

The mission of the Iowa Department on Aging is to develop a comprehensive, coordinated and cost-effective system of long term living and community support services that help individuals maintain health and independence in their homes and communities.



**Public Hearing
Planning and Service Area (PSA) Designation
Area Agency on Aging (AAA) De-Designation & Designation
Des Moines, IA
January 6, 2012**

Joel Wulf, IDA, opened the public hearing in the Grant Room of the Jessie Parker building at 10:00 a.m. There were 21 members of the public and 7 department staff present.

The department received written comments from Stephen Palmer, Bob Welsh and the Alzheimer's Association which are attached hereto. Kimberly Murphy, IDA, read the written comments submitted by Bob Welsh. Stephen Palmer and Carol Sipfle of the Alzheimer's Association were present and provided oral comments that supplemented their written comments.

The following oral comments were received during the public hearing:

Stephen Palmer, Elderbridge Board, Mason City

I would like to thank the staff and directors that have been part of this process because I know everyone has been working very hard to try and come up with a system that is workable and a better system for the future. I think that's exactly what we've done. I would like to speak today in support of this reorganization process. As a board member I've already seen some opportunities for economies of scale in this process. We are one of the people that feels our fiscal software is not adequate for what we are doing so we will now rather than go out and buying software if we reorganize we can buy another seat on someone else's software and save ourselves a considerable amount of money. Our health insurance costs are high at Elderbridge because we have a small group. In a group of 300 we'll be able to get a better bid on health insurance than we could with a group of 30. Property insurance same thing. We're feeling that we could probably insure several million dollars' worth of buildings more efficiently than we can insure a smaller group of buildings and also we feel that adding a uniformity to the programs that we provide for our consumers is going to be a huge benefit from this and we've already been able to do that it seems. In part of our Area 1 there are AAAs that are experts in different areas case management, nutrition, transportation, and we feel that we can piggy back on that. It was okay to say well we'll share this knowledge some day when we get around to it but right now we're busy. As a group we are more interested in everyone's success and use these areas of expertise to really move our AAA forward and provide better services to our members and also to use the economies of scale that I've described, and a lot more. Those are just a couple highlights that came out early on in this process. We can use these economies of scale to better serve people that we work with every day. And if we save any money it can go into services rather than administrative costs. In our area there's been a little bit of a human cry that well you're going to close offices and you're not going to be able to provide the services. We don't envision that. We never have. One thing we want to do is keep our seat at the table through this discussion to be sure that doesn't happen because you're right when you get to be 85 years old you may not want to drive an extra

40 miles to access services so we want to be sure that we're at the table when we have this discussion that we don't lose that access to service. I served on a rural hospital board for 23 years and I never thought that people that lived in Brit, Iowa should have to drive to Mason City to get primary health service. Consequently I guess the funding for healthcare has done pretty well because they have remodeled the hospital twice since I've been on the board. I think the same type of thing can happen in the AAA system. We have a lot of people who feel the process wasn't done just exactly the way they wanted it to be done. I think those are people who dislike change. There are three things certain in life. You've heard two of them death and taxes, but change is the third thing. If you think you're going to go through life without any change these days you're just kidding yourself. We have a lot of change in Iowa. Our demographics are not growing. We're kind of shrinking in population or barely holding our own so the same things we needed years ago are not the things we need today. We don't need a school in every town. We might have liked to keep one there. I would have, but realistically we can't afford it. We don't need a road every mile out in the country and possibly we don't need a courthouse in every county. I won't get into that discussion today, but there are a lot of tough choices a lot of tough choices for Iowans and this is a tough choice that results in change. I think these same people who dislike the change that's going on with the AAA system if you gave them three years to do this and took all their input two things would be pretty much constant. The end result wouldn't be much different and you wouldn't have them be very much happier about the way things came out anyway. I think if we get this thing pretty much right from the go and we have to change a few things we would have had to change a few things if we took three to five years to make this same transition. We are going to have to be flexible. The overriding factor is at the end of the day through economies of scale we should have more money to spend on our consumers and that should be our goal as was pointed out in the first gentleman's comments. That about all I really have to say, but I'm excited about this. The process has come a long way and at Elderbridge we feel we have benefited tremendously from what has gone on so far with a lot more benefits to come.

Betty Kelly, Johnson County

Good morning. I'm here to reemphasize Bob Welsh's comments on the proposed selection of a tremendously long populous area one. He is proposing that it should be divided. Now one of the reasons we came across this as you may or may not know Iowa City was the first community to develop a livable community. One of the sections of the livable community was transportation, particularly transportation for elderly population and our elder population is supposed to increase from 15% to 20% in the next few years. In Western Iowa you have many small communities and very few large communities and this is an increase for these people to get home and community based services. I don't know if you are supportive of home and community based services, but I suspect you all are it is a very valuable thing particularly as you become elderly and I can speak from personal experience because I am elderly, probably as elderly as anybody in the room. Please consider the division of area one which Bob commented on. Thank you for coming and giving me a chance for reiterating his comments.

Carol Sipfle, Alzheimer's Association

Thank you and good morning. As was mentioned earlier there are written comments from the Alzheimer's Association and that is who I'm representing so I won't read it to you but what I want to do is highlight what our comments say. We also support the process that's been taken so far. We especially appreciate the value that Iowan's have provided into this through the summer input sessions that were held. We really think a good process has been followed. Coming from the perspective of the Alzheimer's Association we want to take a little bit of a different angle than what you've heard so far this morning and that is not to address geography or anything related to the Area Agencies on Aging but more to focus on what they would do. Our recommendation is that the new Area Agencies on Aging including their respective Aging and Disability

Resource Centers, the ADRCs, that they'd be dementia capable. Dementia capable ADRCs will ensure people with possible dementia, and their family caregivers are identified early in the assessment process and they will receive appropriate information, referrals, services and supports. So I want to talk a little bit about what that means. I'll do that by first telling you about Alzheimer's disease in Iowa. We already know that 69,000 people in Iowa have Alzheimer's disease. We know that as time goes on and as the baby boom generation continues to age that number is going to go up. The projections are that there will be 77,000 Iowans with Alzheimer's disease by 2025. So we know that the aging network needs to be prepared to deal with people with Alzheimer's and that's where the Alzheimer's Association comes from. We want to have dementia capable systems so that people can address Alzheimer's disease in the appropriate way. What does a capable dementia system look like? It's a system that's tailored to meet the needs of people with Alzheimer's disease and their family caregivers. When I talk about Alzheimer's I want to note I'm talk about other types of dementia. Alzheimer's accounts for about 70% of that but there are other types so I'm lumping that all together. Some of the characteristics that we would look for and advocate for from the Alzheimer's Association perspective is first of all is that information and assistance services have a method to identify people with possible dementia and that when that happens that those folks receive a recommendation for follow-up with a physician. We know it's really important to get a diagnosis, so that's the first step. You need to know what you're looking for and then to recommend to see a physician. Secondly, a dementia capable system has option counseling staff that are able to communicate effectively with people with dementia and their family caregivers and to know the kinds of services that are available for this population. What's out there in other words? How can they make referrals to communities for education programs, support groups, care consultations, safety services, all of those things that may not be directly provided by the Area Agency but by organizations like the Alzheimer's Association. A dementia capable system has eligibility criteria and resource allocation take into account the impact of dementia on the need for services. So you're paying attention to it and planning accordingly. It also means that self-directed services ensure that persons with dementia and their caregivers are supported in their decision-making and involve others who can represent that person's best interest when necessary. It also means that workers who interact with persons with dementia and their caregivers have appropriate training in identifying a possible dementia, the symptoms of the disease, the trajectory of the illnesses, and the services that they might need as the disease progresses. That's really what dementia capable might look like in a system that can support people with dementia and their caregivers. This is actually a recommendation that comes from the Alzheimer's Association, but I also want to point out that about two months ago there was another project that happened. It was managed by the Department of Public Health. They created an Alzheimer's workgroup that looked at the problem at Alzheimer's in Iowa, made a number of recommendations on what needs to be done and one of those recommendations actually was that the ADRCs be dementia capable. My goal today is to bring that request forward to this group to have it incorporated into the public hearing and to begin to define what dementia capable looks like and finally to offer the support of the Alzheimer's Association to build that system in Iowa. Thank you.

With no further comment Joel Wulf closed the public hearing at 10:21 a.m.

WRITTEN COMMENTS FOR PUBLIC HEARING – IOWA DEPARTMENT ON AGING

January 6, 2012

Submitted by Bob Welsh 84 Penfro Drive Iowa City, Iowa 52246

Welshbob@aol.com 319-354-4618

These remarks relate to:

- a) Notice of Intent to De-Designate Existing and Designate New Area Agencies on Aging.
- b) Notice of Intent to Designate Planning and Service Area Boundaries or Change Existing Planning and Service Area Boundaries

The Notice of Intent to De-Designate Existing and Designate New Area Agencies on Aging states that the reason for this action is “in order to implement a reduction in the number of Area Agencies on Aging as mandated by state law, 2011 Iowa Acts, HF 45, Section 20.” The Notice of Intent to Designate Planning and Service Area Boundaries or Change Existing Planning and Service Area Boundaries, states that the reason for the changes is “due to changes or reduction in the number of planning and service areas as mandated by state law, 2011 Iowa Acts, House File 45, Section 20.”

Section 305 of the Older Americans Act 5-V-ii-II states that the “documentation of need for the action or proceeding” is an important procedure in the reorganization of Area Agencies. I do not believe that “legislative mandate” rises to the level envisioned by the Older Americans Act. I believe that the primary reason for changing designations should be to better serve older Iowans.

In a separate document I have commented on 17-4. I will not repeat those comments since this public hearing is related to the two” intent” documents.

For purposes of this public hearing I am registering the belief that the reason stated for the intended action does not measure up to the process that needs to be followed to be in compliance with the Older Americans Act, Section 305. I am not suggesting that the state cannot nor should not reorganize. I am strongly suggesting that action be taken in light of this public hearing to add the statement that these actions are being taken to better serve the needs of older Iowans. This could be done by adding to the second paragraph. “This law was enacted by the State to better serve the needs of older Iowans.”

The above comments relate to both notices of intent. Let me now make comments about each of the notices of intent.

In relation to Notice of Intent to De-Designate Existing and Designate New Area Agencies on Aging; under the subheading: Procedure for Area Agency on Aging Designation, I recommend that prior to an interested entity submitting an RFA, they be required to submit a letter of interest.

This will enable interested entities to know who else will be submitting an RFA and an Area Plan on Aging. This would enable the Department on Aging to determine if an interested entity qualifies and would save a lot of time for the various entity.

In relation to Qualifications to Serve as an Area Agency on Aging, I would suggest that all that is needed is: "All entities authorized by the most current federal Older Americans Act". An alternative suggestion is to change #5 to conform to the wording in the Older Americans Act which is "In the case of a State specified in subsection (b) (5)..."

In relation to the Notice of Intent to Designate Planning and Service Area Boundaries or Change Existing Planning and Service Area Boundaries:

My concern about this Notice relates to the Plan Development Process. This plan as presented is driven by the directors of the existing Area Agencies on Aging. The directors are rightly concerned about preserving their structure as much as possible, their employment, and the employment of their staff, the providers with whom they have contracts, and the older Iowans they serve. I appreciate that this process keeps the "network" happy. However, I believe this process misses a golden opportunity to look at the demographics in the state and ask afresh what organizational structure will best be able to deliver services to older Iowans. I realize that the department started with this approach but backed off. I assume this was because of negative response from the present "network."

In relation to the proposed areas, I would suggest that dividing proposed Area One into two areas might better serve older Iowans in western Iowa. The present PSA's 2,3,4, 5 could be in one area and PSA's 12,13, 14 in another.

In closing, let me assure you that I am most appreciative of the balancing act that the Department must perform. I believe my suggestion in relation to the first letter of intent will better position the Department/State from any challenge. My suggestion in relation to the second letter of intent is based solely upon a gut feeling that the area is too large to provide the most efficient and direct services to older Iowans.

A concerned citizen advocate,
Bob Welsh 84 Penfro Drive Iowa City, IA 52246
319-354-4618 welshbob@aol.com

December 19, 2011, Stephen Palmer, 255 Lakeview Drive, Mason City, Iowa 50401

To Whom It May Concern:

I would like to submit the following as written comments for the public hearing on January 6, 2012.

I am in support of the reorganization of the AAA system in Iowa as proposed. The Elderbridge Agency Staff and I have spent considerable time discussing how this reorganization will affect Elderbridge and I see many positive changes coming about as a result of the reorganization. The following comments represent my thoughts and not necessarily those of the staff or board. Some of the immediate benefits are as follows:

1. We need new software for our fiscal department and as a restructured organization we can buy additional "seats" on the license of one of the other AAA's in our new area at a much lower cost than buying a new license for ourselves.
2. We have a small group of people for health insurance so we pay a higher premium for health insurance than the new larger group will pay.
3. We will be able to lower our combined property insurance premium for the same reason as item 2.
4. We now have an incentive to share best practices rather than just saying we will get around to it someday. Each AAA has an "area of expertise" that will be shared and all will benefit.
5. As long term vacancies occur in the new organization we will be able to fill those vacancies with people who require lower compensation. For example, we will need 1 fiscal director and 4 bookkeepers rather than 5 fiscal directors. Any savings can be used for client services rather than administration.
6. We will be better able to insure that programs are uniform over the entire service area. That is not currently the case. Some areas who need to add programs will not need to reinvent the wheel but can easily adopt what others are doing.

We do not envision closing any offices or eliminating any positions in this process but we will move the organization ahead by improving efficiency. The areas listed above are only a few of the ways we will improve efficiency, many more will emerge as the process moves forward.

Our board indicated concern about the time frame and the method that was used for this reorganization effort but everyone felt that we have come too far to turn back now. We would use all of the available time whether it is 1 year 2 years or longer everything would come down to the end of the time allowed and the final product would still need some minor changes just as this reorganization plan will need some changes.

Those people who oppose the plan have not outlined any specific reasons but instead have taken an attitude that "the sky is falling" and we should stop the progress. My question would be what else do you have that is 30 years old and is running on the same platform? Based on the demographics of this state lots of other changes will need to be made and they will all be difficult. I hope at the end of the day we can all move forward with the proposed changes and provide improved services to Iowa's elderly.

Alzheimer's Association

Comments

Iowa Department on Aging Public Hearing

January 4, 2011

Summary

The Alzheimer's Association congratulates the Iowa Department on Aging for its work to implement the requirements of HF 45. The *Plan to Reduce the Number of Area Agencies on Aging* represents many months of thoughtful and deliberative work that included input from Iowans and providers in the aging network and advocacy organizations. The Alzheimer's Association recommends that new Area Agencies on Aging, including their respective Aging and Disability Resource Centers (ADRC), be "dementia capable." Dementia capable ADRC's will ensure that people with possible dementia, and their family caregivers, are identified early in the assessment process and receive appropriate information, referrals, services and supports.

Background

According *Alzheimer's Association 2011 Alzheimer's Disease Facts and Figures* report, there are an estimated 69,000 Iowans with Alzheimer's disease or a related dementia. Seventy percent of them are cared for at home and often require the services of Iowa's aging network, such as case management, transportation, information and referral, nutrition assistance, assistance with activities of daily living and other supports. Serving this population effectively involves accommodating the needs of a population that, in addition to memory loss, experiences a variety of physical, cognitive, and behavioral symptoms resulting from dementia and other medical conditions. With the number of Iowans with Alzheimer's expected to increase to 77,000 by 2025, it is crucial that Iowa's aging network be equipped to provide appropriate services to persons with dementia and their family caregivers.

Request

The Alzheimer's Association requests that Administrative Rules include requirements that Area Agencies on Aging and their respective Aging and Disability Centers (ADRC) be "dementia capable." The publication *Making the Long Term Services and Supports System Work for People with Dementia and Their Caregivers* (November 2011) describes dementia capable systems as programs that are tailored to the unique needs of people with Alzheimer's disease or other dementias, and their caregivers. Characteristics of dementia capable programs include:

- Information and assistance services have a method to identify people with possible dementia. Individuals with possible dementia receive a recommendation for follow-up with a physician.

- Options counseling staff communicate effectively with persons with dementia and their family caregivers and know what services this population is likely to need.
- Eligibility criteria and resource allocation take into account the impact of dementia on the need for services.
- Publicly and privately financed services are capable of meeting the unique needs of persons with dementia and their caregivers.
- Self-directed services ensure that persons with dementia and their caregivers are supported in their decision-making and involve others who can represent the person's best interest when necessary.
- Workers who interact with persons with dementia and their caregivers have appropriate training in identifying a possible dementia in persons that they serve, the symptoms of Alzheimer's disease and other dementias, the likely illness trajectory, and services needed.
- Quality assurance systems measure how effectively individual providers, the Aging Network, and long term services and support systems serve persons with dementia and their family caregivers.

The recent *Iowa Alzheimer's Disease Response Strategy* (attached) released by the Iowa Department of Public Health (November 15, 2011) supports the expansion of Aging and Disability Resource Centers (ADRCs) in Iowa and also recommends that ADRCs and other information and referral sources are dementia-capable. Further descriptions and the benefits of dementia capable long term care services can be found in the attached *Making the Long Term Services and Supports System Work for People with Dementia and Their Caregivers*.

Resources and training about Alzheimer's disease and other dementias are available from the Alzheimer's Association to support creating and maintaining dementia capable Area Agencies on Aging in Iowa. An administrative rules requirement that Area Agencies on Aging and ADRCs be dementia capable will support the Iowa Department on Aging's goals to offer consistent and quality services to Iowa's aging population.