds in Idaho decreased by 7 percent from 2005 to 2009.<sup>5</sup>

According to the Congressional Research Service in the Library of Congress, demands for in-home services such as home-delivered meals has experienced dramatic growth in recent years while services to seniors offered in more

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<sup>4</sup> IDAPA 15.01.03.031.01 requires that each AAA have one full-time ombudsman, and Area III (the most populous area) have two full-time ombudsmen.

<sup>5</sup> Amounts were adjusted for inflation using the US Consumer Price Index-Urban: West Region (CPI-U) all items.

traditional group settings such as congregate meals, has declined. As demand for services has grown, recent budgetary constraints have forced program reductions to some services. The US Government Accountability Office reported that during the most recent economic recession, many AAAs reported cutting senior services in order to cope with budget reductions.

The AAAs in Idaho reported that reductions in state funds have had a trickle-down effect, beginning at the commission and continuing to the AAAs and providers. When reductions happen, services are often scaled back or more narrowly targeted to specific seniors. Mid-year reductions are especially difficult because contracts for service delivery were established on initial funding levels, but providers must adjust the number of seniors they serve according to the reduced reimbursement amounts.

## **Recommendation**

**Recommendation 3.1:** The commission has only recently begun implementing its formula for distributing state funds. However, given the impact the state formula will have on each area, the commission should collaborate with the AAAs to analyze how shifts in funding are affecting service delivery. If necessary, we encourage the commission to subsequently seek ways to minimize potential negative impacts.



## Chapter 4

# Delivery of Services

### What Is the Framework for Delivering Services?

A wide range of stakeholders are involved in the delivery of services to seniors. To be effective, these stakeholders must coordinate their efforts and target seniors with the most need. As area agencies on aging make service delivery decisions, we found that the restrictions placed on the AAAs for the use of state funds is not clearly conveyed in contract language with providers. As a result, some providers or subcontractors may be spending state money in a way that does not align with state law.

### ***State Funds Can Only Be Used for the Delivery of Certain Services***

Services funded by the Older Americans Act are generally grouped in six categories, as shown in exhibit 4.1. States are required to dedicate resources to each category, but they have the flexibility to select which services to fund within that category. Appendix C details expenditures for each region by major service category.

In contrast to the broad flexibilities in using federal funds, Idaho Code defines a limited number of services that can be delivered through contracts with the AAAs using state funds, also shown in exhibit 4.1. Idaho Code requires that any funds used for these services must be associated with the direct delivery of services. Other AAA functions, such as administration, legal assistance, or information and assistance are not identified in statute and cannot be provided with state funds.<sup>1</sup> In our review of 2009 expenditure data, we found that AAAs only reported using state funds in eligible categories.

Providers are not required to track federal and state funds separately.

<sup>1</sup> Family caregiver services are also not listed in Idaho Code; however, commission staff stated that these services can be provided using state funds under the categories of case management and respite.

As part of our review, we looked at various manuals, contracts, and several position descriptions. Of the documents we reviewed, neither the manuals, contracts, nor the position descriptions clearly identify which funding sources could be associated with certain functions. When we asked one AAA about its accounting practices, staff stated that the AAA does not require providers to track state and federal funds separately. Because Idaho Code restricts the use of state funds to the *direct provision* of certain services, clear language in guidance documents will help ensure that state funds are used appropriately and align with state law.

**EXHIBIT 4.1 ALLOWABLE SERVICES UNDER THE OLDER AMERICANS ACT AND IDAHO CODE**

Service Category	Service Name	Service Definition	Funding Source	
			Older Americans Act	Idaho Code
Administration	Administration	Bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring, and quality assurance.	✓	
	Coordination	Outreach, screening, assessment, case management, information, and referral.	✓	
	Program Development	Public education, resource development, training and education, research and development, and legislative activities.	✓	
Caregiver Services	Family Caregiver Services	An adult family member or other individual who is an “informal” provider of in-home and community care to a senior. Informal means that the care is not provided as part of a public or private formal service program.	✓	
	Respite	Services that offer temporary, substitute support or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers.	✓	✓
Disease Prevention and Health Promotion	Health Promotion	Services that promote health, such as health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; and information, education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life of a senior.	✓	
Nutrition Services	Congregate Meals	A meal provided to a qualified individual in a congregate or group setting.	✓	✓
	Home-Delivered Meals	A meal provided to a qualified individual in his or her place of residence.	✓	✓

*Exhibit continued on next page*

*Coordination and Delivery of Senior Services in Idaho*

Service Category	Service Name	Service Definition	Funding Source	
			Older Americans Act	Idaho Code
Supportive Services	Adult Day Care	Personal care for dependent seniors in a supervised, protective, and congregate setting during some portion of a day.	✓	✓
	Case Management	Assistance either in the form of access or care coordination in circumstances where a senior is experiencing diminished functioning capacities, personal conditions, or other characteristics which require services by contracted providers or family caregivers. Activities of case management include assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow up and reassessment.	✓	✓
	Chore	Assistance such as heavy housework, yard work, or sidewalk maintenance for a senior.	✓	✓
	Homemaker	Assistance such as preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.	✓	✓
	Information and Assistance	A service that (1) provides individuals with information on services available within communities; (2) links individuals to the services and opportunities that are available within communities; (3) to the maximum extent practicable, establishes adequate follow-up procedures.	✓	
	Legal Assistance	Legal advice, counseling, and representation by an attorney or other person acting under the supervision of an attorney.	✓	
	Outreach	An agency or organization's intervention with individuals for the purpose of identifying potential clients (or their care givers) and encouraging their use of existing services and benefits.	✓	
	Transportation	Services designed to transport seniors to and from community facilities and resources for the purpose of applying for and receiving services, reducing isolation, or otherwise promoting independent living.	✓	✓
Vulnerable Elder Rights Protection Activities	Adult Protection	Programs for the prevention, detection, assessment, and treatment, intervention, investigation, and response to elder abuse, neglect, and exploitation.	✓	✓
	Ombudsman	Investigates complaints on behalf of seniors against long-term care service providers and educates residents of long-term care facilities of their rights under federal and state law.	✓	✓

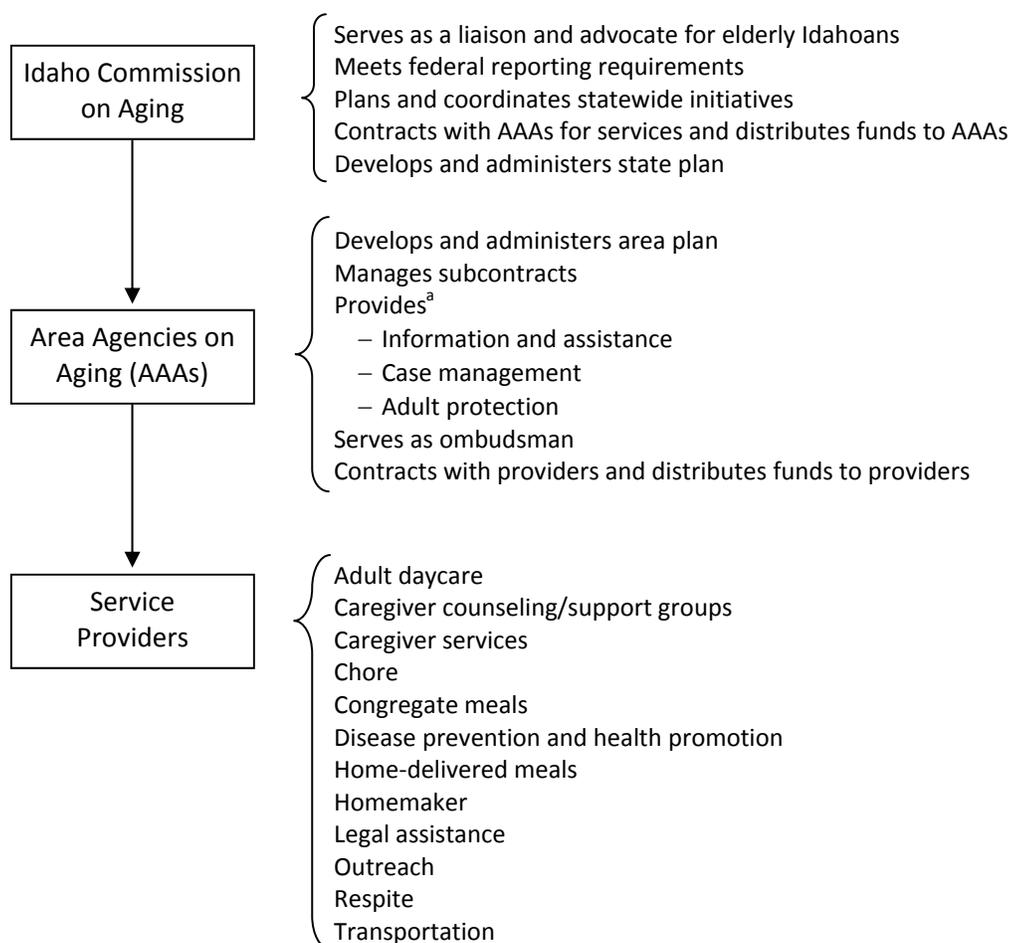
Sources: US Administration on Aging, Older Americans Act of 1965, Public Law 109-365, US Statutes at Large 119 (1995); IDAHO CODE §§ 39 and 67.

## How Are Services Provided in Idaho?

The commission requires the AAAs to deliver some services directly and allows other services to be contracted by the AAAs to local providers. This separation of services allows for flexibility in meeting local needs and requires that local communities become active participants in meeting the needs of seniors in their area. Exhibit 4.2 lists some of the services and responsibilities of the aging network entities in Idaho.

As shown in the exhibit, the commission does not generally provide direct services. For services that are provided directly by Idaho’s six AAAs, contracts and manuals between the commission and the AAAs outline the details of service delivery in accordance with state and federal guidelines. For services delivered through contracts with other providers, the AAAs generally use a competitive bidding and selection process. In some cases, providers enter into

### EXHIBIT 4.2 FLOW OF FEDERAL AND STATE FUNDS AND SERVICE RESPONSIBILITY



Source: Information from the Idaho Commission on Aging and area agencies on aging.

<sup>a</sup> Some AAAs may provide additional services in-house.

additional subcontracts according to their needs or other factors that may affect how contracts are administered.

Providers may use subcontractors.

### **AAAs Are Required to Provide Some Services Directly**

Services provided directly by the AAAs are referred to as in-house services. In all six regions, the AAAs provide in-house administration, adult protection, case management, information and assistance, and ombudsman.<sup>2</sup> Each AAA's delivery of in-house services is influenced by its parent organization, or umbrella agency. The overall goals, structure, and resources of umbrella agencies can have a significant impact on which services the AAAs offer in-house and how comprehensive those service structures are.

Because umbrella agencies may deliver community-based services outside the scope of the Older Americans Act, some AAAs have access to a wider range of resources. For example, one AAA is part of a community action partnership that assists seniors with home weatherization projects. In another region, the AAA is part of a community college and partners with the school's fitness instructors.

When we reviewed four major in-house services, we found that the units of service varied widely among the areas. As shown in exhibit 4.3, the number of units provided does not always align with an area's population and can vary significantly according to an area's total senior population, the specific needs of that area, the AAA's internal capacity to meet those needs, and its ability to recruit volunteer staff. For example, Area IV, with only 13 percent of the state's senior population, provided 23 percent of the state's AAA in-house adult protection service units in 2009.

**EXHIBIT 4.3 DISTRIBUTION OF IN-HOUSE SERVICES BY AREA, 2009**

	60+ Population (%)	Information and Assistance (%)	Case Management (%)	Adult Protection (%)	Ombudsman (%)
Area I	17	10	14	16	30
Area II	9	8	11	6	8
Area III	40	11	31	27	20
Area IV	13	15	34	23	17
Area V	10	12	5	13	9
Area VI	11	44	5	14	16

Source: Data provided by the area agencies on aging.

Note: Percentages may not sum to 100 due to rounding.

<sup>2</sup> In 2009, three regions also provided health promotion as an in-house service. In addition, some AAAs reported providing family caregiver support group services in-house.

## ***Most Senior Services Are Delivered Through Contracts with Local Providers***

Services that are not provided directly by the AAAs are defined as contract services. These services are delivered by local providers through agreements with the AAAs and represent the majority of services in Idaho. Contract services include congregate and home-delivered meals, transportation, respite, homemaker, legal assistance, medication management, family caregiver, and health promotion.

The Older Americans Act allows the AAAs to focus on services that will be the most beneficial or will meet the greatest need for their areas. As a result, variations in service priorities and reimbursement rates are common across the six areas of the state. Exhibit 4.4 illustrates the variation in reimbursed units for four contract services in 2009. These variations, as well as factors associated with them, are discussed in more detail in chapter 5.

Nutrition services was the largest category of reimbursements in 2009. In our review of contracts, we found that the AAAs generally contract with local senior centers to serve congregate and home-delivered meals. After contracts are awarded, centers submit monthly invoices to the AAAs detailing the number of eligible meals provided.<sup>3</sup> The centers are only reimbursed for part of the meal cost and are usually responsible for purchasing the food, arranging for meal delivery, and preparing the meals using staff or volunteers.

We looked at other services, such as homemaker and respite, and found the AAAs generally follow a similar approach for reimbursements. Each month, providers submit invoices for services that were supplied under their contract with the AAAs.<sup>4</sup> The AAAs reimburse the providers at the contracted rate.

### **EXHIBIT 4.4 DISTRIBUTION OF CONTRACTED SERVICES BY AREA, 2009**

	60+ Population (%)	Congregate Meals (%)	Home-Delivered Meals (%)	Transportation (%)	Homemaker (%)
Area I	17	12	9	10	22
Area II	9	9	12	1	14
Area III	40	34	37	38	28
Area IV	13	18	13	17	12
Area V	10	15	14	34	8
Area VI	11	12	16	N/A	16

Source: Data provided by the area agencies on aging.

Note: Percentages may not sum to 100 due to rounding.

<sup>3</sup> Senior centers may also serve meals to individuals who are not eligible seniors; these meals are recorded separately.

<sup>4</sup> These services use a voucher system. Providers and the AAAs agree to a rate for these services and providers are added to a list that eligible seniors can choose from.

## What Are the Challenges with the Current Contracting Structure?

The flexibilities outlined in the federal and the state frameworks allow each area to adjust its services to meet local need and allow providers to enter into additional subcontracts when necessary. However, this same flexibility can create challenges for the AAAs in ensuring service needs are met, contract language is clear, and reimbursements are handled consistently.

### ***A Lack of Competition Can Affect Service Contracts***

The contracting process presents challenges for the AAAs and providers. Several AAAs noted they have used the same providers for many years because there is a lack of competition for senior services, particularly in some rural areas.<sup>5</sup> The participation of multiple potential providers helps to reduce costs and improve the quality of services; the lack of competition could have the opposite effect.

In some cases, the same providers are used for many years.

Given the important role nutrition plays in senior health, contracting for congregate and home-delivered meals presents another challenge. In most instances, contracted meals available at senior centers are the only choice seniors have when participating in a nutrition program. In general, only one center serves and delivers meals in a community, an approach that typically works well. However, there have been instances where providers have not delivered quality meals or have been unable to meet service demands. When this happens, the AAAs must find immediate solutions to ensure seniors continue to receive meals. For example, a major nutrition provider in Area III had to terminate its contract in 2009 due to budget constraints. The AAA then had to secure a contract with a new provider that was willing and able to serve more than 80,000 meals. The AAA secured a contract with the Idaho Elks Rehabilitation Hospital (Elks) with no interruption in the nutrition program.

### ***Waiting Lists Exist for Some Services***

As required by the Older Americans Act, the AAAs prioritize the access to some services by targeting seniors with the greatest economic or social need. For example, services delivered to seniors individually, such as home-delivered meals and in-home care, are generally restricted to those who meet certain criteria, such as health and mobility. A senior's needs are assessed by AAA staff to determine which services the senior is eligible for. The staff then helps coordinate appropriate services for the senior and caregiver, if applicable.

<sup>5</sup> In some areas and for certain services, AAA directors have said that only one bid is submitted for a particular contract. In those instances, the AAA may determine these services to be sole source and will no longer attempt to solicit bids from multiple providers.

Because AAA staff sometimes use income to help prioritize client need for homemaker services, some seniors are asked to make a partial payment for the services they receive.<sup>6</sup> In some regions, and in those instances when the AAAs do not have sufficient resources to meet demand, seniors are placed on a waiting list.

### ***Subcontracting Models Have Led to Variations in How Reimbursements Are Distributed***

Most nutrition contracts are made directly between the AAAs and the providers. However, some providers *subcontract* with additional providers, particularly for congregate and home-delivered meals. In our review of three subcontracting models, we found significant variation in how subcontractors coordinate, deliver, and receive reimbursements for services.

**Model One:** Elks contracts with the AAA in Area III for congregate and home-delivered meals. Elks prepares the meals and coordinates the delivery of meals to senior centers and residences, using its own drivers. Elks then subcontracts with senior centers for the use of space during the meal and for any final meal preparations, usually for a nominal rental fee. Centers are not responsible for purchasing food, collecting donations, or reporting total participants to the AAA. Elks collects any meal donations and submits reimbursement requests to the AAA. Elks is responsible for any additional fundraising to cover the cost of meals.

**Model Two:** Southeastern Idaho Community Action Agency (SEICAA) contracts with the AAA in Area V for home-delivered meals. SEICAA subcontracts with Chartwells for the cost and preparation of the meals.<sup>7</sup> Chartwells prepares daily meals based on the number requested by SEICAA. SEICAA uses its own drivers to pick up the meals and coordinates delivery to residences. SEICAA collects any meal donations and submits reimbursement requests to the AAA.

**Model Three:** Elderly Opportunity Agency (EOA) contracts with the AAA in Area III for congregate and home-delivered meals and transportation. EOA then subcontracts with senior centers, agreeing to support the centers with a coordinator, a cook, and, if applicable, a driver.<sup>8</sup> The centers purchase the food and may provide additional staff or volunteers to serve or clean up after meals. EOA oversees the activity at the centers, pays certain fees such as auto insurance, prepares the approved meals, and performs other services outlined in

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<sup>6</sup> The Older Americans Act prohibits the use of means testing in determining whether a senior can receive services. Means testing is a measure that considers a person's income, assets, savings, or personal property as a condition for receiving services.

<sup>7</sup> Chartwells is a food service company that operates within Idaho State University.

<sup>8</sup> EOA also provides contract administration, compliance oversight, training, and other administrative support.

the contract, such as outreach and nutrition education. EOA tracks the number of meals served and submits reimbursement requests to the AAA.

EOA handles reimbursements different from the other two subcontracting models and differently from those centers that contract directly with the AAAs. Under the EOA model, reimbursements from the AAA, which in other models are passed proportionately to the centers according to the number of meals provided, are pooled by EOA to pay for the cost of services.<sup>9</sup> Centers do not generally receive reimbursements from EOA for the meals provided at their center.<sup>10</sup>

Because the EOA model is so different from the other two models, we estimated the difference in how resources, including staff, were distributed among the centers that contract with EOA. We found that for most of those centers, the value of the services provided by EOA exceeded the amounts the centers would have received in direct reimbursements. However, at least three larger centers and two smaller centers would have received more money from the AAA using a direct contract approach. Currently, reimbursements from meals served at those centers are pooled and redistributed among all centers to pay for EOA services. In our review of subcontracts between EOA and senior centers, we found that the contracts do not clearly state that reimbursement for meals provided through the senior center will be pooled by EOA and that some center reimbursements may be used to support other centers.

Although each center enters into a separate contract with EOA, the success of the model relies on whether the larger centers remain a part of the pool. These centers have the option to seek a direct contractual relationship with the AAA. If the larger centers did contract directly with the AAA, EOA may no longer derive enough income from meals served at the remaining centers to continue its current contracting approach. For example, if the collective costs of the smaller senior centers exceed the AAA's total reimbursement to EOA, EOA would have to seek additional revenue sources.

## **Recommendations**

**Recommendation 4.1:** To ensure all AAAs and providers spend state funds appropriately according to state law, the commission should add clarifying language to its manuals to specify how state funds can be used and for which services.

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<sup>9</sup> According to EOA, this pooled approach allows for greater grant opportunities and other fund raising options that the centers would not be eligible for individually.

<sup>10</sup> As required by the Older Americans Act, centers receive food purchase reimbursements from the National Services Incentive Program (NSIP). According to EOA, it passes all NSIP funds to the centers. In fiscal year 2008, the statewide average was \$0.62 per meal.

**Recommendation 4.2:** When necessary, each AAA should add clarifying contract language to ensure providers use state funds appropriately according to state law. In those instances when providers are delivering services that are not eligible for state funds, each AAA should modify its accounting practices to require providers to record state and federal expenditures separately.

**Recommendation 4.3:** Through the course of its *statewide* monitoring, the commission should review to ensure contracts have appropriate clarifying language and that state funds are only spent on allowable services, particularly when subcontractors are used.

**Recommendation 4.4:** To ensure all centers have a clear understanding of the Elderly Opportunity Agency's use of reimbursements, the AAA in Area III should require EOA to add clarifying language to its contracts with centers that explains how reimbursements are pooled among all participants.

## Chapter 5

# Reimbursement Rates and Trends in Reimbursed Units

### How Do Contract Rates Compare Among Areas?

The AAAs have authority to decide reimbursements for each provider according to the number of units of service and the rates. Using data provided by the AAAs, we summarized the units of service and reimbursement rates for five services: congregate meals, home-delivered meals, transportation, homemaker, and respite services.<sup>1</sup> We also calculated averages for the reimbursement rates of each service by area and statewide.

Many of the AAAs have been moving toward standardizing rates for services, especially congregate and home-delivered meals. However, several obstacles prevent all of the AAAs from reaching standard reimbursement rates in nutrition and other service areas. These obstacles include a lack of potential service providers submitting bids and the additional costs of serving seniors in remote locations.

### Reimbursements Vary by Area and by Service

Exhibit 5.1 shows the total number of reimbursed units in 2009. Not surprisingly, when we compared the areas, we found that those with the largest populations were reimbursed for the most units. In all five service categories,

**EXHIBIT 5.1 TOTAL REIMBURSED UNITS BY AREA, 2009**

	Congregate Meals	Home-Delivered Meals	Transportation	Homemaker	Respite
Area I	63,499	43,950	6,396	15,929	2,849
Area II	47,278	56,112	849	10,483	3,874
Area III	179,890	171,442	25,090	20,776	6,140
Area IV	93,262	58,346	10,841	9,082	5,942
Area V	80,679	63,413	22,527	5,842	1,873
Area VI	62,180	73,065	N/A	11,645	1,409
<b>STATEWIDE</b>	<b>526,788</b>	<b>466,328</b>	<b>65,703</b>	<b>73,757</b>	<b>22,087</b>

Source: Analysis of data provided by the area agencies on aging.

<sup>1</sup> The definitions of the services are in exhibit 4.1 on pages 20–21.

Area III reported the most reimbursed units. Area III includes Ada and Canyon counties, which have the largest populations in the state.

Reimbursement rates do not equal the actual cost of services.

In addition to differences in total number of units, the AAAs reported varying ranges of reimbursement rates and total number of providers for contract services. In general, numerous providers exist in each area. Exhibit 5.2 shows the variation in reimbursement rates by service and by area, highlighting the amount of discretion afforded to the AAAs.

Reimbursement rates do not represent the total cost of providing a service, particularly for nutrition services. In our survey of Idaho senior centers, centers reported that the total cost for home-delivered meals ranged from \$3.75 to

**EXHIBIT 5.2 REIMBURSEMENT RATES BY AREA, 2009**

		Area I	Area II	Area III	Area IV	Area V	Area VI
Congregate Meals	Providers	8	10	6	15	12	16
	Average	\$3.18	\$1.37	\$2.65	\$3.09	\$1.75	\$1.56
	Range	\$2.80–\$4.16	\$1.28–\$2.18	\$2.08–\$2.90	\$1.60–\$4.80	All \$1.75	\$1.10–\$1.90
Home-Delivered Meals	Providers	8	10	5	13	12	13
	Average	\$4.25	\$2.65	\$2.71	\$2.83	\$2	\$2.37
	Range	\$3–\$6	\$2.63–\$2.78	\$2.40–\$3.95	\$1.60–\$4.75	All \$2	\$2–\$2.70
Transportation	Providers	3	1	9	2	2	0
	Average	\$5.62	\$12.80	\$3.39	\$4	\$2.73	N/A
	Range	\$5.35–\$6.00	N/A	\$2.50–\$5.86	All \$4	\$1.80–\$3.65	N/A
Homemaker	Providers	4	7	8	14	10	8
	Average	\$15	\$14	15.81	\$14.50	\$15	\$13.50
	Range	All \$15	All \$14	\$13.75–\$20	All \$14.50	All \$15	\$13–\$14
Respite	Providers	1	7	14	11	9	8
	Average	\$8.95	\$14	\$16.17	\$12	\$15	\$10
	Range	N/A	All \$14	\$9.17–\$25	All \$12	All \$15	All \$10

Source: Analysis of expenditure data from the area agencies on aging.

Note: Excluded from the analysis is one transportation provider from Area IV that is reimbursed per mile instead of per boarding.

\$18.33, and the total cost for congregate meals ranged from \$3.00 to \$18.33.<sup>2</sup> The majority of centers reported meal costs from \$5 to \$10 for both congregate and home-delivered meals. The variability in reimbursement rates across areas only provides a partial explanation of how meal costs vary across the state; there is no clear relationship between reimbursement rates and total meal costs.

### ***Reimbursement Rates May Affect the Number of Reimbursed Units***

Reimbursement rates, when compared with statewide averages, affect the number of units that can be reimbursed. Higher rates reduce the number of units that can be reimbursed; lower rates strain providers that are trying to cover the costs of delivering services. The AAAs must make trade-offs to deliver the maximum number of units at reimbursement rates that are high enough to attract competition among potential providers.

Setting reimbursement rates too low may create too much of a financial challenge for providers and may completely eliminate some services for seniors. In an interview with staff at one home health agency, they noted that the agency has already been struggling to maintain its business in light of Medicaid cuts. The agency noted that Medicaid reimbursement rates were more than the AAAs rate and suggested that if AAA rates were further reduced, it may be forced to terminate its contract.

There has been an effort by the AAAs to standardize reimbursement rates within areas. In 2010, the AAAs made an effort to standardize reimbursement rates for congregate and home-delivered meals, transportation, homemaker, and respite services. The AAAs that use more than one reimbursement rate lists different reasons for doing so. For example, one AAA reimburses meals at a higher rate for senior centers in small, rural communities to provide additional assistance to meet unique challenges specific to those communities. Another AAA reimburses in-home services at a higher rate if the senior requires a higher level of care.

### **What Are Trends in Reimbursed Units?**

To determine how reimbursement rates have affected senior services, we looked at trends for two service categories: nutrition and transportation. We found that the number of reimbursed units has declined in both categories, which may suggest a reduced level of participation, reduced funding, or a combination of both factors. Appendix C shows five-year trend data for nutrition and transportation services by area.

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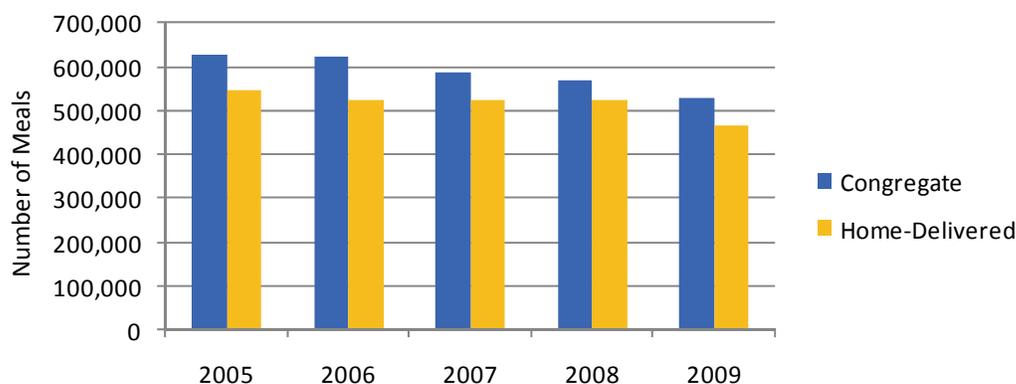
<sup>2</sup> We excluded senior centers that responded with food costs only.

## Nutrition Services Are Decreasing

Statewide trends in the number of reimbursed congregate and home-delivered meals are summarized in exhibit 5.3. These trends align with many of the common trends we observed in the areas:

- The total number of congregate meals was greater than the total number of home-delivered meals
- The total number of meals for both categories has decreased in the past five years

**EXHIBIT 5.3 TRENDS IN STATEWIDE MEAL REIMBURSEMENTS, 2005–2009**



Source: Analysis of data provided by the area agencies on aging.

A number of factors contributing to the national decrease in congregate meals have also occurred in Idaho. These factors include (1) changing social and cultural expectations among younger seniors, resulting in the transfer of funds from congregate meals to home-delivered meals, (2) increased funding for home-delivered meals, (3) the state's efforts to focus services on at-risk seniors in their homes, and (4) the success of the AAAs and providers in raising funds not associated with the Older Americans Act for in-home services like home-delivered meals.

From 2005 to 2009, overall trends in the number of reimbursed congregate and home-delivered meals varied from area to area. Some areas increased the number of meals that they served in certain years, while others decreased during the same period. We made the following observations from the nutritional data:

- In four areas (I, III, IV, V), the total units for congregate meals was greater than the total units for home-delivered meals.
- Reimbursed units in Area II for home-delivered meals gradually increased until it surpassed congregate meals in 2007.

- From 2007 to 2009, Area VI’s units for congregate meals decreased, allowing home-delivered units to surpass congregate units.
- Area I and Area IV had the most difference in units between their congregate and home-delivered meals.

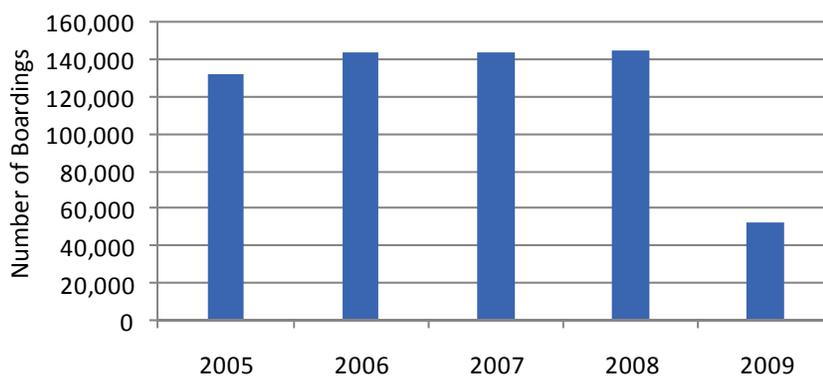
Exhibit 5.5 on page 34 shows the number of reimbursed meals per senior by county in 2009. Although counties with larger populations serve the greatest number of overall meals, the ratio of meals served per senior in rural counties is much greater than counties with larger populations, which supports the goal of the Older Americans Act to serve seniors living in rural or remote locations.

### **Transportation Services Have Recently Declined**

Just as the units of service for congregate and home-delivered meals have decreased, so too have transportation services; area-wide decreases translate to an overall statewide decrease. Exhibit 5.4 shows the recent decline of transportation services across the state. The statewide units of service increased from 2005 to 2008 before a sharp decrease in 2009. The number of units provided in 2005 were two and a half times greater than the number of units that were provided in 2009.

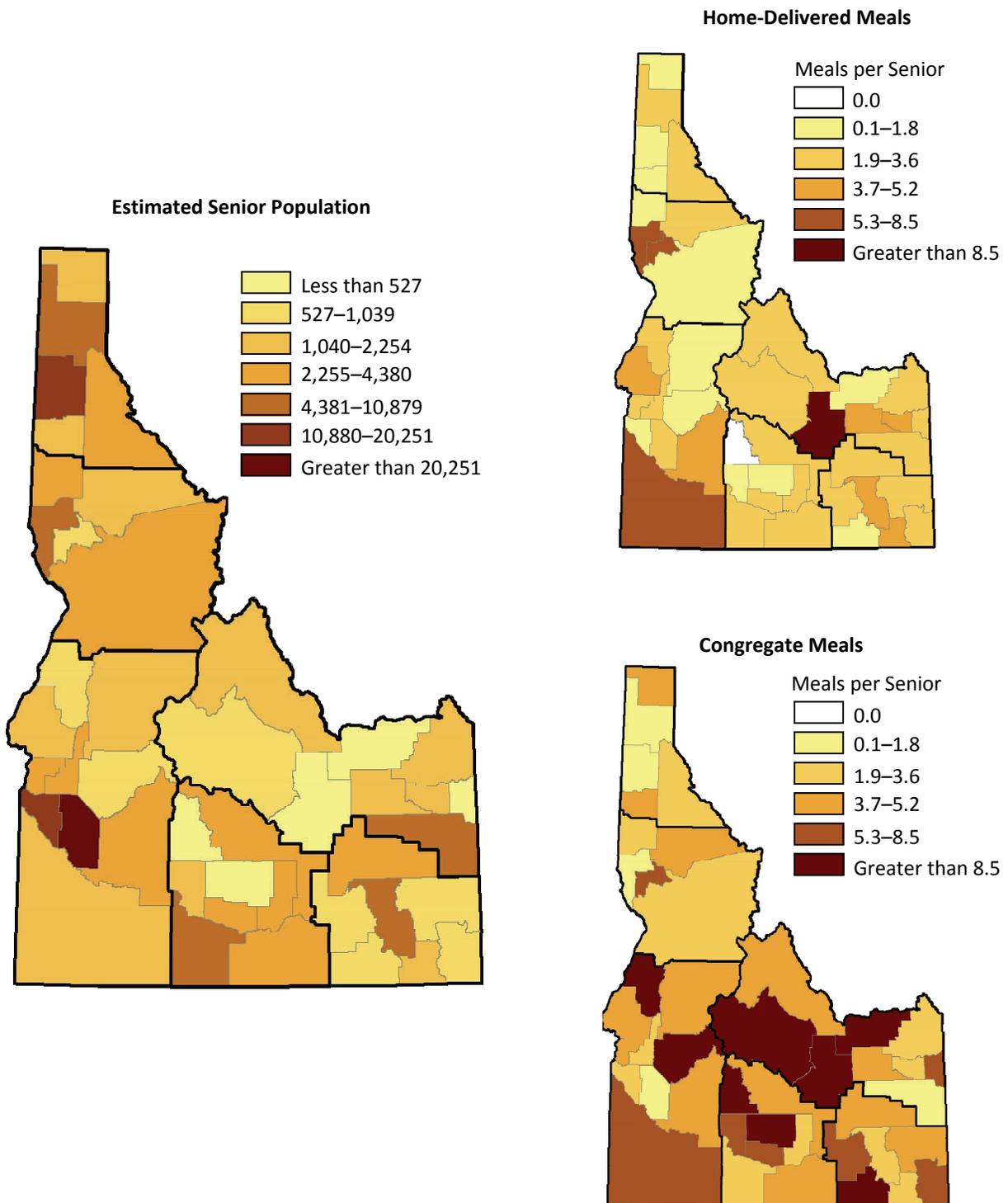
One of the factors contributing to the sharp decrease in 2009 for transportation services includes a discontinuation of transportation services in Area VI. According to the AAA director, this decision was made because of historical underfunding for the program coupled with limited providers in the region. This example helps to highlight that funds which providers receive from the AAAs may not be enough to sustain a program. Area III reported that reductions in funding targeted toward transportation were made partly because other community resources were already available for transportation. The AAA felt that its clients would still have transportation options, even with the reduced funding in senior-specific transportation.

**EXHIBIT 5.4 TRENDS IN STATEWIDE TRANSPORTATION SERVICES, 2005–2009**



Source: Analysis of data provided by the area agencies on aging.

**EXHIBIT 5.5 RATIO OF REIMBURSED MEALS TO ELIGIBLE SENIOR POPULATION BY COUNTY, 2009**



Source: Senior population estimates from 2009 US Census Bureau and analysis of expenditure data from the area agencies on aging.

Note: Senior population estimates used by the US Census Bureau are defined as seniors age 65 and over.

## **Recommendation**

**Recommendation 5.1:** We encourage the AAAs to continue their efforts to standardize reimbursement rates and identify any providers that are reimbursed at a much higher or lower rate than the area average. Once those providers are identified, each AAA should determine the factors used in setting rates within its region and consider decreasing variations in an effort to have a more uniform reimbursement process.



## Chapter 6

# Oversight and Reporting

### Who Is Responsible for Monitoring and Oversight?

The monitoring and oversight structure for senior services largely depends on the terms of individual contracts, the services provided, and the oversight efforts of the AAAs and the commission.

#### ***Service Providers Report Directly to the AAAs***

Service providers report the number of units they provided and the cost of delivering each unit to the AAAs monthly. In addition, nutrition providers submit quarterly reports of program income and cash spent, as well as the value of volunteer time and resources used in delivery of services.<sup>1</sup> The AAAs reimburse providers only for contracted services; providers do not generally receive extra funding for services delivered outside of the contract.

Providers are not state agencies.

Like the AAAs, providers are independent businesses or non-profit organizations; they are not state agencies. Providers work directly with the AAAs and do not report to the commission. However, the commission requires the AAAs to monitor providers. Monitoring ensures that services align with seniors' approved plans and with contracts and federal and state requirements.

The AAAs are required to monitor, at least quarterly, the providers' program and fiscal information. Referred to as desk monitoring, this process reviews program and fiscal reports, confirms that reported units align with contracted units, and surveys seniors' satisfaction with services. The monitoring process ensures that the units provided align with the state and federal definition for each service.

Several AAAs have additional internal reporting requirements. These requirements include more extensive fiscal monitoring, participant and provider signatures on invoices, and onsite provider monitoring by AAA staff and advisory council members.<sup>2</sup> Though not specifically required by the commission,

<sup>1</sup> The AAAs assess value of time and resources according to rates from the Independent Sector, which is a national organization that calculates each state's relative value of volunteer time.

<sup>2</sup> The AAAs are required to conduct biennial, on-site monitoring of providers receiving \$50,000 or more.

additional oversight helps these AAAs improve accountability and ensures funds are spent appropriately.

### ***AAAs Must Submit Monthly Reports to the Commission***

The commission requires the AAAs to submit monthly and quarterly service and expenditure information. To report units of service, the AAAs use a web-based system that summarizes provider submissions and in-house services by category; expenditure information is reported separately using Excel. The reports to the commission list the number of services provided and the amount of funds used. In one area, the AAA has streamlined the reporting process by allowing several providers to enter information directly about the number of meals served each week.

Commission staff reviews each monthly and quarterly report for compliance with state and federal requirements; the commission is responsible for ensuring that state funds are only used for eligible services and that AAAs meet minimum funding requirements for certain categories. The commission also monitors the information submitted by the AAA to gauge whether money is being spent in line with the end of relevant fiscal years. If necessary, commission staff works directly with the AAAs to resolve discrepancies and make adjustments.

### ***Commission Is Required to Submit Annual Service and Expenditure Reports to Administration on Aging***

The Older Americans Act requires states to submit annual reports to the US Administration on Aging detailing services that were provided under the act. For federal funds, state units on aging and AAAs are limited in the type of information they can request from providers. Any information requested must be for services provided with funds under the Older Americans Act. Although this restriction prevents AAAs and state units on aging from having a comprehensive understanding of all senior services, such as those provided through Medicaid or private pay, it also protects providers from disclosing information outside of their contracts.

To meet federal reporting requirements, the commission transmits information using the same web-based system as the AAAs. This system is also used by the Administration on Aging, which means data maintained by each entity is similar in format and content. Federal reporting requirements are not generally linked to funding; information reported by AAAs to the federal government is not typically used to determine future funding levels. However, these reports help ensure states are making a good faith effort to meet the terms spelled out in their state plan.

According to the Administration on Aging, when anomalies occur from year to year (e.g., shifts in expenditures that do not align with units of service or

unexpected decreases in spending), the regional administrator works directly with each state to resolve issues and correct any errors. In Idaho, the regional administrator annually reviews submitted reports and compares them against the prior year. If significant changes are noted in the units of service or total expenditures, he follows up with the commission or the AAAs to resolve any discrepancies.

## **How Does the Current Oversight and Reporting Structure Impact Senior Services?**

The commission is responsible for maintaining effective and responsive oversight of programs funded by the Older Americans Act and the Idaho Senior Services Act. Through regular programmatic and fiscal reviews, the commission monitors the effectiveness of senior programs provided by the AAAs and providers. However, these reviews are often separate from each other and do not provide the commission with comprehensive information to improve financial practices statewide.

### ***Commission Provides Oversight but Discrepancies Still Exist***

According to AAA staff, the web-based system that the AAAs and the commission use to enter information has significantly improved the reporting process for the AAAs and has increased consistency in how information is maintained and transmitted. The commission also uses several different tools to provide additional oversight:

- **Fiscal reviews** are done by an independent contractor who visits each AAA. The contractor creates a checklist and a set of criteria for bookkeeping and accounting measures. The reviews, which were last conducted in 2009, were not considered a financial audit but provided the commission and the AAAs with feedback to improve operations. According to the contractor who conducted the most recent fiscal review, the scope of his contract did not include statewide recommendations or recommendations to the commission.<sup>3</sup>
- **On-site programmatic reviews** are conducted by a team of commission staff who conduct client surveys, review files, and ensure the AAAs are complying with requirements and confidentiality for services provided under the Older Americans Act. These reviews are generally done in two-year cycles and findings are compiled in a report and shared with the AAAs for resolution.

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<sup>3</sup> In addition to fiscal monitoring, the commission undergoes regular financial audits by Legislative Audits. These audits solely examine the fiscal practices of the commission. They do not examine information that is maintained or reported by the AAAs.

Despite the work of the commission to regularly monitor AAA expenditures, when we compared expenditure information submitted to us by the AAAs against information that the commission provided, not all expenditure totals aligned. In addition, the information that the commission tracks quarterly did not consistently align with the information it collects from the AAAs monthly.

Given the variety of funding sources and different fiscal years the commission must consider as part of providing oversight, consistent data sets are central in ensuring the commission provides the most accurate information in its reports to the Administration on Aging. As an example, for calendar year 2009, the commission reported to the Administration on Aging that the AAAs spent \$128,353 for respite services (state and federal funds). When we asked the AAAs to provide us with state and federal expenditures for the same time period, the AAAs reported more than twice that amount, a total of \$285,058.

### ***Web-Based Reporting System Is Not Maximized***

The commission and the AAAs have separate license agreements with a software vendor for data management. A range of software capabilities coupled with various staffing levels at each AAA translate into overall different data management practices at the AAAs, particularly how extensively each relies on the web-based system for storing service information. As a result, the total cost of each license varies significantly by area. Under these separate license arrangements, not all AAAs are maximizing the tools available and some AAAs are using multiple programs to enter data.<sup>4</sup>

Some of the benefits of using a web-based system for tracking the units of service and client data include:

- The AAAs are better able to track and report their units and expenditures
- The AAAs and the commission can generate more comprehensive reports for identifying trends and errors in data
- The commission can track service trends by area as well as statewide
- The commission can use reported data to improve its annual reports, to work directly with the AAAs in identifying local service needs, and to update performance measures that more accurately reflect *all* senior services

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<sup>4</sup> As part of our site visits, we also observed at least one AAA maintaining client files in hard copy only.

One way to maximize the benefits of a web-based system is to consolidate software licenses. The majority of states are licensed in this manner. Consolidating the licenses into one single state license under the commission could improve processes in two main areas:

- Ensure that all AAAs have similar software capabilities and functionality, allowing for advanced analysis and reporting of data.
- Ensure that training for the AAAs could be coordinated statewide. We found that many users of the current system have either not received any formal training or are unaware of the total functionality of the system they currently use.

According to the software vendor, consolidating licenses would have a minimal increase in total licensure cost and would still allow the AAAs some flexibility to add features to the system that are unique to their area. Moreover, consolidating licenses would create opportunities for each AAA system administrator to engage in more statewide collaboration and formalized training.

## Recommendations

**Recommendation 6.1:** The commission should conduct a more comprehensive financial review to allow the AAAs *and* the commission to improve financial practices statewide. This review could also resolve discrepancies in the data maintained by the commission, as well as the data reported to the Administration on Aging.

**Recommendation 6.2:** The commission should build on its role of ensuring data quality and consistency by consolidating data management software licenses and bringing all users to a comparable level of functionality within the current web-based system. In addition, the commission should sponsor more statewide trainings on the use of the web-based system and the importance of comprehensive data management.



## Chapter 7

# Looking Ahead

### What Are Some of the Challenges Facing Senior Services in the Future?

Throughout this report, we have provided detailed information about the various roles and responsibilities of each entity that provides senior services in Idaho. We have highlighted the similarities and differences among the six AAAs in how services are prioritized and delivered, and have made recommendations to the commission and the AAAs.

As we made recommendations, we kept in mind the intent of the Older Americans Act and the inherent flexibilities associated with this program. We found that despite differences in how services are provided, AAA staff are committed to maximizing resources and reaching out to seniors in need. However, a growing senior population and a variety of social and economic changes will make meeting those needs more challenging in the future.

According to language in the Older Americans Act and Idaho Code, the successful delivery of senior services relies on the joint efforts of the commission and the AAAs. To better measure this success, the commission should consider expanding its performance measures to more accurately reflect the efforts of the commission *and* the AAAs in providing senior services. In addition, senior centers may need more guidance and statewide support in how to remain relevant and successful in local communities.

#### ***Commission Initiatives Are Separate from Services Provided by AAAs***

As part of its outreach efforts, the commission is engaged in several large initiatives: ongoing implementation of an initiative called the Aging and Disability Resource Connections (ADRC), further developments in long-term care, and upcoming changes to how the state approaches adult protection.<sup>1</sup> These initiatives play an important role in

The ADRCs will serve all adults, not only seniors.

<sup>1</sup> The federal program is referred to as Aging and Disability Resource Center. In Idaho, this program is referred to as Aging and Disability Resource Connections.

preserving the quality of life for seniors and their caregivers. In general, however, these initiatives are often in addition to the daily services that the AAAs contract to provide.

We asked each of the AAAs whether work of the commission helps to meet needs in local communities. Rather than provide responses that addressed individual community needs, the AAAs responded collectively by saying that the commission's work aligns with the Older Americans Act. While we agree that the commission's work is meeting federal intent, we were unable to determine whether Idaho's approach to senior services is based on a complementary relationship between the commission and the AAAs, or whether it suggests more work could be done to align the efforts of the commission with immediate local need. For example, the commission recently drafted legislation that would change how the state approaches adult protection. However, the AAAs expressed concerns about the potential impact on clients and suggested that the commission conduct a more in-depth analysis of the proposed changes and consider other ways to improve efficiencies.

### ***Work of the AAAs Is Not Reflected in Commission Performance Measures***

As discussed in chapter 6, the commission is required to submit annual reports to the US Administration on Aging. The commission is also required to submit annual reports to the Governor and to submit performance measures to the Legislature. Collectively, these reports provide valuable information about issues facing seniors in Idaho and an opportunity for the commission to highlight its work in local communities. For example, in its 2009 annual report, the commission discussed several major accomplishments and listed a growing network of partnerships in the senior and disabled communities.

Historically, the commission has generally included updates from each of the AAAs as part of its annual report. In recent years, the information provided by the AAAs has varied significantly from a simple list of AAA profiles to a comprehensive overview of the work happening in each area. As a result, the annual reports do not serve as a comprehensive source of information for all statewide senior services, nor do they provide the same level of detail from year to year or from area to area.

The commission's annual report to the US Administration on Aging lists information about units of service, total costs, and client demographics. This information, which provides a clear link between services and costs, could help the AAAs and the commission in identifying statewide trends and serve as a basis for expanding the commission's current performance measures.

The commission has changed its performance measures in the past several years, eliminating a measure that directly links the commission to partnering with the

AAAs. Instead, the commission has focused its efforts on developing new partnerships and several satisfaction surveys. Although these indicators are valuable, they do not accurately reflect the broad range of services that are provided throughout the state by the AAAs nor do they promote accountability in ensuring that state and federal funds are spent appropriately.

### ***Senior Centers Face Challenges in Staying Relevant to Younger Seniors***

We traveled to all six areas and visited several senior centers as part of our study. After our visits, we distributed a survey to all centers to better understand the types of activities they offer, the total cost of the meals they serve, and some of the other funding sources they rely on to cover costs. We found that centers varied in the types of financial information they reported and that some centers were offering significantly more services than others. While these differences may reflect the specific needs of individual communities, they may also indicate a lack of statewide efforts to encourage and foster senior center growth.

Chapter 5 discusses the statewide and national decline of nutrition services, particularly for congregate meals. The decline of congregate meals signals a shift in how seniors are accessing meals and whether they are relying on senior centers in the same capacity as prior generations. Congregate meals help keep seniors involved in their communities by encouraging shared participation in a meal and providing access to other activities a center offers. According to the National Council on Aging, as seniors age, staying involved in community activities is key to prolonging their health and independence.

In the past, seniors often met at a center for lunch, usually from one to five days per week. While there, they had access to a variety of activities such as billiards, quilting, and bingo. In addition, some centers offered information about Medicare and tax preparation. Aligned with the intent of the Older Americans Act to use centers as a focal point in communities, many centers continue to offer these same types of activities, and some have expanded to include fitness programs and other recreational activities to encourage seniors to stay involved at the centers. In our survey of senior centers, the top five activities reported by respondents were bingo, cards or games, educational opportunities, exercise or dance classes, and health and wellness.

Community support is essential for the success of senior centers.

Despite these activities, several AAAs noted that centers face challenges in retaining participation of existing members and encouraging participation of new members. Some of the factors affecting participation are directly related to the baby boomer population. Many seniors are still working, while some are raising grandchildren or have had family members move back home. Yet another factor

is the stigma associated with senior centers; not all younger seniors are interested in participating in the types of activities that centers offer or do not understand that centers are not just for low income seniors or the very elderly.<sup>2</sup>

### ***No Formal Statewide Efforts Exist to Assist Senior Centers***

In our survey of commissioners, one commissioner noted concerns about senior centers being financially sound and acknowledged the need for business plans in order for centers to remain open. The commission recognizes the important role of senior centers and is committed to their success. In the commission's 2008 state plan, the administrator's vision reads:

ICOA believes Idaho's senior centers need to become more self-sufficient in order to meet the needs of a growing population of older citizens while at the same time experiencing diminishing fiscal support from public sources. The ICOA wants to work with the centers toward producing a business plan, help them identify and tap into existing, new and potential resources in their home communities, and work with their advisory boards to determine the changing needs and preferences of the upcoming generation of seniors they will be serving over the next several decades.

The ICOA expects the centers' success in obtaining grant funding for future projects and operation will become increasingly important and believe their having business plans already in place and a vision for their site will make it easier for them to apply for and obtain such grants.

The ICOA also sees a need for senior centers to review and perhaps redefine the role(s) they play within their larger communities. For example, many persons aged 60 years and older are still in the workforce while also caring for elderly parents. Adapting the centers as facilities for providing "senior day care" is thus one important priority.

The AAAs share this commitment and work on a local level with centers and serve as the primary liaisons to centers for issues, concerns, or strategies for success. However, the AAAs vary in their working relationship with the centers. In some areas, the AAAs are actively involved in the centers' daily operations, providing guidance and support. In other areas, the AAAs only become involved at the center's request, while still other AAAs view the relationship as solely contractual. Despite these differences, the AAAs meet with senior centers quarterly and at least one AAA has compiled a manual for centers, which it has shared with the other AAAs.

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<sup>2</sup> Jean Van Ryzin, "Tomorrow's Senior Center: Dynamic, Accessible and Perhaps Not Even Called Senior," National Council on Aging, accessed December 28, 2010, <http://www.ncoa.org/strengthening-community-organizations/senior-centers/nisc/tomorrows-senior-center.html>.

In addition to manuals, the National Institute of Senior Centers offers a two-step accreditation process for senior centers that involves a self-assessment and a peer review.<sup>3</sup> The self-assessment, which involves a variety of community stakeholders, can help centers improve their operations, create new funding sources, and identify new partnerships. According to one accredited center in Idaho, the accreditation process forced them to more closely examine their business practices. Tools such as these may help centers in staying relevant in their communities and could serve as a preliminary step in creating a statewide effort to help ensure center success. However, long-term success will rely on the coordinated efforts of the commission (including commissioners), the AAAs, and the centers.

## **How Can Idaho Plan for the Future?**

Although the Older Americans Act is designed to foster growth of programs at the local level, more can be done to unify Idaho's efforts and ensure that policy work at the commission complements and supports local needs. In addition, both the AAAs and the commission need to focus their collective efforts on Idaho's senior centers, looking for new ways to increase participation and keep seniors actively involved in their communities.

Idaho, along with the rest of the nation, is at a crossroads. As the economy continues to struggle, more seniors will be in need of services and fewer resources will be available to assist them. Some AAAs are experiencing waiting lists for certain services, while other AAAs have completely terminated funding for some programs that were already underfunded. When we asked the AAAs about challenges they face in the future, several themes emerged:

- Growth of the senior population
- Increase of grandparents raising grandchildren and the associated challenges to provide services
- Growth in the need for home services for homebound seniors, specifically the family caregiver program
- Inadequate public transportation options for seniors, especially in rural areas
- Shortage of statewide training and education

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<sup>3</sup> As of November 2010, two centers in Idaho had gone through the accreditation process.

Despite these challenges, one initiative that Idaho is already making significant progress in is the implementation of the Aging and Disability Resource Connections (ADRC). This initiative, which is designed to help consumers in making decisions about long-term care options and to streamline access to services and support, is currently funded through a combination of federal grants. When ADRCs are fully implemented in each area, they will be an extension of the AAAs' information and assistance, a service that cannot currently be provided using state funds. Given the important role of the ADRCs in the senior and disabled community, having access to state funds will provide the AAAs with additional long-term flexibility in managing resources.

## Recommendations

**Recommendation 7.1:** To provide the Legislature with more comprehensive information on statewide senior services and to better track the use of state funds, the commission should expand its performance measures to include the total number and types of senior services that are provided each year. In addition, the commission should work with each AAA to identify area-specific performance measures and include that information in its annual report.

**Recommendation 7.2:** The commission and the AAAs should partner to assist senior centers in meeting the needs of seniors in local communities, including understanding reasons for decline in center participation. This assistance could come in the form of a statewide conference, additional training manuals, or guidance throughout the accreditation process.

**Recommendation 7.3:** As the state continues its implementation of the Aging and Disability Resource Connections (ADRC), the Legislature should consider modifying statute to allow the AAAs to use state funds for additional senior services, such as the information and assistance program.

## Appendix A

# Profiles of Neighboring States

To better understand how senior services are coordinated and delivered in neighboring states, we surveyed neighboring state units on aging. Although each state unit on aging oversees Older American Act services, there are some differences in how each state unit is structured and how services are coordinated. In particular, none of the state units on aging in our six neighboring states is a stand alone agency similar to Idaho’s Commission on Aging. Instead, the state units on aging are housed within different state agencies that deal with health and human services.

Nevada and Wyoming are classified as single planning and service areas, which means that no AAAs exist. The state unit on aging administers and coordinates the responsibilities that the AAAs perform in other states. Nevada has acted as a single planning and service area as long as the state unit on aging has been established. Wyoming previously operated with two AAAs.

Exhibits A.1 and A.2 highlight basic information about each state’s aging services. The Older Americans Act (OAA) allocations that are listed highlight the fact that Idaho, Montana, and Wyoming are minimally funded states. For this reason, each state received the same Title III and Title VII allocations, despite having different populations. Because of the wide range of senior services that states provide, we did not include a comparison of state-level funds.

### EXHIBIT A.1 FUNDING AND DEMOGRAPHICS OF NEIGHBORING STATES

State	Total State Population	Total Senior Population	Number of Senior Centers Receiving OAA Funds	Title III FY 2010 OAA Allocations (\$)	Title VII FY 2010 OAA Allocations (\$)
Idaho	1,527,506	256,293	102	5,973,246	109,171
Montana	968,035	192,992	156	5,973,246	109,171
Nevada	2,615,772	430,142	48	8,896,022	166,745
Oregon	3,782,991	715,277	32	14,885,764	276,234
Utah	2,727,343	341,663	42	7,142,600	132,505
Washington	6,566,073	1,126,416	127	23,368,161	434,979
Wyoming	532,981	93,120	59	5,973,246	109,171

Source: US Administration on Aging.

Note: Number of senior centers and population data according to 2008 state program reports, as reported by US Administration on Aging.

**EXHIBIT A.2 PROFILES OF NEIGHBORING STATE UNITS ON AGING**

State	Agency Name	Location of Agency	Number of AAAs	Miscellaneous Characteristics
Idaho	Commission on Aging	Office of the Governor	6	Among neighboring states, Idaho is the only standalone agency.
Montana	Office on Aging	Department of Public Health and Human Services	11	State and federal funds are allocated using a distribution formula that accounts for low income, minority, and rural populations.
Nevada	Division for Aging Services	Department of Health and Human Services	0	Nevada uses a matching formula to provide state funds for Title III funding. Some service providers report cost per unit data directly to the state unit on aging.
Oregon	Seniors and People with Disabilities	Department of Human Services	17	Each AAA must submit a yearly independent financial audit.
Utah	Division of Aging and Adult Services	Department of Human Services	12	In state fiscal year 2009, Utah reported more expenditures from the state than from federal sources.
Washington	Aging and Disability Services Administration	Department of Social and Health Services	13	Statewide reimbursement rates exist for some services.
Wyoming	Aging Division	Department of Health	0	State funds are calculated in part by county-based population of seniors 60 and older, poverty level of the county, meals served in the prior year, and county minority population.

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Source: Information provided by neighboring states.

## Appendix B

# Area Profiles

### Area I—Area Agency on Aging of North Idaho

**Main Office:** Coeur d'Alene <http://www.aaani.org>

**Umbrella Agency/Parent Organization:** North Idaho College

**Organizational Mission:** To work in partnership with older adults, families, and the community to secure information and services that maximize independence and quality of life

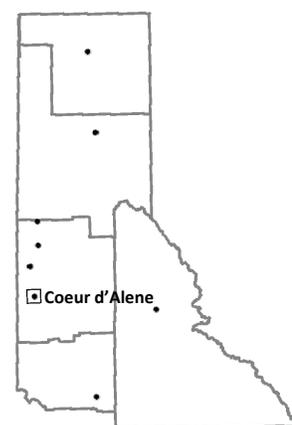
**Counties Served:** Benewah, Bonner, Boundary, Kootenai, and Shoshone

**Services Provided Under the Older Americans Act and the Idaho Senior Services Act:** Administration, coordination, program development, information and assistance, transportation, legal assistance, homemaker, respite, case management, adult protection, congregate meals, home-delivered meals, medication management, family caregiver, ombudsman, and health promotion

2008 total area population: 211,659

2008 population 60+: 43,955

Number of participating senior centers: 8



Senior center locations  
by zip code

## Area II—North Central Idaho Area Agency on Aging

**Main Office:** Lewiston      <http://www.cap4action.org>

**Umbrella Agency/Parent Organization:** Community Action Partnership

**Organizational Mission:** To serve as a catalyst for building relationships that inspire and equip people to end poverty in their community

**Counties Served:** Clearwater, Idaho, Latah, Lewis, and Nez Perce

**Services Provided Under the Older Americans Act and the Idaho Senior Services Act:** Administration, coordination information and assistance, transportation, legal assistance, homemaker, respite, case management, adult protection, congregate meals, home-delivered meals, medication management, family caregiver, ombudsman, and health promotion

2008 total area population: 103,858

2008 population 60+: 22,134

Number of participating senior centers: 12



Senior center locations  
by zip code

## Area III—Southwest Idaho Area Agency on Aging

**Main Office:** Boise      <http://www.sageidaho.com>

**Umbrella Agency/Parent Organization:** Sage Community Resources

**Organizational Mission:** To provide community and economic development services, through partnerships, to create healthy communities in the ten counties of southwest Idaho

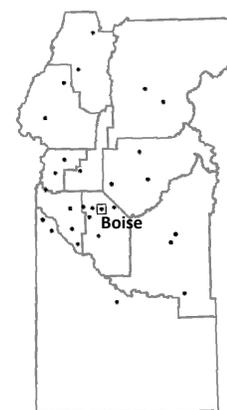
**Counties Served:** Ada, Adams, Boise, Canyon, Elmore, Gem, Owyhee, Payette, Valley, and Washington

**Services Provided Under the Older Americans Act and the Idaho Senior Services Act:** Administration, coordination, information and assistance, transportation, legal assistance, homemaker, respite, case management, adult protection, congregate meals, home-delivered meals, medication management, family caregiver, ombudsman, and health promotion

2008 total area population: 673,369

2008 population 60+: 103,648

Number of participating senior centers: 28



Senior center locations  
by zip code

## Area IV—Office on Aging Area IV

**Main Office:** Twin Falls      <http://officeonaging.csi.edu>

**Umbrella Agency/Parent Organization:** College of Southern Idaho

**Organizational Mission:** To enable people to live in their own homes as long as they can, as comfortably as they can, and as safely as they can

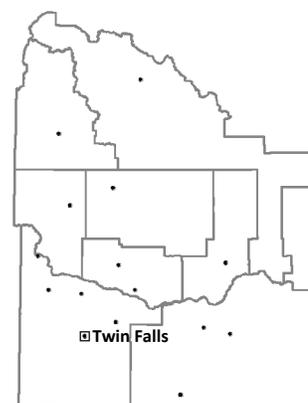
**Counties Served:** Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls

**Services Provided Under the Older Americans Act and the Idaho Senior Services Act:** Administration, coordination, information and assistance, transportation, legal assistance, outreach, homemaker, respite, case management, adult protection, congregate meals, home-delivered meals, medication management, family caregiver, ombudsman, and health promotion

2008 total area population: 177,377

2008 population 60+: 33,071

Number of participating senior centers: 15



Senior center locations  
by zip code

## Area V—Area Agency on Aging for Southeast Idaho

**Main Office:** Pocatello      <http://www.sicog.org>

**Umbrella Agency/Parent Organization:** Southeast Idaho Council of Governments

**Organizational Mission:** To enable the growing aging population and its caregivers to access a system of services with options that promotes well-being and independence and embodies the values of dignity and choice

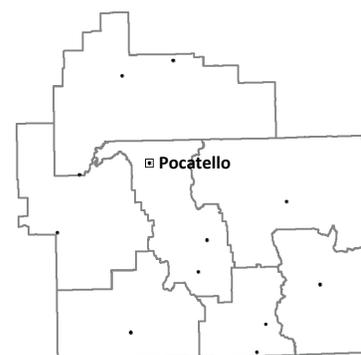
**Counties Served:** Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, and Power

**Services Provided Under the Older Americans Act and the Idaho Senior Services Act:** Administration, coordination, information and assistance, transportation, legal assistance, homemaker, respite, case management, adult protection, congregate meals, home-delivered meals, medication management, family caregiver, ombudsman, and health promotion

2008 total area population: 162,353

2008 population 60+: 25,733

Number of participating senior centers: 12



Senior center locations  
by zip code

## Area VI—Area VI Agency on Aging

**Main Office:** Idaho Falls     <http://www.eicap.org>

**Umbrella Agency/Parent Organization:** Eastern Idaho Community Action Partnership

**Organizational Mission:** To help at-risk individuals and families meet their basic needs and increase independence through support and education

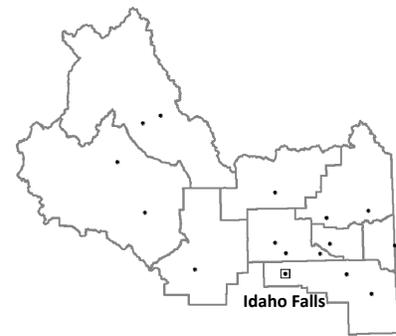
**Counties Served:** Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton

**Services Provided Under the Older Americans Act and the Idaho Senior Services Act:** Administration, coordination, information and assistance, legal assistance, homemaker, case management, adult protection, congregate meals, home-delivered meals, medication management, family caregiver, ombudsman, and health promotion

2008 total area population: 198,890

2008 population 60+: 28,531

Number of participating senior centers: 16



Senior center locations  
by zip code

## **Appendix C**

# **Service and Expenditure Trends**

Using expenditure data provided by the commission and units of service data provided by the AAAs, we analyzed trends for a five-year period (calendar years 2005–2009). In some areas, the yearly variation is relatively minor; however, in some areas and in certain years, the variation was significant.

### **Expenditure Data**

We summed the total Older Americans Act and state expenditures for each AAA for six major service categories by calendar year. We then calculated the percentage of expenditures for each service category by calendar year. We grouped services into six categories as described in the Older American Act:

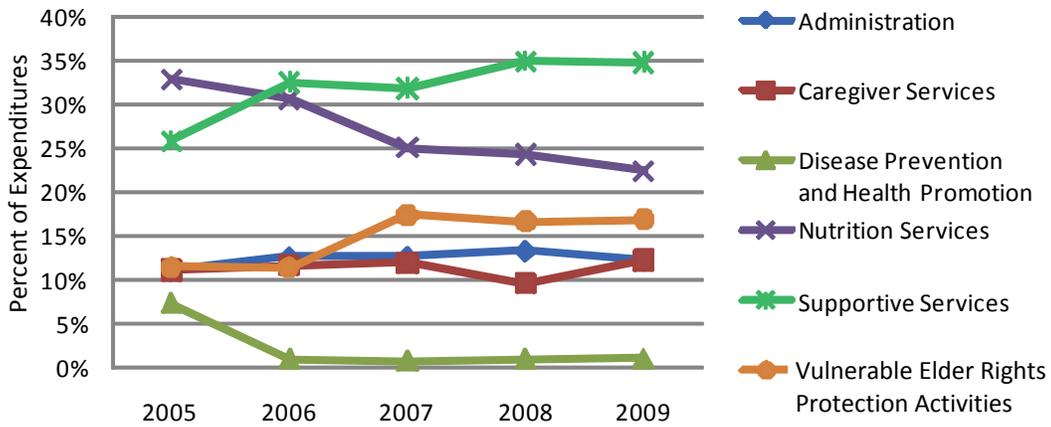
- Administration services (administration, coordination, and program development)
- Caregiver services (respite and family caregiver)
- Disease prevention and health promotion (medication management, and dental and health promotion)
- Nutrition services (congregate and home-delivered meals)
- Supportive services (information and assistance, transportation, legal assistance, outreach, homemaker, chore, case management, and adult day care)
- Vulnerable elder rights protection activities (ombudsman and adult protection)

### **Units of Service**

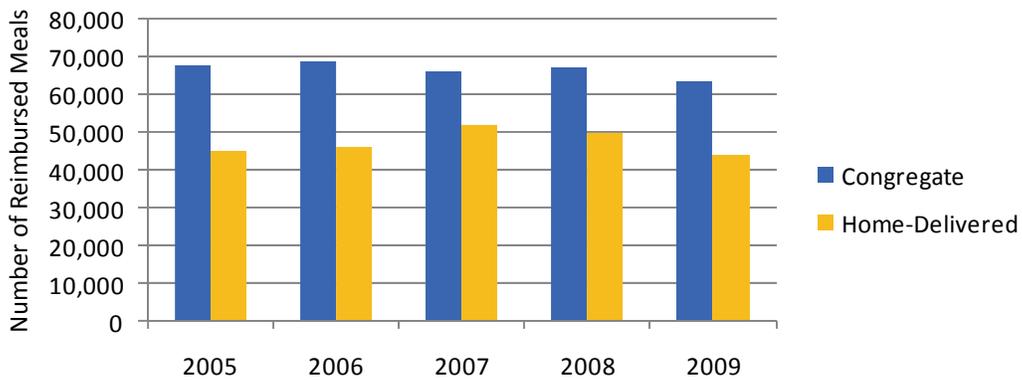
To align with the study request to focus on nutrition and transportation services, we summed the total number of reimbursed units for each area for calendar years 2005–2009 for three services: congregate meals, home-delivered meals, and transportation.

**EXHIBIT C.1 TRENDS IN EXPENDITURES AND SERVICES, AREA I**

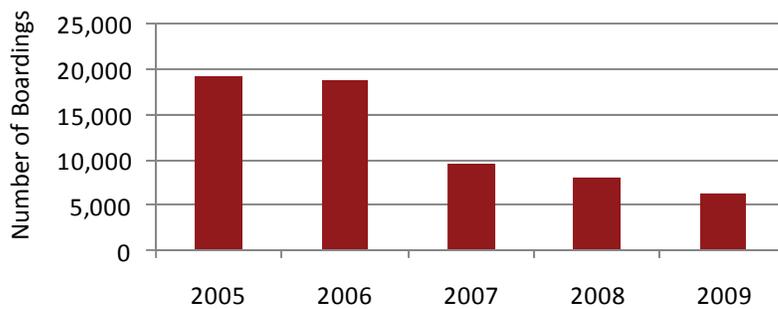
**Percent of Older Americans Act and State Expenditures by Service Category, 2005–2009**



**Total Number of Reimbursed Meals, 2005–2009**



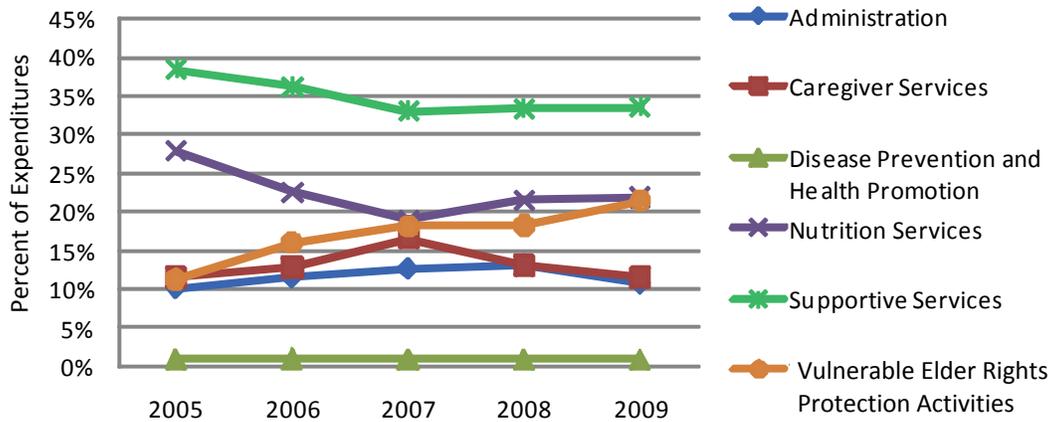
**Total Number of Reimbursed Transportation Boardings, 2005–2009**



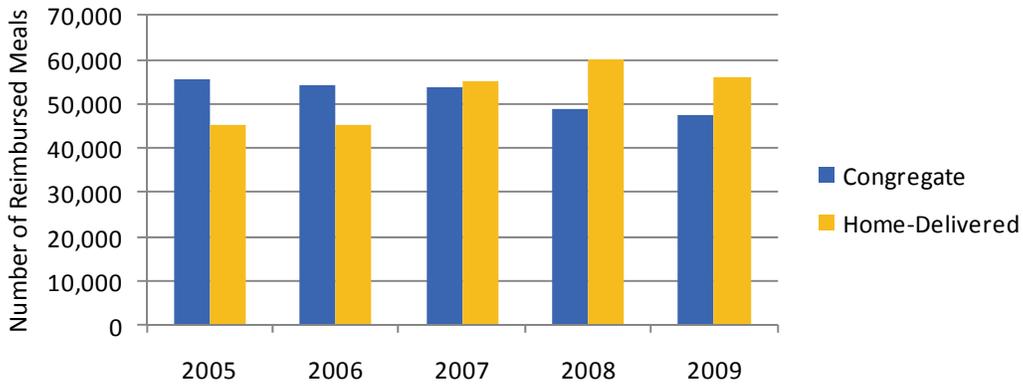
Source: Analysis of expenditure data from the Idaho Commission on Aging and the area agency on aging.

**EXHIBIT C.2 TRENDS IN EXPENDITURES AND SERVICES, AREA II**

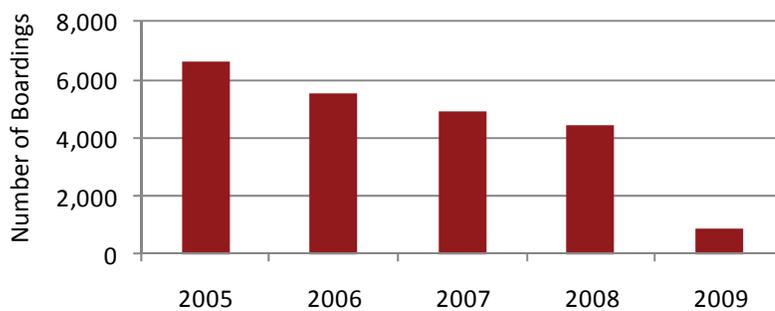
**Percent of Older Americans Act and State Expenditures by Service Category, 2005–2009**



**Total Number of Reimbursed Meals, 2005–2009**

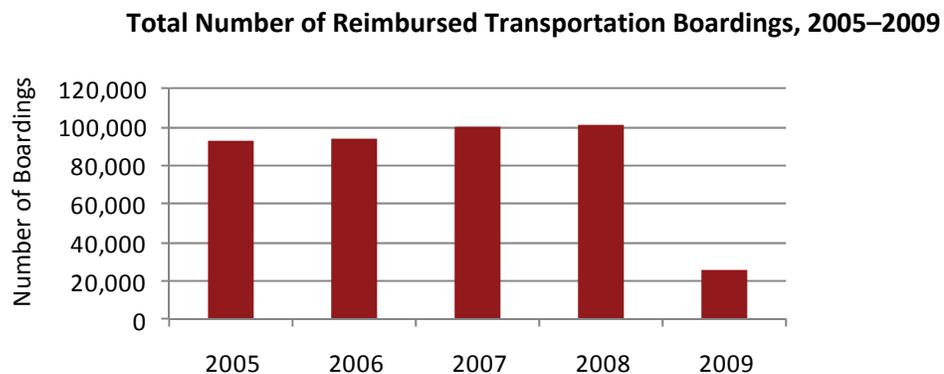
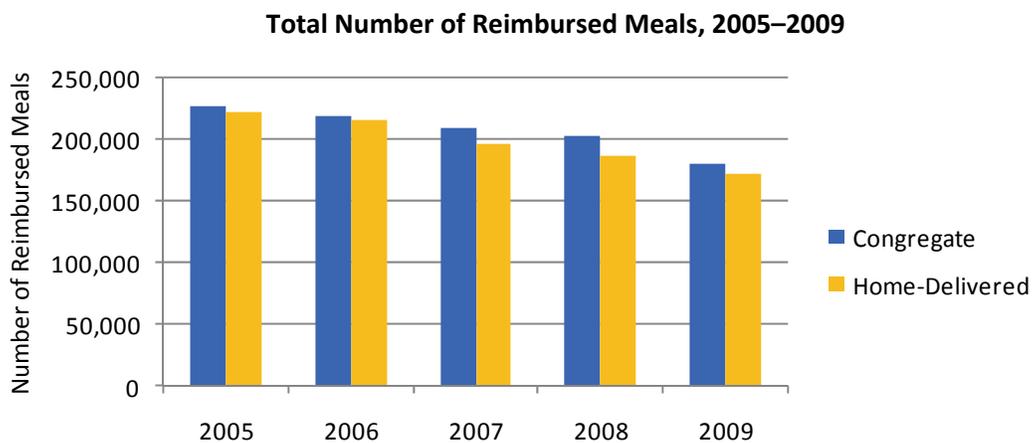
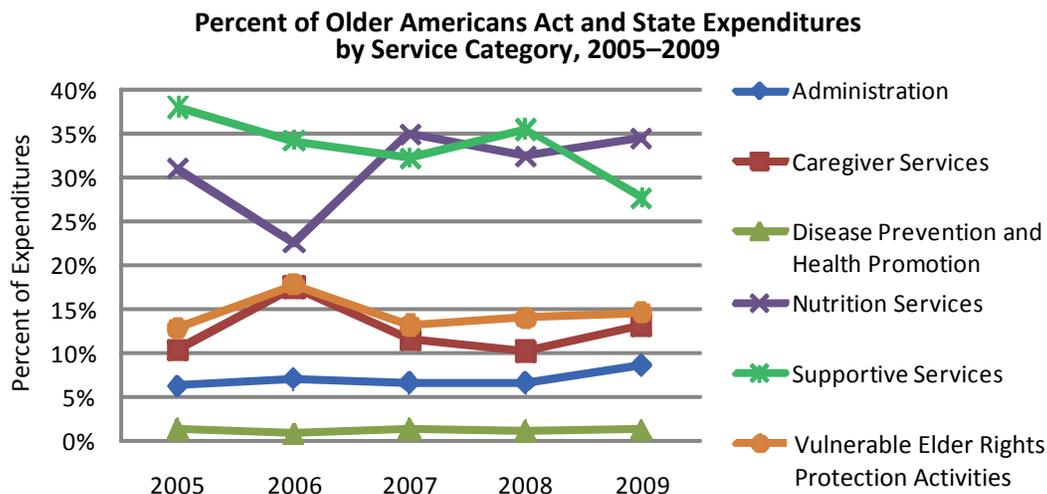


**Total Number of Reimbursed Transportation Boardings, 2005–2009**



Source: Analysis of expenditure data from the Idaho Commission on Aging and the area agency on aging.

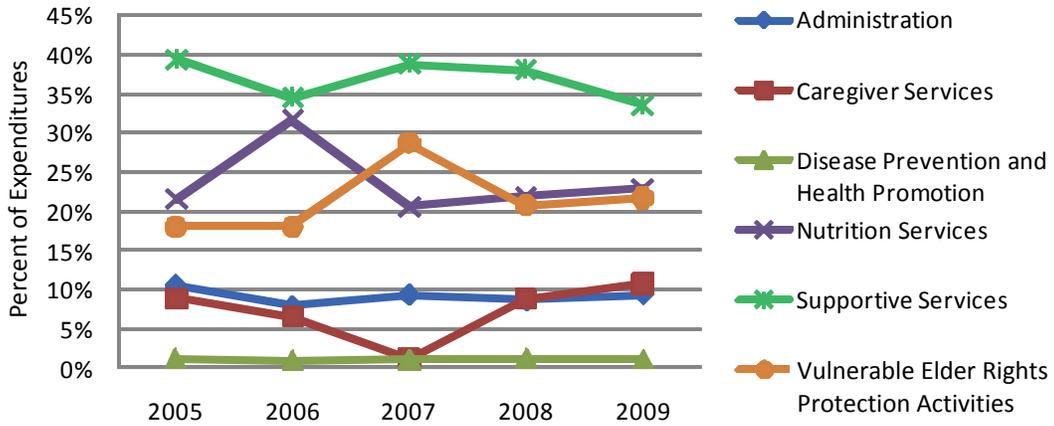
**EXHIBIT C.3 TRENDS IN EXPENDITURES AND SERVICES, AREA III**



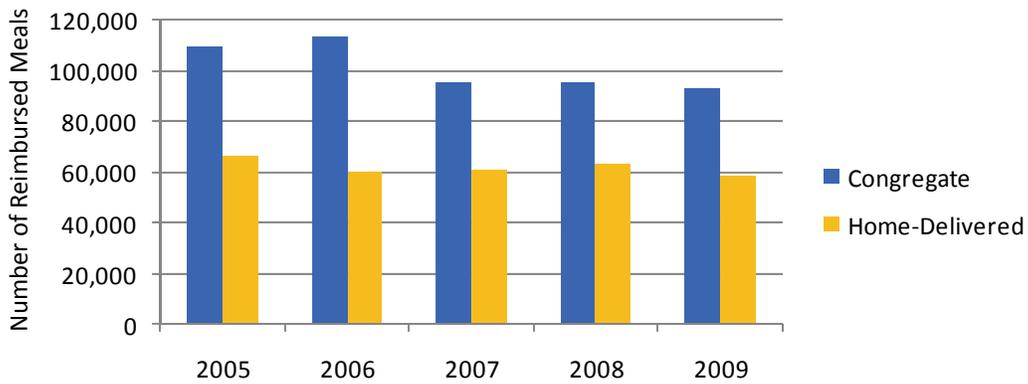
Source: Analysis of expenditure data from the Idaho Commission on Aging and the area agency on aging.

**EXHIBIT C.4 TRENDS IN EXPENDITURES AND SERVICES, AREA IV**

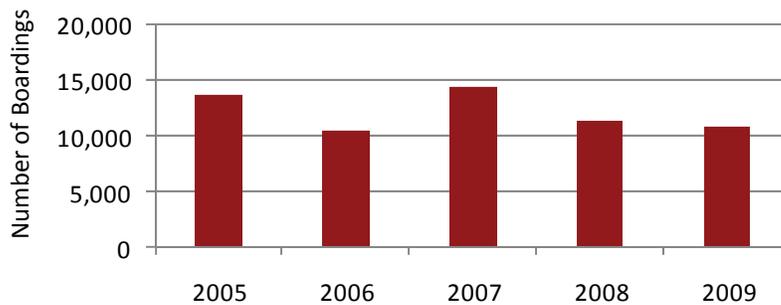
**Percent of Older Americans Act and State Expenditures by Service Category, 2005–2009**



**Total Number of Reimbursed Meals, 2005–2009**

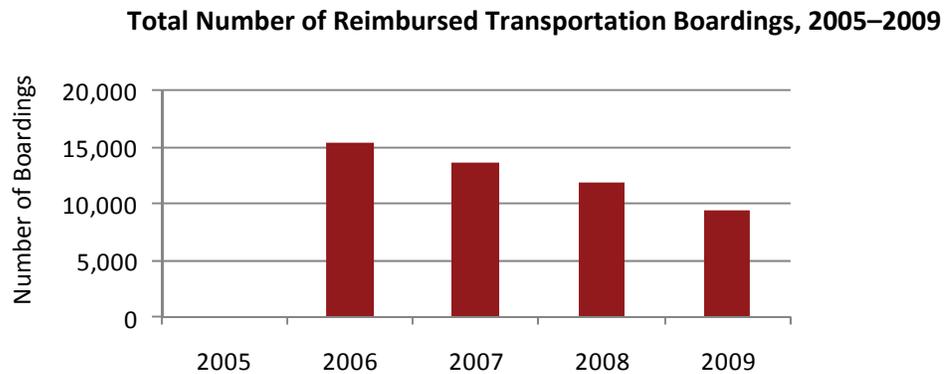
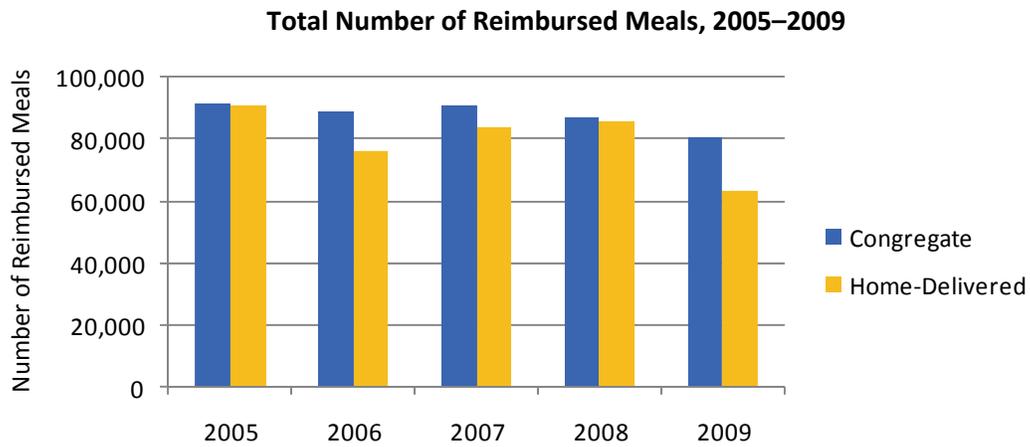
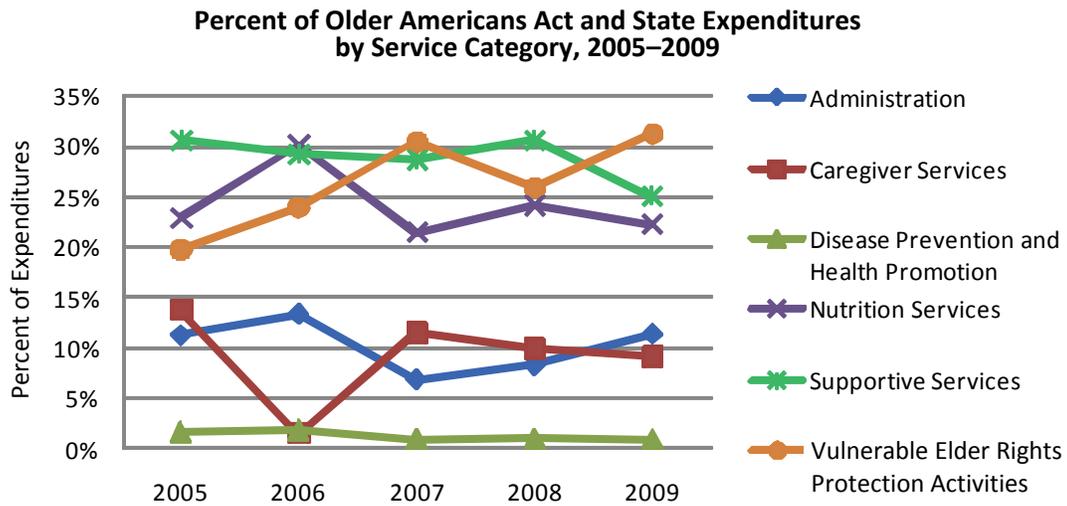


**Total Number of Reimbursed Transportation Boardings, 2005–2009**



Source: Analysis of expenditure data from the Idaho Commission on Aging and the area agency on aging.

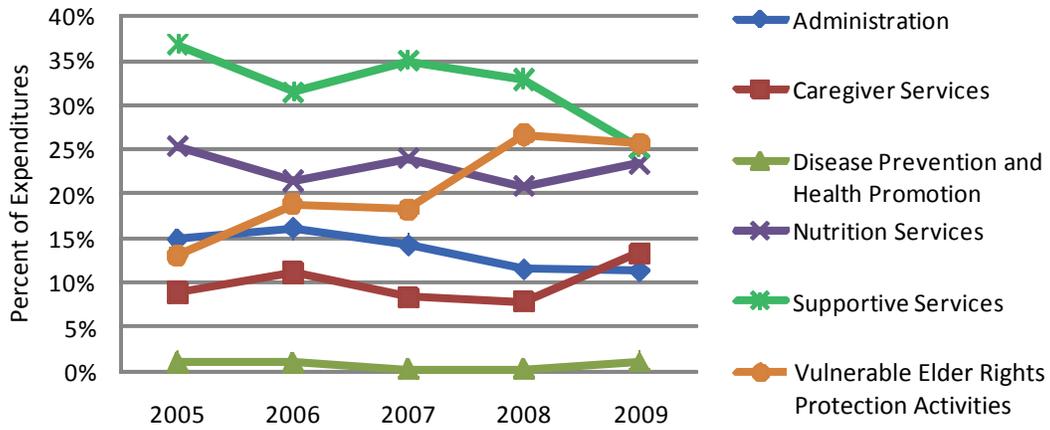
**EXHIBIT C.5 TRENDS IN EXPENDITURES AND SERVICES, AREA V**



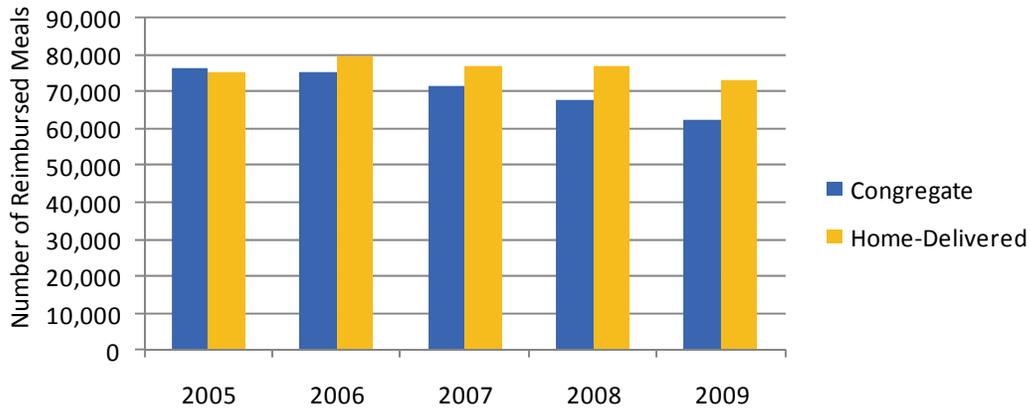
Source: Analysis of expenditure data from the Idaho Commission on Aging and the area agency on aging.

**EXHIBIT C.6 TRENDS IN EXPENDITURES AND SERVICES, AREA VI**

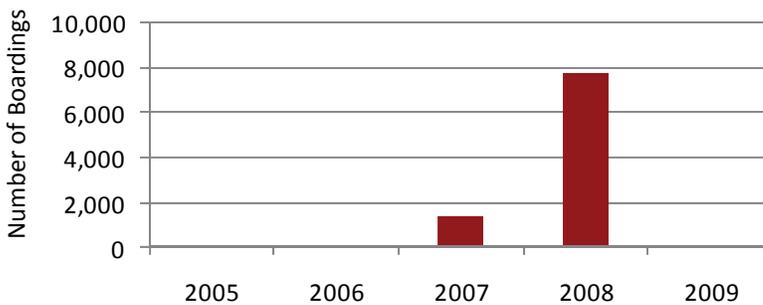
**Percent of Older Americans Act and State Expenditures by Service Category, 2005–2009**



**Total Number of Reimbursed Meals, 2005–2009**



**Total Number of Reimbursed Transportation Boardings, 2005–2009**



Source: Analysis of expenditure data from the Idaho Commission on Aging and the area agency on aging.



# Responses to the Evaluation





C. L. "BUTCH" OTTER  
GOVERNOR

January 27, 2011

Rakesh Mohan, Director  
Office of Performance Evaluations  
954 W. Jefferson St.  
Boise, ID 83702

Dear Rakesh,

Thank you for the opportunity to respond to the Coordination and Delivery of Senior Services in Idaho report for the Commission on Aging.

Idaho is experiencing an increase in the older segment of the population, similar to other states, due to the aging of the massive "baby boom" generation. Our older population also is increasing due to our state's attractiveness as a retirement haven, drawing retirees from nearby states and from around the country.

Planning for one's senior years has never been more important or timely. The Commission on Aging is making strides in meeting the needs of today's new seniors as well as meeting the immediate needs of older, frail elders.

The recommendations in the Office of Performance Evaluations report are consistent with the goals and plans set forth by the Commission on Aging. The analysis will provide valuable assistance to the Commission in its future planning efforts.

Thank you for your research and recommendations to improve the services for Idaho's growing senior population.

As Always – Idaho, "Esto Perpetua"

A handwritten signature in black ink, appearing to read "C.L. Butch Otter".

C.L. "Butch" Otter  
Governor of Idaho

CLO/tp





# IDAHO COMMISSION ON AGING

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C.L. "Butch" Otter, Governor  
Kim Wherry Toryanski, Administrator

January 26, 2011

Mr. Rakesh Mohan  
Director  
Office of Performance Evaluations  
Idaho Legislature  
954 W. Jefferson Street  
P.O. Box 83720  
Boise, ID 83720-0055

RE: AGENCY RESPONSE TO FINAL REPORT - COORDINATION AND DELIVERY OF SENIOR SERVICES IN IDAHO

Dear Mr. Mohan:

Thank you for the opportunity to respond to the Office of Performance Evaluation's final report, Coordination and Delivery of Senior Services in Idaho. To begin, we would like to express our admiration of Representative Darrell Bolz and Senator John McGee, requesters of this study, for the leadership and dedication they provide regarding the needs of seniors and vulnerable adults in their communities.

Your Report contains ten recommendations regarding improvements to processes in senior services authorized and funded through the U.S. Administration on Aging and under the Idaho Senior Services Act. These ten recommendations echo the strategy that the Commission on Aging has been methodically undertaking over the past four years as we have been adapting to modernization and systems change initiatives. These measures place a greater emphasis on self-directed, non-institutional care for our most vulnerable seniors and people with disabilities. The spirit of these initiatives is consistent with Governor Otter's key guiding principles, which include greater empowerment of the individual and good stewardship of publicly funded programs. We cannot deny that a significant number of people express a desire to live in the least restrictive setting as they age. Also, we cannot deny that the cost of home and community-based care is often more economical than the costs of institutional care.

The Report you are issuing reflects a significant investment by your office as well as that of the Commission on Aging staff. We estimate that we have devoted more than 500 hours of ICOA staff time to participate in meetings and prepare responses to inquiries made

by the Office of Performance Evaluation over a nine month period. This is quite an achievement, given the small size of this agency's staff and resources, in particular during 2010 when the agency moved its physical office location for cost savings reasons.

Your staff has worked tirelessly on this project since April, 2010. During that nine-month span, it has been an enriching experience to collaborate with your investigative team. We appreciate the efforts of Amy Lorenzo who has led the review, along with her colleague Carrie Parrish during the initial months, and then Bryon Welch during the final months.

On behalf of the Commissioners, I wish to express appreciation for the efforts of the six Area Agencies on Aging, and their Advisory Council members and provider organizations, for the time they have devoted to meeting with your investigative team. To achieve the most unbiased result, these meetings were conducted separate and apart from ICOA, as you have traveled to various locations around the state. Their input, wisdom and perspective, as ICOA's long-time contract partners in services to seniors, is exceedingly valuable.

Taken together, your recommendations emphasize the need for ICOA to continue moving forward, making management and policy changes as necessary to strengthen the reliability and transparency of our processes. Your Report is a useful tool as we strive to accomplish improvements in Idaho's social service programs for seniors and vulnerable adults.

Again, thank you for the opportunity to provide these reflections and comments.

Very truly yours,



Kim Wherry Toryanski  
Administrator

Cc: Office of the Governor  
Division of Financial Management  
ICOA Commissioners  
Area Agency on Aging Directors



## Area Agency on Aging of North Idaho

2120 Lakewood Drive, Suite B • Coeur d'Alene, ID 83814  
208-667-3179 • 800-786-5536 • Fax 208-667-5938 • [www.aaani.org](http://www.aaani.org)

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January 26, 2011

Rakesh Mohan, Director  
Office of Performance Evaluations  
P.O. Box 83720, Boise, ID 83720-0055

Dear Mr. Mohan,

Thank you for the opportunity to comment regarding the content of your recent report entitled "Coordination and Delivery of Senior Services in Idaho". Working with your staff over the past several months, I have come to appreciate their professional approach and desire to provide a fair and comprehensive representation of the topic at hand.

I was especially pleased to read how well OPE staff captured an understanding of the federal framework which allows for significant local control over a variety of decisions taking place within the aging network. I believe our area strives to uphold the intent of the Older Americans Act and takes seriously our responsibility to advocate on behalf of local needs and preferences. At the same time, ongoing consultation between ICOA and the area agencies on aging is essential so that progress is made to address the dynamic changes Idaho will encounter because of growth in the senior population. Such collaboration assures that policies are grounded in the realities of life at the local level. AAAs have a unique relationship with state government in that state law requires the Commission to contract with AAA for services, thus placing a much higher level of due diligence on the Commission and AAAs.

It is important to reinforce the value Area I has garnered because of the structural design, established as far back as 1973, which requires Idaho's area agencies on aging to be housed within a parent or umbrella agency. In northern Idaho we are frequently reminded of the struggles small non-profit agencies are encountering during these economic times. With North Idaho College serving as the umbrella agency for Area I, we have experienced a stable environment in terms of employee retention, fiscal management, and human resource support. Stability has allowed us to focus our energies on our mission and impact the community in a positive way. Additionally, both the NIC Trustees and NIC Foundation assist us as we establish an endowment fund that one day will provide resources to meet growing needs.

It is necessary to provide additional background regarding recommendation 3.1, which addresses implementation of the formula for distributing state funds. Discussions regarding distribution of state funds commenced late 2007 and thereafter several variations of formulas illustrated and considered. To minimize the potential negative impact on areas where dollars would be shifted out, a base funding amount double that of the federal funding formula, as your report points out, was agreed upon. As your report so adeptly reveals, "program funding has not kept up with growth" so there really were no winners with this revised distribution; and in Area I, where the first phase of implementation resulted in increased resources, we continue to demonstrate unmet needs by way of waiting lists. What truly will occur once phase two is complete is simply an equitable distribution of state and federal funds, which is a fundamental declaration in the Older Americans Act.

Title I, Section 101. . . the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions . . . to secure equal opportunity to the full and free enjoyment of the following objectives. . .

Area I continually receives feedback about unmet needs for transportation. Our analysis of the problem, however, suggests that the resources available to our agency are woefully inadequate to properly address the need, which is for assisted (vs. fixed route) transportation. Upon urbanized designation in Kootenai County the agency eliminated funding toward public transportation in the urbanized area and now limits funding to rural areas. Most recently we have been reminded of the continuing difficulty of securing local match for federal transportation dollars designated for rural systems.

In Chapter 4 reference is made to lack of competition and use of same providers for many years. In the case of senior centers and the provision of nutrition services, Area I has deemed centers as “sole source providers” because of our belief that their offering is unique and continued existence of their facilities and effort is essential to the fabric of the communities in which they reside. This philosophy will ground us in exploring with senior centers their potential for revitalization. At the same time, because of the nature of their incorporation status, the area agency on aging can only advise; governing boards must set policy and assist their staff in garnering resources required to revitalize.

Thank you for your good work in establishing a firm foundation of information regarding the aging network for Idaho legislators and the public. The information within the report will surely assist legislators when making decisions that affect their constituents, whether a senior or family member.

Sincerely,



Pearl Bruno Bouchard, Director



Community Action Partnership is a catalyst for building relationships that inspire and equip people to end poverty in our community

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Lewiston, Idaho 83501

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January 28, 2011

Rakesh Mohan, Director, Office of Performance Evaluations

954 W. Jefferson St.  
Boise, Idaho 83702

Dear Mr. Mohan:

Thank you for the opportunity to provide comment on the OPE Final Draft. Please integrate the following as formal comment from Community Action Partnership, Area II Agency on Aging in to that report.

- **Oversight and Reporting, Section: Commission Provides Oversight but Discrepancies Still Exist – Chapter 6, Page 40. Suggestion: Please read this section from a broad I4A and individual perspective.**  
You might be interested in our specific reply to this section—may broaden it as all of us continue to share comment about the OPE document:  
Community Action Partnership does, on an annual basis, have an external audit performed by an independent certified public accountant. The Audited Financial Statements have always yielded an Auditor's Report with an Unqualified Opinion. Additionally, Area II Agency on Aging is reviewed fiscally and programmatically by both with Idaho Commission on Aging fiscal staff as well as independent contractors (a certified public accountant) hired by the Idaho Commission on Aging. The results of those reviews have not yielded any compliance issues. We have been, in fact, formally recognized on our transparency and accuracy in full reporting.  
Contract spending is monitored not only through the Finance Department of Community Action Partnership but also through the database program utilized for Aging services. North central Idaho Area Agency on Aging has made solid efforts in utilizing web based reporting with full transparency and real time availability to the Idaho Commission on Aging.  
It should be noted that as data was collected for the Office of Performance Evaluation the information which was requested not only crossed fiscal and reporting years but funding streams as well. Variations in reporting made it difficult for accurate interpretation by all entities as to what to report and how.
- **Federal Framework/Local Control, page xii. Important to recognize that service delivery decisions are not made by the AAA Director (alone). Decisions must always include, at a minimum, consultation and advisement of the Area Agency on Aging Advisory Council and the Community Action Agency Board.**

I appreciated the extended respect and tremendous effort put forth by you and your staff at OPE in compiling a comprehensive overview of Aging Idaho. Thank you.

Sincerely,

*Jenny Zorens*

Jenny Zorens, Director

North Central Idaho Area Agency on Aging

 Community Action Partnership  
North-central Idaho Area Agency on Aging  
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Lewiston, Idaho 83501

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January 26, 2011

**Main Office**

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Mr. Rakesh Mohan, Director  
Office of Performance Evaluations  
954 W. Jefferson Street  
P.O. Box 83720  
Boise, ID 83720-0055

Dear Mr. Mohan:

Thank you for your final draft of Coordination and Delivery of Senior Services in Idaho. Our agency has reviewed the report for technical assistance and accuracy as you requested. Explaining the complexity of the Area Agencies on Aging and multiple funding sources is a daunting project and I applaud your staff for taking on such a project and explaining the complexities in such a professional manner.

The Southwest Idaho Area Agency on Aging, a division of SAGE Community Resources, is willing to work together with the Idaho Commission on Aging and other entities to improve the delivery of services to Idaho's seniors. Our comments regarding your recommendations are as follows:

**3.1** Our agency would like to thank ICOA for adopting a statewide funding formula and utilizing a two year phase in plan that helps to minimize the impact on any one area agency. The creation of a state funding formula will help ensure, in the future, all area agencies are treated as fair and equally as possible given the challenges of being classified a rural frontier state.

**4.2** Recommendations to clarify and modify contract language to ensure providers and understand and record appropriately state and federally funded activities will be enacted in April 2011.

**4.3** Recommendations to ensure any subcontracts that are utilized also require clarifying language to be used to ensure state and federal funds are accounted for appropriately and will be enacted in April 2011.

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Page 2

Mr. Rakesh Mohan

January 26, 2011

**4.4** Recommendations that our contractor will provide clarifying language to fully disclose to its sub-contractors that fully explains how reimbursements are pooled among participants will be enacted in April 2011.

**5.1** Recommendations to improve standardization of rates among contractors have been implemented during the 2010 contracting year. All contractors are paid the same rate for similar service with one exception. The homemaker program has one contractor who is paid a slightly higher rate for a difficult to serve, rural area. Our caregiver respite program is issued in the form of a voucher, so each caregiver is treated in a fair and consistent manner. The caregivers have the option of choosing an agency and some agencies do have differing rates depending on the level of care of the care receiver.

**6.2** Our agency is committed to furthering the implementation of utilizing a web-based data management tracking system and will continue to improve and offer joint training for partnering agencies. Utilizing features of the web-based system has allowed our agency to ensure contractors are paid based on eligible units of service.

**7.2** Our agency is committed to increasing the awareness of the needs of local communities and sharing information on utilization of senior centers. Information on declining trends, diversifying funding and the stigma associated with aging will continue to be shared. Our agency would be supportive of any efforts of hosting statewide training for senior centers.

**7.3** As the State continues its implementation of the Aging and Disability Resource Center (ADRC), the SW Idaho Area Agency is supportive of recommendations to modify statutes to allow the AAAs to use State funds for ADRC related activities.

I would like to personally thank you and your staff for your commitment and professionalism displayed during the course of the evaluation and for providing such a comprehensive review of a complex structure of senior services and multiple funding sources.

Sincerely,

A handwritten signature in blue ink that reads "Lori Breia, LSW". The signature is fluid and cursive.

Lori Breia, LSW

Director

SW Idaho Area Agency on Aging

Office on Aging Area IV did not submit a response.





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*Building Bridges to Communities*

To: The 2011 Idaho State Legislature

January 27, 2011

**Bannock County**

Arimo  
Chubbuck  
Downey  
Inkom  
Lava Hot Springs  
McCammon  
Pocatello

Re: The Office of Public Evaluation---Aging Services in Idaho

First of all, I would like to thank Rakesh Mohan and his staff of OPE for embarking upon such a daunting task with the Idaho Aging Network. When they were here in southeast Idaho they were professional at all times and staff kept to the task of discovering how the aging program operated in this area of the state.

**Bear Lake County**

Bloomington  
Georgetown  
Montpelier  
Paris  
St. Charles

My comments from the overall study is as follows:

**Bingham County**

Aberdeen  
Atomic City  
Basalt  
Blackfoot  
Firth  
Shelley

• Senior Centers---It is our position that senior centers are 501-c-3 non-profit business entities and they can serve the elderly or their specific communities in whatever manner their separate Boards dictate. The Area Agency on Aging contracts the Congregate and Home Delivered Meals funds with the center, and the center administration adheres to our request for delivery of service. The Area Agency on Aging requests that the site managers come together on a quarterly basis to discuss not only the nutrition contract, but also additional training needed for them.

**Caribou County**

Bancroft  
Grace  
Soda Springs

• I believe there is a benefit to keeping the State and Federal funding separate for services at the Area Agency on Aging level and not so much on the contractor level. The centers have minimal fiscal staff for tracking these funds and when the Area Agency on Aging enters into an annual audit, this issue can be verified by the independent auditor.

**Franklin County**

Clifton  
Dayton  
Franklin  
Oxford  
Preston  
Weston

• APS SAMS Database---the Area Agency on Aging has found it so helpful to have a database for our services that can be accessed by AAA staff and ICOA staff. I would make the plea that when funds are available for the Adult Protection SAMS Database that this be a priority for the state. So much transpires within a day with Adult Protection investigations that unless the information is captured in a timely manner, that information can be lost.

**Oneida County**

Malad

• State SAMS License---Instead of having the national company (Harmony) deal with all six area agencies on aging, I believe it would be much more advantageous to have the Idaho Commission on Aging be the lead agency within the state to deal with Harmony. Many of the hardships of the past, both programmatic and financial could have been eliminated if one agency was dealing with Harmony.

**Power County**

American Falls  
Rockland

• Communication between ICOA and the AAAs---It is my conviction that all parties need to improve in this area of concern. When there is a conflict with communication, it is my stance to step up to the plate and find the most suitable means to communicate with the other party and to do it with tenacity until the issue has been addressed.

**Japanese American  
Citizens League**

**National Association  
for the Advancement  
of Colored People**

Again, thank you for the opportunity to make a response to this final OPE Report for aging services in Idaho.

**Pocatello Central  
Labor Council**

Sincerely,

**The Shoshone  
Bannock Tribes**

Sister Anthony Marie Greving  
Area V Agency on Aging  
Director

**Economic & Community  
Development Division**

**Area Agency on Aging**





**EASTERN IDAHO COMMUNITY ACTION PARTNERSHIP**

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January 26, 2011

Rakesh Mohan, Director  
Office of Performance Evaluations, Idaho Legislature  
954 W Jefferson Street, PO Box 83720  
Boise, ID 83720-0055

Dear Mr. Mohan:

Eastern Idaho Community Action Partnership has a long history of providing services to seniors. In 1968, Jack Viggers received a \$25,000 grant to provide services to senior citizens in Bonneville County. 43 years later, the Area VI Agency on Aging at Eastern Idaho Community Action Partnership is pleased to continue to provide services to benefit seniors of Eastern Idaho.

We have reviewed the final draft of the Coordination and Delivery of Senior Services in Idaho report by the Office of Performance Evaluations (OPE). We would like to commend the OPE for compiling a report that, we believe, fairly depicts the status of the delivery of senior services in Idaho. We sincerely appreciate the attention to detail of the OPE analysts. While we understand that it is not the OPE's objective to cast judgment, we have interpreted the report's contents as largely positive statements about current service provisions by Area Agencies on Aging and other subcontracted providers, including Senior Centers, for seniors across the state.

Furthermore, we believe that this report has shed light on the importance of providing services to seniors. Despite current budgetary uncertainties, we would like to express our dedication to ensuring seniors receive the services that they need to stay independent in their own homes for as long as possible. It is our hope that after reviewing the analysis, our legislators will have a rejuvenated commitment to continuing to facilitate assistance for our elders.

Sincerely,

A handwritten signature in blue ink that reads "Russell K. Spain".

Russell K. Spain  
Executive Director  
Eastern Idaho Community Action Partnership

A handwritten signature in blue ink that reads "Nick Burrows".

Nick Burrows  
Director  
Area VI Agency on Aging



**RSVP**





## Office of Performance Evaluations Reports, 2008–Present

Publication numbers ending with “F” are follow-up reports of previous evaluations. Publication numbers ending with three letters are federal mandate reviews—the letters indicate the legislative committee that requested the report.

<u>Pub. #</u>	<u>Report Title</u>	<u>Date Released</u>
08-01	Governance of Information Technology and Public Safety Communications	March 2008
08-02F	State Substance Abuse Treatment Efforts	March 2008
08-03F	Virtual School Operations	March 2008
09-01	Public Education Funding in Idaho	January 2009
09-02F	Higher Education Residency Requirements	January 2009
09-03	Idaho Transportation Department Performance Audit	January 2009
09-04	Feasibility of School District Services Consolidation	February 2009
09-05F	School District Administration and Oversight	February 2009
09-06F	Use of Average Daily Attendance in Public Education Funding	February 2009
09-07F	Child Welfare Caseload Management	February 2009
09-08F	Public Education Technology Initiatives	February 2009
09-09F	Management in the Department of Health and Welfare	March 2009
09-10F	Governance of Information Technology and Public Safety Communications	April 2009
10-01	Operational Efficiencies in Idaho's Prison System	January 2010
10-02	Increasing Efficiencies in Idaho's Parole Process	February 2010
10-03F	Use of Average Daily Attendance in Public Education	March 2010
10-04	Governance of EMS Agencies in Idaho	November 2010
10-05F	Governance of Information Technology and Public Safety Communications	November 2010
11-01	Distribution and Sale of Liquor in Idaho	January 2011
11-02	Coordination and Delivery of Senior Services in Idaho	February 2011

Reports are available from the OPE website at [www.idaho.gov/ope/](http://www.idaho.gov/ope/)  
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