

SENIOR LIVING COORDINATING UNIT

REPORT

to the

HONORABLE THOMAS J. VILSACK

and the

EIGHTIETH GENERAL ASSEMBLY - First Session

JANUARY 15, 2001

SENIOR LIVING COORDINATING UNIT

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Director, Department of Elder Affairs

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2000 REPORT
to the
HONORABLE THOMAS J. VILSACK
and the
EIGHTIETH GENERAL ASSEMBLY - First Session
by the
LONG TERM CARE COORDINATING UNIT

Background:

The departments of Elder Affairs, Human Services, and Public Health and their predecessor departments have long recognized the need for a coordinated approach to long-term care services for individuals. Since 1980 the three departments have been working together with other organizations in the Community-Based Adult Services Committee to develop a common approach to assessment and case management for Iowa.

In August of 1984, Governor Branstad appointed a task force of 14 Iowans to study the long-term care system and identify needs. Among the recommendations ultimately made by this group was the establishment of a "Long-Term Care Commission" composed of the Commissioner of the Iowa Department of Human Services, the Director of Public Health, and the Executive Director of the Commission on Aging and a number of at large members appointed by the Governor.

In response to these recommendations, the 1986 session of the Iowa General Assembly established a Long Term Care Coordinating Unit whose current membership consists of the Executive Director of the Department of Elder Affairs, the Director of the Department of Human Services, the Director of the Department of Inspections and Appeals, and the Director of the Department of Public Health. Two public representatives appointed by the Governor also serve on the unit.

The coordinating unit is charged with responsibility for developing:

- Mechanisms and procedures to implement a case-managed system of long-term-care service delivery based on the use of a comprehensive assessment tool.
- Common intake and release procedures for long-term care services.
- Coordinate procedures at the state and local levels.
- Rules and procedures for long-term care.
- A long-range plan for long-term care.

The Iowa Department of Elder Affairs has general administrative responsibility for carrying out the policies established by the Coordinating Unit.

Staff support for the Coordinating Unit is provided by the Community Based Adult Services Committee (CBAS) which draws its membership from the Iowa Departments of Elder Affairs, Human Services, Inspections and Appeals, and Public Health, and from the Iowa Association of Area Agencies on Aging, the Iowa Foundation for Medical Care and the Iowa State Association of Counties.

In 2000, the 79th General Assembly changed the name of the Long Term Care Coordinating Unit to the Senior Living Coordinating Unit (SLCU) as part of the 2000 Iowa Acts, Senate File 2193 - Senior Living Trust Fund legislation. This legislation also added a senator and representative from each political party as four non-voting members of the Coordinating Unit. 2000 Iowa Acts, Senate File 2193, also expanded the responsibilities of the SLCU to include oversight of the Senior Living Trust Fund to assure that the monies expended result in fulfillment of the Fund's mission.¹

Dr. Judith Conlin, Director of the Iowa Department of Elder Affairs, currently chairs the Coordinating Unit. Greg Anliker, Policy and Administration Division Administrator, IDEA, chairs the CBAS committee.

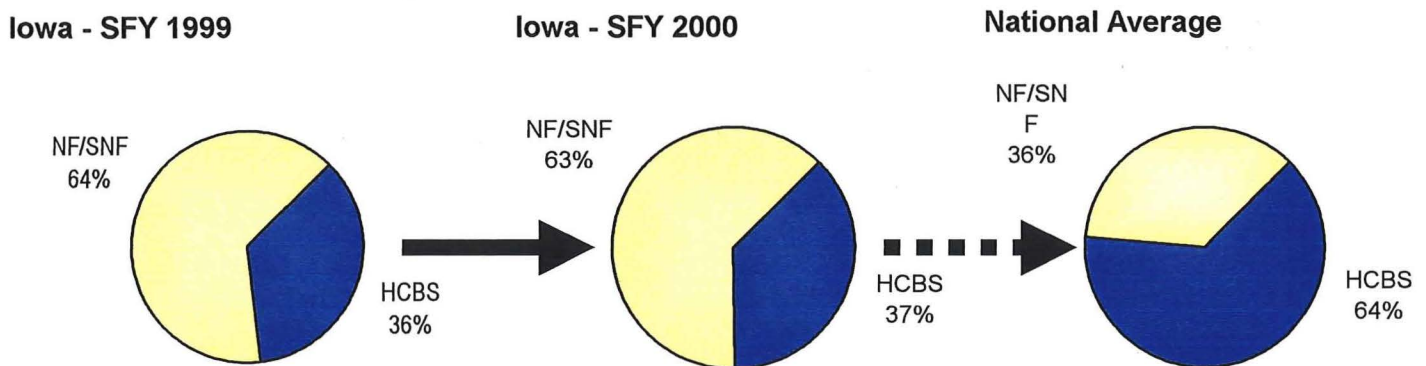
Accomplishments Calendar Year 2000²

- Obtained HCFA's approval to change the Case Management/Elderly Waiver programs comprehensive assessment tool from the IOWA to the I-OASIS to minimize duplication of effort.
- 2000 Iowa Acts, Senate File 2193 was signed by Governor Vilsack on March 3, 2000 to create a long-term care trust fund to:
 - Provide grants for conversion of underutilized Medicaid nursing facility beds to long-term care alternatives such as assisted living, respite care, and adult day care;
 - Provide grants for development of long term care service alternatives in underserved areas;

¹ See "Accomplishments Calendar Year 2000" section for more detail.

² See "Attachment B" for LTCCU accomplishments prior to 2000.

- Establish an on-going source of funding to enhance the state's ability to provide long-term care alternative services and rent expenses for Iowa's low and moderate income elders;
 - Transition to a new Medicaid payment system for nursing homes based on actual resident needs; and
 - Cover program administration costs relative to implementation of the LTC program.
- Finalized administrative rules and procedures and implemented the use of the Senior Living Trust Fund monies to fund long-term care alternative services.³
 - DHS issued a Request for Proposals for first-round funding for conversion of nursing facility beds and capital development of new home- and community-based service providers.
 - The area agencies on aging issued Requests for Proposals for first year funding of new home- and community-based services.
 - Financed additional home care services through cooperative state and local efforts using Public Health grants; Elderly Services, Senior Living Program and Older American Act contracts; and the Medicaid Home and Community-Based Services Elderly Waiver.



- The long-term care system showed initial movement toward meeting the long-term goal of developing a more comprehensive long-term care system that is more balanced system between institutional and non-institutional care as reflected by the national average. The 1.7% increase in home- and community-based services usage is attributed to increased public awareness resulting from publicity and action around the Senior Living Trust Fund.

³ See Attachments C and D for reports on Senior Living Trust Fund start-up activities.

- Modified the utilization review process at IFMC to enable early identification and referral to the case management program of nursing facility residents who could be supported by home- and community-based services.

Proposed Initiatives for SFY 2001

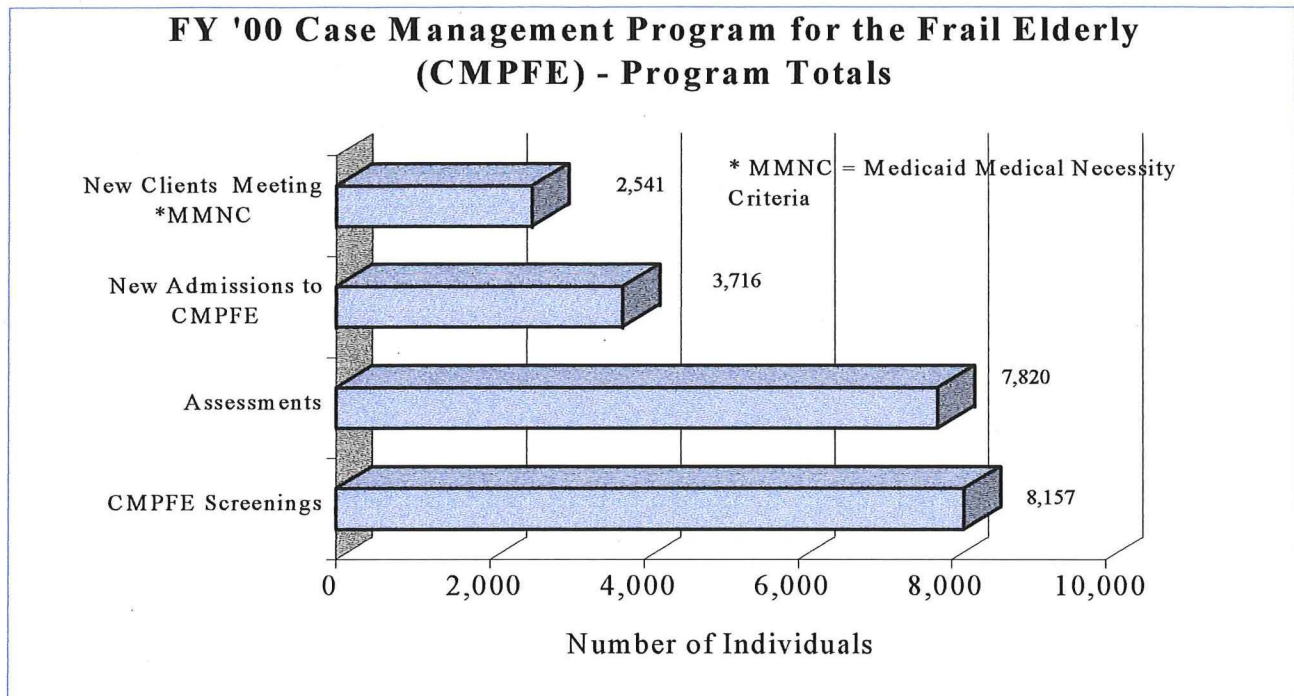
The Senior Living Coordinating Unit (LTCCU) has committed to the following activities in 2001:

- ◇ Continue to develop and deliver a comprehensive long-term care system that provides the assistance and care needed by Iowa's aging population.
- ◇ Evaluate the public funding mechanism for affordable assisted living programs.
- ◇ Target CMPFE/HCBS training for providers such as assisted living programs, elder group homes, and nursing facilities that are beginning to provide home and community based services. The waiver rent subsidy program needs to be included in the provider training.
- ◇ Target hospital discharge planners, physicians, and nursing facility staff, especially admission and discharge planners, in CMPFE/HCBS waiver training to encourage assessment and referral.
- ◇ Continue development of a more effective payment systems for nursing facilities.
- ◇ Complete a full review of the progress made on objectives outlined in the Senior Living Strategic Plan.
- ◇ Reactivate the work group and begin implementation of a plan to develop a care system for combative, physically frail individuals in Iowa. The numbers of potential clients, cost projections and the future role of the Clarinda psycho-geriatric program needs to be incorporated.
- ◇ Enhance the quality assurance review of the Case Management Program for the Frail Elderly and the Home and Community Based Services Elderly Waiver Program by developing and implementing out-comes oriented measures utilizing the federal initiatives for a Quality Assurance Tool.
- ◇ Continue to identify ways to reduce unessential and duplicative paper work involved in the community-based care system, including evaluation and response to difficulties in timing and coordination of the I-OASIS.
- ◇ Evaluate adult day care and respite services, the payment mechanisms for those services, need for monitoring and complaint investigation and recommend changes as needed.

- ◇ Develop an effective system to identify and respond appropriately to abuse of dependent individuals in home- and community-based settings.
- ◇ Form a sub-committee to evaluate the state's means to increase the number of personnel available to provide institutional and home-based services (including encouraging new citizens to train in this field, re-directing federal and state training funds, and raising the perceived desirability of caregiving as a profession,) recommend and implement strategies.

ATTACHMENT A

CASE MANAGEMENT PROGRAM STATISTICS -- STATE FISCAL YEAR 2000



A total of 8,157 of Iowa's elderly population were referred to the case management program. A Functional Abilities Screening Evaluation (FASE) was performed on everyone that was referred to the program. The FASE is the screening tool used in the case management program. Its purpose is to indicate those persons who may have multiple problems or service needs. It is also used to identify those persons who may participate in a comprehensive assessment of their needs with the IOWA Assessment Tool.

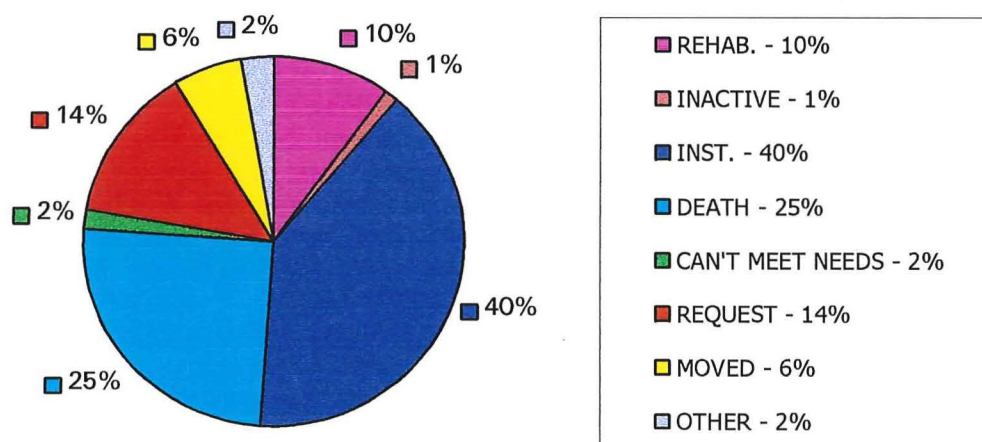
The IOWA is an assessment tool that was adapted from the Florida Assessment Tool, which had been tested for reliability and validity. The IOWA has been approved by the Coordinating Unit for use in the Case Management Program as well as in other long-term care programs administered by the Coordinating Unit's member departments. The assessment tool provides information regarding the individual's ability to function independently. From that information, a projection of the need for multiple services and/or multiple service providers is made. This projection is an indicator of the need for coordination of services through case management. During state fiscal year 2000, a

comprehensive assessment was completed for the first time on 3,854 persons. There were 3,966 annual updates or reassessments completed using the IOWA Assessment Tool.

In the thirteen area agencies on aging, 5,968 individuals remained active case managed clients at the end of the fiscal year. A number of services were provided to each of these clients after implementation of each individualized care plan. Besides receiving needed services, there is ongoing communication with the client, advocacy on behalf of the client and the clients' service providers; monitoring of appropriateness, quality and frequency of services; and regular reassessment of each client's needs. Sixty eight percent (68%) of the case managed clients, or 2,541 individuals, were determined by the Iowa Foundation for Medical Care to meet Medicaid medical necessity criteria for intermediate or skilled level of care in a nursing facility.

During fiscal year 2000, a total of 3,255 persons were discharged from the program. The chart below summarizes the reasons for discharge. Twenty-five percent of all case managed clients were able to live out their lives in their own home.

CASE MANAGEMENT PROGRAM for the FRAIL ELDERLY
Reasons for Discharge SFY00



ATTACHMENT B

ACCOMPLISHMENTS OF THE LONG TERM CARE COORDINATING UNIT Prior to FY 2000

- ⇒ Promulgation of operational rules of the Long-Term Care Coordinating Unit.
- ⇒ Development of a long-range plan for the provision of long-term care services using the strategic planning method.
- ⇒ The Medicaid Home and Community-Based Services (HCBS) Elderly Waiver was approved for implementation on August 1, 1990. The Department of Elder Affairs assisted the Department of Human Services with training for implementation of the waiver. The waiver is available in counties with the Case Management Program for the Frail Elderly.
- ⇒ Rules were adopted establishing the application process for the designation of case management programs to provide comprehensive long-term care and community-based services to the frail elderly.
- ⇒ Methods for equitable funding of the Case Management Programs for the Frail Elderly were developed cooperatively with the Iowa Association of Area Agencies on Aging.
- ⇒ The Case Management Cost Analysis report was completed by the University of Iowa in 1990 and accepted by the Long Term Care Coordinating Unit.
- ⇒ A process for reimbursing for completed case management assessment tools through Title 19 was developed and implemented on December 1, 1992. In 1995, DHS added payment by Medicaid for case management annual re-assessments used as screens for the Home and Community-Based Services (HCBS) Elderly Waiver.
- ⇒ An interagency committee reviewed the application process for the Title 19 elderly waiver to determine the reasons for the lack of applications for the waiver. The committee recommended additional training, elimination of client participation fees for waiver services and inclusion of additional services to the waiver. These recommendations were implemented and there has been a significant increase in the number of waiver applications.
- ⇒ The Long Term Care Coordinating Unit (LTCCU) approved a common intake tool to be recommended for use by long-term care providers and a common assessment tool for Case Management Program for Frail Elderly (CMPFE) participating agencies.
- ⇒ A long-range plan for specialized, long-term care units for those individuals displaying combative behavior was developed using the strategic planning method.

- ⇒ Consolidated six “Release of Information” forms into one, multi-purpose release.
- ⇒ The Long-Term Care Coordinating Unit (LTCCU) approved and implemented a common care plan to be used for all CMPFE and Medicaid Home- and Community-Based Services Elderly Waiver (HCBS-EW) clients. The LTCCU common care plan was also made available to long-term care service providers to use with non-CMPFE clients as desired.
- ⇒ An interagency committee reviewed the time frame for processing applications for the Title 19 elderly waiver to identify the reasons for delays in determination of eligibility. The following actions were taken:
 - ◇ The Health Care Financing Administration approved elimination of physician written approval of the plan of care.
 - ◇ Staff from the Departments of Human Services and Elder Affairs has provided, on request, additional training to local Iowa Department of Human Services and Area Agency on Aging staff regarding acceptable variations on steps required to process applications.
 - ◇ It was determined that DHS Service Workers may use the Case Management Program for Frail Elderly (CMPFE) assessment and care plan rather than duplicating these efforts.
 - ◇ Staff from IFMC continued to provide educational sessions to local providers on the level of care determination process.
 - ◇ Following training and reduction of duplicate efforts, the time frame was reduced substantially from a norm of three months to a norm of one month.
- ⇒ A workshop titled New Directions in Long Term Care, was held in Des Moines in 1998. Implications for financing services was discussed, as well as challenges posed by demographic trends. Strategies were discussed on creating a public process for shaping long term care policy changes.

This workshop focused on developing and implementing a strategic plan to offer consumers more choices of long-term care services and providers.
- ⇒ In 1998 the Department of Elder Affairs hosted a special meeting regarding the labor shortage in nursing facilities, home health agencies, and assisted living facilities. The Iowa Peace Institute facilitated a discussion and problem solving session. A few of the potential risks identified with dependent care worker shortages were increased bedsores, unauthorized use of restraints, and malnutrition. The two top priority issues identified were Iowa’s low

Medicaid reimbursement for nursing home residents and the lack of affordable medical insurance.

- ⇒ An interagency committee reviewed the time frame for processing applications for the Title 19 elderly waiver to identify the reasons for delays in determination of eligibility. Staff continues to work on ways to improve processing time.
- ⇒ Staff from IFMC continued to provide educational sessions to local providers on the level of care determination process.
- ⇒ The Medicaid Home and Community-Based Services Elderly Waiver paid for services to low-income elders in 94 counties with the Case Management Program for the Frail Elderly.
- ⇒ Supported appropriation of additional moneys for the expansion of the Case Management Program for the Frail Elderly during state fiscal year 1999.
- ⇒ Expanded the Case Management Program for the Frail Elderly into all of Iowa's 99 counties. Residents over the age of 60 throughout the state can now to access the case management program and its services.
- ⇒ The Home and Community-Based Services Elderly Waiver program became available statewide. Services offered through this program made it possible for thousands of Iowa's low-income, frail elderly population to stay in their own homes and communities.
- ⇒ A report was submitted to the Governor and the General Assembly regarding the activities of the Long Term Care Coordinating Unit in 1998.
- ⇒ Identified additional federal funding for Long Term Care-Home and Community Based Services to enable re-orientation of the LTC system to a more balanced system of non-institutional and institutional care.
- ⇒ On February 19, 1999 Mary Oliver made a report to the current members of the Long Term Care Coordinating Unit to bring them up to date on the activities of the Combative Behavior Task Force. This report included the recommendations of the CBTF Fact Finding Group. At that meeting the Unit approved the recommendations of this group and requested that an implementation plan be developed. The LTCCU asked that each department assign a person to a work group to develop this plan.

UNMET NEEDS – SENIOR LIVING PROGRAM - OCTOBER 2000

(This report includes data for October 2000 only - the initial month for SLP funded Home & Community Based Services)

AREA AGENCY	COUNTY	SERVICE	UNIT	CLIENTS	Reason
NORTHLAND AAA – DECORAH	Winnebago	Chore	4 hrs.	2	
3-NORTHWEST AGING – SPENCER	Lyon	Transportation	50 rides	5	funding inadequate*
	Osceola	Transportation	5 rides	1	funding inadequate*
SIOUXLAND AAA – SIOUX CITY	Woodbury	Home Repair	1 hr.	1	no provider
		Senior Companion	8 hrs.	2	unable to staff hrs
		Transportation, Ass't	10 rides	1	unaffordable*
HAWKEYE VALLEY – WATERLOO	Black Hawk	Assessment & Intervention	230 hrs.	100	funding inadequate
		Transportation, Ass't	5 rides	5	no provider
	Buchanan	Chore	15 hrs.	2	Other
	Butler	Medical	2	2	funding inadequate*
AGING RESOURCES	Madison	Chore	6 hrs.	6	no provider
	Warren	Homemaker	13 hrs.	9	unable staff hrs.
		Personal Care	21 hrs.	17	unable to staff
		Transportation	4 rides	2	not available at times Requested
SOUTHWEST 8 – COUNCIL BLUFFS	Cass	Home & Vehicle Modification	15	15	funding inadequate*
		Med Management	10 hrs.	5	no provider
		Personal Care	20	4	unable staff hrs.
		Rep Payee	20 contacts	20	no provider
	Fremont	Home Repair	50 hrs.	15	no provider
		Rep Payee	30 contacts	30	no provider
		Senior Companion	100 hrs.	12	no provider
	Harrison	Med management	50 hrs	25	funding inadequate*
		Rep Payee	20 contacts	20	no provider
	Mills	Med Management	15 hrs.	3	no funding source*
		Transportation, assisted	20 rides	10	unable staff hrs.
	Montgomery	Home Repair	5 hrs.	1	
		Med Management	15	3	no funding source*
		Rep Payee	20 contacts	20	no provider
	Page	Home & Vehicle Mod	10	10	funding inadequate*
		Rep Payee	15 contacts	15	no provider
		Senior Companion	20 hrs.	4	no provider
		Transportation, Ass't	50 rides	25	unable to staff hrs. needed
	Pottawattamie	Rep Payee	50 contacts	50	no provider
		Transportation	100 rides	20	unable to staff # hrs, no funding sources*
		Senior Companion	100 hrs.	20	no provider
	Shelby	Home & Vehicle Mod	5	5	no provider
		Rep Payee	20 contacts	20	no provider
		Senior Companions	100 hrs.	25	no provider
SOUTHEAST IOWA – BURLINGTON	Lee	Homemaker	5 hrs.	1	service avail, no funding source

* The cost of the individualized service is so high that it outweighs the benefit to the client and renders the service unaffordable.

**Iowa Department of Elder Affairs - Senior Living Program - Home and Community Based Services
from Area Agency on Aging Reports for the Initial Month of Services - October 2000**

SERVICES	SERVICES	# Service Units	CLIENTS					
			# Undup. Clients	60+ Low Income	60+ Minority	Rural	Moderate Income	75+
Adult Day Care/Health		594	16	4	2	2	2	8
Assisted Transport		93	17	14	2	3	11	16
Case Management		981	141	117	11	71	19	101
Chore		272	33	32	2	30	1	29
Congregate Meals		186	27	25	0	27	2	12
Hlth.Scrn/House Calls		38	25	25	5	1	0	18
Home Delivered Meals		597	58	52	0	27	9	41
Homemaker		450	78	77	5	17	8	62
Legal Assistance		91	24	13	0	0	0	16
Material Aid		5	5	5	0	3	2	4
Medical Alert/Lifeline		102	98	95	0	56	6	79
Mental Health		38	6	1	0	0	1	4
Nutrition Education		9	20	3	0	0	0	5
Outreach		10	10	10	10	0	0	6
Personal Care		47	10	10	0	3	0	9
Representative Payee		25	5	5	2	0	0	5
Respite		53	6	4	3	0	3	6
Transportation		250	16	15	0	1	4	11
Visiting		112	5	5	0	5	1	3
Well Eld.Clnc./Medication Mgt.		16	8	8	0	8	0	4

Preliminary Data shows 362 different elderly persons receiving services in October 2000.

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**SENIOR LIVING TRUST FUND
NURSING FACILITY CONVERSION
AND
LONG TERM CARE SERVICE
DEVELOPMENT
GRANT UPDATE**

**IOWA DEPARTMENT OF HUMAN SERVICES
RESPONSE TO SENATE FILE 2193
DECEMBER 2000**

SENIOR LIVING TRUST FUND NURSING FACILITY CONVERSION AND LONG TERM CARE SERVICE DEVELOPMENT GRANT UPDATE

Subject:

The Iowa Senior Living Trust Fund and Nursing Facility Conversion and Long Term Care Service Development Grants.

Background:

Beginning in the fall of 1999, the Iowa Department of Human Services and the Iowa Department of Elder Affairs began exploring ways to restructure the Iowa long term care system with the goal of creating a better balance between institutional (i.e., nursing facility) and non- institutional services.

National statistics reviewed by these agencies revealed that Iowa has, on the whole, too many nursing facility beds and few less costly and less medically intensive alternatives. The excess of nursing facility beds is demonstrated by declining nursing facility occupancy rates in many parts of the state.

It was discovered that the State of Nebraska is well on its way toward reorganizing its long-term care system utilizing a significant source of federal Medicaid funding.

Following a series of meetings involving nursing facility associations, associations representing service agencies serving elderly and handi- capped persons, and state agency staff, it was determined that Iowa should submit a Medicaid State Plan amendment requesting a draw- down of federal financial participation to establish a "proportionate share pool" (i.e., the Iowa Senior Living Trust Fund). The requested draw- down of federal dollars was based on the difference between what Iowa has paid nursing facilities and what federal regulations would allow Iowa to pay.

The 2000 Iowa General Assembly then enacted SF 2193 which creates language in 249H of the Code of Iowa creating the Iowa Senior Living Trust Fund, outlining appropriate use of these funds and the design for re-directing the Iowa long term care system.

The Act also provides direction to the Iowa Department of Elder Affairs and the Iowa Department of Human Services regarding administration of the Trust Fund contingent upon receipt of anticipated federal funding.

The overall goal described in this Legislation is to move Iowa toward a balanced, comprehensive, affordable, high quality long term care system.

On April 13, 2000, Governor Vilsack announced that the federal Health Care Financing Administration had approved the Iowa long term care plan including approximately \$340 million in federal funding over a three year period.

Action of the Iowa Department of Human Services:

In order to implement provisions of Iowa Code 249 H the Iowa Department of Human Services promulgated administrative rules establishing the Iowa Senior Living Trust Fund and establishing a program to award grants to Iowa long term care providers wishing to develop needed services in their communities and to Iowa nursing facilities wishing to convert nursing facility beds to assisted living or other alternative uses.

Iowa Senior Living Trust Fund Grants (Review and Approval)

- On July 5, 2000, a Request for Proposals for Iowa Senior Living Trust Fund Grants” was released.
- Regional workshops were held around the state and via. ICN to provide information and answer questions related to grants.
- On the closing date for grant applications (September 1, 2000), 73 grant applications had been received by the Department.
- Preliminary review identified 7 grant applications that did not meet minimum requirements as established in Rules.
- The remaining 66 grant applications were carefully evaluated by a 4 person panel with extensive long term care experience using criteria established in administrative rules.
- Applications were then ranked from highest to lowest score and presented to the Iowa Senior Living Coordinating Unit on November 13 for their review and recommendation to the Department.
- On November 28, the State Medicaid Director accepted the recommendations of the Coordinating Unit.
- On November 29, letters were sent to 42 nursing facilities and other long term care providers notifying them of approval to proceed with an architectural and financial feasibility study. Note: Most applicants were also awarded funds of up to \$15,000 to assist with the cost of the feasibility study.
- Approved applicants have until January 31, 2001 to submit completed feasibility studies.
- These feasibility studies will be reviewed by the evaluator panel as they are received.
- Based on input from the evaluator panel, recommendations for grant awards will be made by the State Medicaid Director.

- The Medicaid Director will send letters approving or denying grant awards to applicants within 30 days of receipt of the feasibility study.

Description of Proposals Receiving Preliminary (first round) Approval:

Attachment A provides an outline of the providers submitting grant applications and the type of proposal submitted as well as, characteristics of the provider organization.

Attachment B gives a more graphic picture of where in the state approved projects are located.

Issues and Concerns Arising From The First Year of Operation of the Iowa Senior Living Trust Fund Grant Program:

- Grant applications have not been received and/or approved from areas of the state where a need for alternative services exists during the first round.
- Many of the grant applications from conversion of nursing facility beds to assisted living involve a plan for new construction (i.e., construction of a new building) rather than the remodeling/ renovation of existing space.
- Some applications for nursing facility to assisted living conversion propose new construction (i.e., a new building) even though current utilization of existing nursing facility space is low (80% occupancy or less).
- Some applications lack convincing evidence of community-wide collaboration, coordination, and support.

Possible Considerations for Changes to Legislation/Administrative Rules:

- Require additional justification for nursing facilities proposing new construction rather than conversion of existing space to assisted living—particularly if current utilization of nursing facility space is near or less than 80% occupancy.

Future of the Program:

Based on the current status of federal regulations and conversations with officials of the federal Health Care Financing Administration, we believe federal funding through the intergovernmental transfer will continue through fiscal year 2002. The Senior Living legislation designated \$80 million dollars towards these conversion and service development grants, with the first \$20 million appropriated to the department in fiscal year 2001. We would anticipate subsequent \$20 million annually through fiscal year 2004 for these grants.

Iowa Department of Human Services

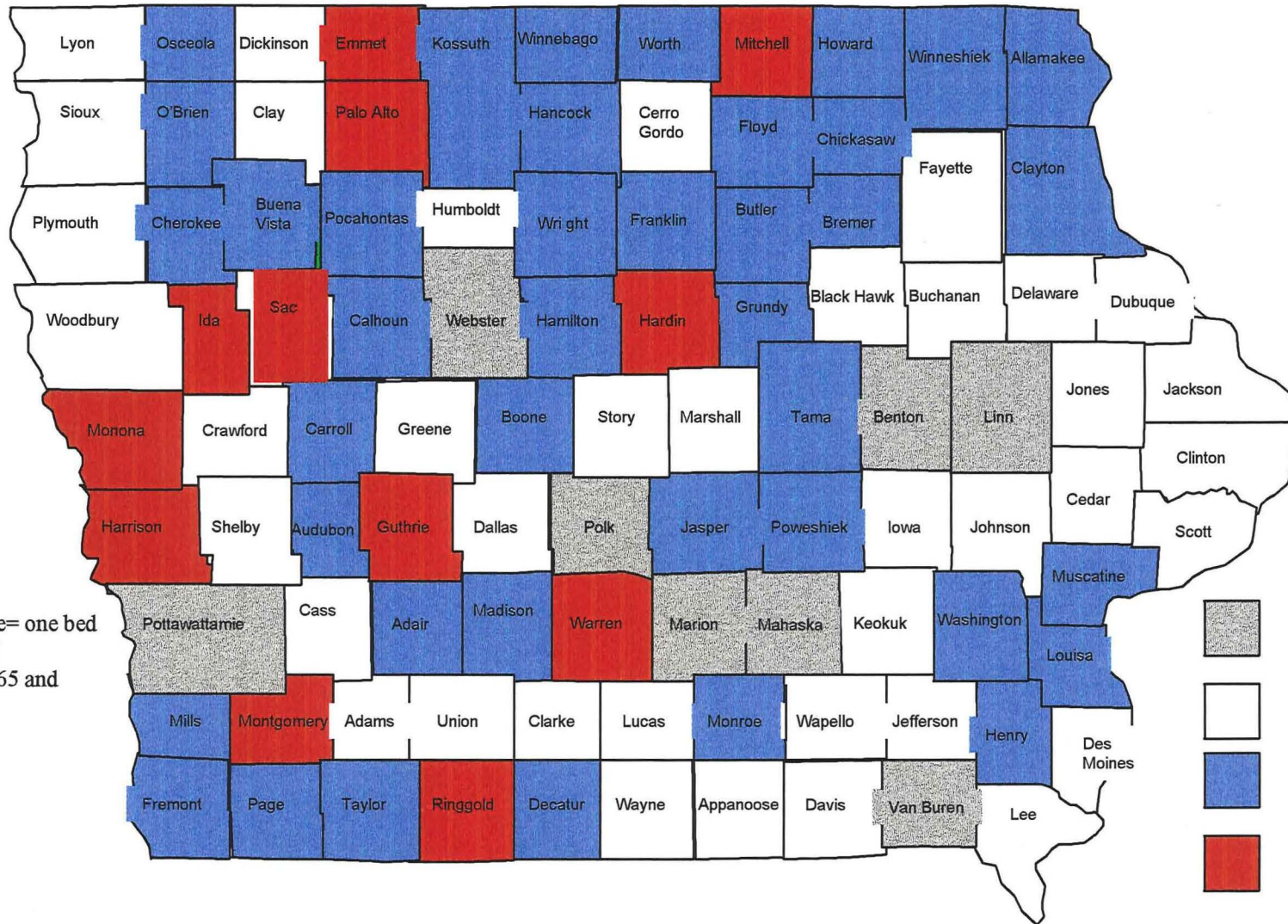
Grant Applicants Receiving Approval to Proceed with Feasibility Study

LTC Provider Name	City	County	Application Type	AL	Proposed Services										Feasibility Allowance
					Home Care	Home Delivered Meals	Adult Day Care	Respite	Transportation	Chore	PACE	Safe Shelter	Senior Companion		
Asse Haugen Homes, Inc.	Decorah	Winneshek	Conversion	8											\$15,000.00
Algona Good Samaritan Center	Algona	Kossuth	Conversion	14											\$15,000.00
Avera Holy Family Health	Estherville	Emmet	Service Development				1								\$0.00
Bartels Lutheran Home	Waverly	Bremer	Conversion	20		1		1							\$15,000.00
Concerned, Inc.	Harlan	Shelby	Service Development				1								\$15,000.00
Correctionville Nursing and Rehab Center	Correctionville	Woodbury	Conversion	8				1	1						\$15,000.00
Delaware County Senior Center	Manchester	Delaware	Service Development					1							\$15,000.00
Dumont Care Center	Dumont	Butler	Conversion	6		1		1	1						\$15,000.00
Eldora Nursing and Rehab Center	Eldora	Hardin	Conversion	7					1				1		\$15,000.00
Elkader Care Center	Elkader	Clayton	Conversion	9				1	1						\$15,000.00
Elmwood Care Center	Onawa	Monona	Conversion	10				1	1						\$15,000.00
Emmetsburg Care Center	Emmetsburg	Palo Alto	Conversion	11				1	1						\$10,000.00
Estherville Good Samaritan Center	Estherville	Emmet	Conversion	20											\$15,000.00
Forest City Good Samaritan Center	Forest City	Winnebago	Service Development					1							\$7,500.00
Golden Age Care Center	Centerville	Appanoose	Conversion	15											\$15,000.00
Good Shepherd, Inc.	Mason City	Cerro Gordo	Conversion	40											\$15,000.00
Great River Care Center	McGregor	Clayton	Conversion	9				1	1						\$15,000.00
Greenbelt Home Care (Mercy Med Ctr, Ellsaw		Eldora	Service Development						1	1					\$0.00
Holstein Good Samaritan Center	Holstein	Ida	Conversion	7											\$15,000.00
Holstein Good Samaritan Center	Holstein	Ida	Service Development			1									\$0.00
Holy Spirit Retirement	Sioux City	Woodbury	Service Development					1							\$15,000.00
Maple Heights	Mapleton	Monona	Conversion	6											\$13,000.00
Morning Sun Care Center	Morning Sun	Louisa	Conversion	8				1	1						\$15,000.00
Mount Ayr Health Care Center	Mount Ayr	Ringgold	Conversion	6											\$15,000.00
Newell Good Samaritan Center	Newell	Buena Vista	Conversion	5											\$15,000.00
Newell Good Samaritan Center	Newell	Buena Vista	Service Development								1			1	\$10,000.00
Parkview Manor	Wellman	Washington	Conversion	20				1	1						\$15,000.00
Pleasant View Care Center	Whiting	Monona	Conversion	10											\$15,000.00
Pleasant View Care Center	Whiting	Monona	Service Development			1									\$15,000.00
Pomeroy Care Center	Pomeroy	Calhoun	Conversion	10		1		1							\$15,000.00
Postville Good Samaritan Center	Postville	Allamakee	Conversion	8				1	1						\$15,000.00
Riceville Community Rest Home	Riceville	Howard	Conversion	9											\$15,000.00
Rose Vista Home, Inc.	Woodbine	Harrison	Conversion	10				1	1						\$15,000.00
Ruthven Community Care Center	Ruthven	Palo Alto	Conversion	14		1		1	1						\$15,000.00
Shady Rest Care Center	Cascade	Dubuque	Conversion	10				1	1						\$15,000.00
Sigourney Care Center	Sigourney	Keokuk	Conversion	8				1	1						\$15,000.00
St. Anthony Regional Hospital and Nursing H	Carroll	Carroll	Service Development					1	1		1				\$0.00
Stonehill Adult Center	Dubuque	Dubuque	Service Development					1							\$7,500.00
Sunrise Retirement Community	Sioux City	Woodbury	Conversion	8		1		1	1						\$0.00
Waukon Good Samaritan Center	Waukon	Allamakee	Conversion	12				1							\$15,000.00
Wheatland Manor	Wheatland	Clinton	Conversion	9				1	1						\$15,000.00
Willow Dale Center	Battle Creek	Ida	Conversion	10		1		1	1						\$15,000.00
					347	0	8	27	20	2	1	0	1	1	

Underserved Map

Nursing Facility/Assisted Living

Aged 65 and Over



National Average= one bed
for each 4.4% of
population aged 65 and
over.

