

IDAPA 15 – OFFICE OF THE GOVERNOR

IDAHO COMMISSION ON AGING

15.01.01 – Rules Governing Senior Services and Older Americans Act Programs

Who does this rule apply to?

Area Agency on Aging (AAA), ICOA contractors and providers, and AAA contractors and providers.

What is the purpose of this rule?

The rule describes the requirements for aging services funded under the Idaho Senior Services Act and the Older Americans Act.

What is the legal authority for the agency to promulgate this rule?

This rule implements the following statutes passed by the Idaho Legislature:

State Government and State Affairs -

Commission on Aging:

- [Section 67-5003, Idaho Code](#) – Power and Duties of Commission

Who do I contact for more information on this rule?

Idaho Commission on Aging
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This rule chapter will be reviewed in compliance with Section [67-5292](#), Idaho Code, and in accordance with the 8-year rule review schedule linked [here](#).

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15.01.01 – RULES GOVERNING SENIOR SERVICES AND OLDER AMERICANS ACT PROGRAMS

000. LEGAL AUTHORITY.

Section [67-5003](#), Idaho Code.

(7-1-26)

001. SCOPE.

These rules constitute minimum requirements for aging services funded under authority of [Title 67 Chapter 50](#), Idaho Code, and the [Older Americans Act of 1965 as amended \(OAA\)](#), and [45 CFR Part 1321](#) related to Idaho's aging programs and services.

(7-1-26)

002. – 009. (RESERVED)

010. DEFINITIONS.

01. Assessment. An instrument utilizing uniform criteria to assess eligibility. (3-31-22)

02. Client. Person who has met service eligibility requirements. (7-1-26)

03. Cognitive Limitations. The inability to perform one (1) or more of the following eight (8) instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability (transportation ability refers to the individual's ability to make use of available transportation without assistance). (7-1-26)

04. Cost Sharing Payment. An established payment required from clients receiving services under this chapter. The cost sharing payment varies by regulation and according to client's current annual household or individual income. (7-1-26)

05. Eligibility. Someone who may receive services in alignment with federal and state law, operational guidance, and budget constraints. (7-1-26)

06. Focal Point. A facility identified to facilitate the maximum collocation and coordination of services for older individuals. (7-1-26)

07. Formal Supports. Services provided to clients by a formally organized entity, including, but not limited to, Medicaid HCBS. (3-31-22)

08. Functional Limitation. The inability to perform one (1) or more of the following six (6) activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. (7-1-26)

09. Household. For sliding fee purposes, a "household" includes a client and any other person permanently resident in the same dwelling who share accommodations and expenses with the client. (3-31-22)

10. Informal Supports. Supports provided by church, family, friends, and neighbors, usually at no cost to the client. (3-31-22)

11. Medicaid Services. Programs and services approved under Medicaid for the aged and disabled. (7-1-26)

12. Older Americans Act as Amended (OAA). Federal law which authorizes funding to states to provide home and community-based services for older persons. (7-1-26)

13. Provider. An Area Agency on Aging (AAA) or a person or entity capable of providing services to clients under a formal contractual arrangement including duly authorized agents and employees. (7-1-26)

011. – 012. (RESERVED)

013. PROGRAM POLICY.

01. Idaho Commission On Aging (ICOA) Program Manual. ICOA program manual includes but not limited to the published operations manual, planning manual, policies and procedures, standardized forms and

assessments, review toolkits, and any other official ICOA guidance. The manual is developed, modified, and updated with input from the appropriate stakeholder groups and approved by the Administrator. At the Administrator's discretion, the manual may be modified to adhere to state or federal law, regulations, or best practices. (7-1-26)

02. Programs and Services. Programs and services offered by ICOA may include, but are not limited to: (7-1-26)

- a.** Adult Day Care. (7-1-26)
- b.** Case Management. (7-1-26)
- c.** Chore Services. (7-1-26)
- d.** Congregate Meals. (7-1-26)
- e.** Health Promotion and Disease Prevention. (7-1-26)
- f.** Home-Delivered Meals. (7-1-26)
- g.** Home Modification. (7-1-26)
- h.** Homemaker Service. (7-1-26)
- i.** Information and Assistance Services. (7-1-26)
- j.** Legal Assistance. (7-1-26)
- k.** National Family Caregiver Program that may include: (7-1-26)
 - i.** Counseling. (7-1-26)
 - ii.** Respite Care. (7-1-26)
 - iii.** Supplemental Services. (7-1-26)
 - iv.** Information Services. (7-1-26)
 - v.** Access Assistance. (7-1-26)
 - l.** Outreach Services. (7-1-26)
 - m.** Transportation Services. (7-1-26)
 - n.** Respite. (7-1-26)

014. (RESERVED)

015. SERVICE PRIORITY.

Services are prioritized as described in ICOA program guidance and the accepted area agency on aging (AAA) local plans. Exceptions may be made for clients in immediate jeopardy or a waiver approved by the Administrator. During declared emergencies alternative criteria may be used. (7-1-26)

016. SERVICE LIMITATIONS AND EXCEPTIONS.

01. Cost Sharing Payments. Payments may be required based on the sliding fee scale established by the Administrator in accordance with the program regulations. (7-1-26)

02. **Service.** Eligibility, denial, or termination are determined through the applicable ICOA Assessment. (3-31-22)

03. **Medicaid Home and Community Based Services (HCBS).** Clients or individuals determined by the Idaho Department of Health and Welfare to be eligible for Medicaid or Medicaid HCBS are not eligible for services unless the services are determined by the provider to be needed on an interim, emergency basis until Medicaid or Medicaid HCBS is initiated. (7-1-26)

017. – 999. (RESERVED)