



BOARD OF DIRECTORS MEETING

FEBRUARY 19, 2026

Board Members Present: Linda Miller, Yvonne Pitsch, Rick Johnson, Susan Leuthauser, and Peggy Fisher

Staff Present: Sonita Oldfield-Carlson, Stephanie Newton, Kathy Hyde, Lisa Harwood, and Sharon Schnoor

HHS Member Present: Liz Fridley

I. Call to Order

The meeting was called to order at 10:00 a.m.

II. Roll Call

Roll call was taken and all were present.

III. Approval of Agenda of February 16, 2026

Motion made by Peggy Fisher and seconded by Rick Johnson to approve the agenda as written. All were in favor.

IV. Approval of Board Minutes of January 15, 2026

Motion to approve the January minutes as written was made by Rick Johnson and seconded by Susan Leuthauser. All were in favor. Rick requested the Minutes be more reflective of what's said in discussion.

V. Acting CEO Report

Sonita reported applications are being received for open positions. Rick asked how we handle hiring. Kathy explained Milestones' process for advertising openings and screening candidates. Questions were asked of Kathy about how and where we keep the Employee Handbook.

Linda stated that while still under the Corrective Action Plan (CAP) from the State that CEO report reflects the highlights of progress on the CAP. Sonita said a CEO Orientation with Aging and Disability Services (ADS) is scheduled for Tuesday, March 3 in Des Moines that she, Linda and Rick will be attending. The purpose of the CEO Orientation is to educate on how to function within the aging network. Yvonne said she would not be able to attend, and Susan said she would check her schedule.

Sonita continued the leadership team is implementing changes to strengthen the staff composition. The full-time marketing position was eliminated, and a new position of Community Engagement Director is proposed to be added. The focus of Community Engagement will be helping to enhance the agency's public presence, cultivate partnerships, and do grant writing and fund raising. The position, job description, and pay grade will be submitted to the Board. It was asked if marketing would be part of the duties and Sonita replied that we have the possibility of a volunteer that can help with some of the marketing, and the website development company can post to the website for a reasonable monthly fee. It was then asked about the status of the former marketing manager. Sonita referred the question to HR and Kathy replied that this was a personnel issue and would need to go into a closed session for discussion.

Regarding the Corrective Action Plan there are two items left that are related to Board activity. Sonita submitted the quarterly documentation of Board and Finance Committee minutes and will continue to the end of the fiscal year. The second item was the Bylaws as far as additions and revisions that the Board worked through and that is on the agenda to discuss today.

Sonita reported she attended a Southeast Iowa Complex Care Network (SICCN) meeting to cover a scheduled presentation on the former CEO's calendar. SICCN is comprised of Jefferson, Van Buren, Davis, and Lee counties. She said it seems to be a mixture of public health and hospital systems. Sonita presented them with the county fact sheets that the Milestones Board previously received. SICCN was unaware of our other services available and asked for more information about nutrition services. Nutrition services director, Lisa, is scheduled to be a presenter at their April meeting.

Chair Linda explained this group is applying for the Rural Iowa Transformation Funds, a \$209 Million rural health transformation. There are five RFP's going out for a one-time

grant. Sonita reported the SICCN invited the group to submit any additional ideas for their application. Milestones submitted an idea for consideration for what would be a variation of the return to community program but more of an urgent care kind of transition – a bridge to care transition back home from acute care situation. We haven't heard back on whether they want to pursue the concept. Linda added it's a fast timeline. She expressed a positive opinion that Alex Bauman, who was under Aging and Disabilities Division Director Zach Rhein, just got transferred over to lead the Rural Transformation project. Sonita said she will continue to represent Milestones at the SICCN meetings.

Sonita reported there are conversations at the State level and with the Area Agencies on Aging (AAA) executive directors, and with ADS on legislation proposed to align the AAAs with what is being referred to as the HHS map. She gave the following explanation:

The HHS map is comprised of the seven behavioral health and Disability Access Point (DAP) regions. There is a lot of discussion about the timeline for implementation because the funding for AAAs comes from the Administration for Community Living per the Older Americans Act federal legislation. There are regulations about aligning maps and distributing population evenly and funding formulas, etc. The HHS map will affect Milestones by dividing us into 3 pieces to re-align with the disabilities and the behavioral health maps. The AAA executive directors are working with ADS to design and produce a way to collaborate and be cooperative in doing that. However, there is concern it may involve legal work in contracting and re-applying to be approved as the AAA fitting the map. Sonita reported that the agencies are working with ADS to plan this as sensitively as possible to prevent or minimize disruption in services and staff.

However, because of OAA regulations there will be requirements for public input and ACL will have to approve the new AAA map. The legal process will entail de-designating each of the AAAs followed by an application to be approved to be the AAA. The ADS projects this to be 18-month process. The Governor's office wants to fast track the alignment. Linda stated there could be AAAs that bid on more than one region so that's one reason we need to focus on strengthening our priorities, strategies, and Board with people who can help us in the next 4 months so we can re-bid from a position of strength.

Sonita reported that ADS is already working on the application process so as the legislation moves forward the timeline is already in motion. The ADS director has proposed to the AAAs their desire is for the application to be designed in such a way that is favorable to the existing AAAs. If so, it will be a matter of figuring out amongst the existing AAAs how to cover all the areas within those new HHS map regions. It was

asked what kind of map they were using and Sonita said it's the behavioral health map and she would email it out to the Board, as well as a map of what Milestones current area is right now.

Rick asked if this development was going to delay hiring a new CEO. The members present decided to discuss in closed session how to proceed with the interim CEO tenure in light of the re-alignment timeline.

VI. Financial Report

Stephanie started her reports with the balance sheet saying in December we had almost \$300,000 in Wells Fargo. We did receive State payment in December for January so had \$558,000 in Quad City Bank and Trust which we were switching over from Wells Fargo. Nothing out of the ordinary for December but do have a large amount of deferred revenue and that is because we received the State payment in December. Do have a higher amount of waiver meals and that is because we received our waiver meal payment late from the MCO. So, the R&E reflects that we didn't receive any of our waiver payments. Normally we receive about \$20,000 and didn't receive any until January. So, it shows just that we have a higher loss on our waiver. From Santa for Seniors, we received \$147.14 for the campaign.

Moving on to review the R & E, we received \$342,000 in revenue. In Medicaid administrative claiming (MAC) we had 24.13% in Quarter 2, which is up from 23.58% in Quarter 1. Our goal is 25%. MAC generated \$36,097 in revenue. Stephanie reported all expenses were in line for the month of December. For salaries we are at about 39% of budget. This should be at 50% of the year at this point, so we're under for the salaries. For contract provider expenses for the budget Stephanie stated we are right about where we should be.

Rick asked why we had vehicles when staff can get reimbursement for mileage using their own vehicles. Staff explained there are vehicles specifically needed for the nutrition department, which are cargo vans. Lisa also mentioned that vehicles are needed for our cooking kitchens for meal delivery. Three of the vehicles were sold during the recent fiscal difficulties. The question was asked how many vehicles Milestones has and the answer was 10. Each of the 3 offices has a van which Milestones maintains. It was mentioned that all 4 of our cooking kitchens do bulk routes of over 60 miles a day and need a large vehicle.

Moving on, Stephanie said we are at about 41% where we're spent for the year and we should be at about 50%, so we are underspent. There was a question regarding rent amounts. The rent for Burlington and Ottumwa offices is a little over \$1,000 a month

each but Davenport is \$4,900 a month. Stephanie pointed out that the Board approved the rent amount. Mention was also made of the quality of the building space in Davenport compared to Burlington and Ottumwa. It was also asked where meals are prepared in Scott County, and the reply was that Sodexo supplies them and are based at St. Ambrose where they prepare our meals. Milestones does not have cooking kitchens in the Scott County area. Rents include the Clinton meal site, a Muscatine office for nutrition, the Ottumwa office, Davenport office, Burlington office– the hospital is the meal site rent. Milestones pays a monthly stipend of \$150 to the Oskaloosa church to help cover the costs of the utilities, trash, and phone service.

At our former administrative location (935 E. 53rd St., Davenport) there was consideration to rent excess/unused space, but we do not have extra space in the building at 4440 N. Brady St. because we still need to add two staff people for social services here. We are also co-located with two DAP navigators and house the SHIIP volunteers. It was noted more space would be helpful at the Ottumwa office.

Stephanie also wanted the Board to know that we are in the process of making sure we close all Wells Fargo accounts, and 3 of the 4 are closed now. Rick asked who had company credit cards and the answers were Sonita, Stephanie, Lisa, and some of her nutrition people and 4 of the cooking kitchens, a credit card for the office in Ottumwa and one for the office in Burlington to purchase supplies. The former CEO's credit card was cancelled. Stephanie said she keeps track of the credit cards and if any purchase is made of over \$50, they must fill out a purchase order.

Motion to approve the financial report made by Peggy Fisher and seconded by Yvonne Pitsch. All were in favor. Financial Report was approved.

VII. Milestones Finance Committee Report

Linda reported the Committee met last week and went through the financials. Also discussed the recommendations from Milestones Leadership regarding the possibility of a cost of living raise for the employees of either 2% or 3% because employees have not had raises in 2 years, or a cost-of-living increase. The Committee reviewed a spreadsheet presented by Stephanie for discussion of the cost. It was noted that staff were given a one-time additional personal day last year.

There was a discussion about whether the Board wanted to wait until next month and did not want to make it retroactive as that is a headache for payroll. So, Board was shown at 2% increase that it would be \$38,000 increase and at 3% would be \$57,000 annualized. However, it was recognized the expense would be less given that there are only 4 months remaining in the fiscal year.

One thing considered was the travel and mileage in the Revenue & Expense report. The budget estimate is \$75,000 for travel and mileage but only \$15,000 has been incurred this year, which would help assure the agency revenue can cover the cost-of-living increase. Rick mentioned he would like to see the board meetings moved to the fourth Thursday of the month, so they would be looking at last month's figures, not two months ago. It was mentioned there needs to be a Board action for a future meeting.

Stephanie was asked when the budget for FY27 had to be turned in and the reply was pretty soon. Said ADS would send the amounts from State in April and then a budget can be developed for Board approval. It was mentioned that the budget needed to figure in a cost-of-living increase each year.

Rick requested the Finance Committee meeting report be included in the Board packet so it could be reviewed prior to Board meeting.

Linda said although the cost of living wasn't part of the agenda for this meeting, she thought a Motion could be made to go ahead and vote at this time since it was already reviewed. Motion made to add the cost-of-living increase to the agenda was made by Peggy Fisher seconded by Linda Miller and all were in favor. There was then discussion on whether to approve 2% or 3% and it was agreed on 3%. Motion to give 3% cost of living raise effective March 6 payroll made by Linda Miller and seconded by Peggy Fisher. All were in favor.

The next item for the Finance Committee was reimbursement rate for mileage. It was reported the federal mileage rate is at 72 cents, the State rate is 50 cents, and Milestones is presently at 30 cents per mile. The Committee proposed to the Board to bring agency mileage reimbursement up to the State level. This is under the New Business for discussion. One last item in the budget was regarding volunteers to be reimbursed through RSVP rather than through Milestones where possible.

VIII. Old Business

a. Bylaws revisions in response to ADS feedback.

Rick said since the changes were made per their request there didn't seem to be the need for discussion. Motion made to approve the Bylaws as revised by Peggy Fisher and seconded by Susan Leuthauser. All were in favor. Board of Directors Bylaws approved.

b. Consideration of mileage reimbursement ratio to 50 cents per mile, which is the State level.

Motion to increase the mileage reimbursement rate to the State level each year made by Rick Johnson and seconded by Susan Leuthauser. All were in favor. Motion approved.

X. Program Reports

a. **Human Resources** – Kathy stated HR would be conducting a workplace survey at the end of the month through the agency payroll provider, ADP. Rick requested the survey be shared with the Board. HR Director and the HR Generalist will be the only ones that have access to the answers. Yvonne asked what the cost would be, and the reply was that there would be no additional cost as it's part of our program. Rick asked if there would be a summary report after the survey completed. Kathy replied that they could do so. Kathy said there are 10 questions that will give a sense of where everybody's attitude, satisfaction, and emotional levels are at right now to establish a baseline for improvement.

Kathy said we are trying to map all our training initiatives into ADP. Harassment training will be added. Linda asked if the State staff training modules could be uploaded. Liz (HHS-ADS) said she would explore if available. A question was asked about mandatory abuse reporter training, and the reply was that everybody must do it, and they do it on the computer. Staff do it every 3 years, and it is renewed based on when last completed. Reminders are sent out to staff automatically in ADP prior to expiration.

Peggy asked if we go to job fairs at colleges in areas in which we are recruiting. Kathy reported Sally (HR Generalist) is going to Southeast Iowa Community College for a job fair next week. It was asked if we could talk a little bit about the option counselor we hired in Ottumwa. Sonita conducted that interview and corrected that the new hire is for the Family Caregiver Specialist. The FC recent hire is Jennifer Downing, who met all our qualifications and is a lifelong resident of Ottumwa area.

Option Counselor position remains unfilled. Yvonne asked what an Options Counselor does. The reply is that she is part of the Social Services team, and they specialize in assisting people to find benefits they may be eligible for and support for their individual needs. It was asked how the position differs from Case Management and answered case management is longer term.

A question was asked as to whether we have any employee recognition now, and the answer was no. Kathy said she has identified a need to strengthen the supervisor-employee communication. Kathy said evaluation is a component in the communication process because it's important to know what a supervisor wants or needs or thinks the employee should be doing. She continued to explain that chain of command is important because if somebody is not happy with their supervisor, and they haven't

tried to resolve with their supervisor, they jump to that supervisor's supervisor. Susan asked if we have chain of command now and Kathy replied that we want to be more uniform, so she is developing tools to conduct evaluations. Next step is to train all the supervisors on how to do an evaluation. Rick asked when the final evaluation tool would be ready, and Kathy replied that she hoped by July 1. Rick mentioned that an updated job description will also be needed.

Sonita mentioned that we have not used HR to capacity. Now, we want more professional development, coaching, training, etc. Rick asked what vacancies are shared with supervisors and the reply was that it depends on where openings are going to be. Sonita said we let HR know what jobs are open. We advertise in appropriate areas. HR sends out postings for openings and collects batches of resumes. In Social Services, the director and supervisor review the pre-screened resumes from HR then send prioritized candidates back to HR to set up interviews. If Social Services think HR should be part of the interview they will say so, but HR isn't necessarily involved in each interview. Peggy stated HR doesn't necessarily need to be onsite for every interview but could utilize zoom.

b. Nutrition Program – Lisa said sitting on almost \$200,000 in meal revenue. That's about one month's worth of expenses. She stated we don't want to leave services on the table that could be delivered. We are below the number of meals delivered from what we projected in our 3A1 (service and consumer estimates form) which is submitted to the State every year. Currently, we're under by about 4,000 meals at the 6-month point. We have funding to increase services, we are delivering the services we said we were going to deliver, and we opened 50 extras spots on the waitlist that were mentioned at the last Board meeting. Lisa said she would like to sit with Stephanie soon to look at what other options would be now that we are still not catching up on what is in deferred revenue right now. Lisa reported she was invited to join a meeting with ADS to highlight the new waitlist process during the presentation. Lisa said she shared a copy of our waitlist with just where the people are and how long they were on the waitlist. Unfortunately, there were a few on the list for longer than 6 months but that was a result of changes we had in staffing. Lisa reported we do not have anybody on our waitlist who has been there more than 6 months now and it is now under 30 people. She reported she is working with area program coordinators to get the word out of availability of meals for those that might not know they exist. We have limitations on how we can advertise. We can't run billboards or tv ads, but can go out to libraries or senior health fairs, etc.

Once a consumer is receiving home delivered meals that service continues until that person requests to have them stopped or passes away or goes into institutional care. We are cautious about increasing the total number of people that we carry on that service because we need to be prepared to carry that cost indefinitely. Anyone that applies is directed to a nutrition employee that explains there's a waitlist for the services and then asks if they would like to complete an intake and go on the waitlist. We don't put them on the waitlist without their permission. We do determine if they are homebound because service almost always goes to people who are homebound. They must meet certain criteria for delivery and cannot receive meals through Medicaid. Once they are on the waitlist there is a prioritization system and that would determine how long they wait for services. A consideration for expansion could be like Return to Community/Urgent Options Counseling model where the period of 30 days gives a beginning and end.

There was a question as to whether there was a congregate meal site in every county in the 17 counties Milestones serves. Lisa said we have to prioritize where our services are available based on the need and our limited funding for the program.

Yvonne asked when a person goes home from the hospital and can't get up very well to take a meal, how long does it take to get homemaker services or meals delivered. Lisa explained the assessment process for determining level of need.

Linda explained: "...the MCOs put the first 30 days on us, because they have this lag time before they ever do the evaluation on the person. They get paid the money up front from day one, with retroactive eligibility. We can't provide the services for another 60 days, or 45 days, and that lag is the whole problem with the system. Because then we get stuck with the services and no payment. So, it's a problem they have to solve in the Medicaid system. Hospital discharge planning is so important because you need to start planning before the discharge. It's the reason we need to have a hospital administrator on board or somebody that retired from the hospital."

Lisa explained even if a doctor says a person needs meals, we are still 2 weeks out. When we had IRTC we had somebody that was in communication with the discharge planners, but we don't have that program right now. Some people need to have a specific specialized diet, but congregate meals does not do specialized diets. Mom's Meals (frozen shipped) are specialized so we can do diabetic.

c. **Social Services Program** – Sonita wanted to know if anyone had any questions. Rick wanted to thank her for breaking up the report the way she did of services listed by county. Linda reported the Burlington Medical Center searching for a partner for a

guardianship program. Milestones can invite the State staff for the Office of Guardianship to give a presentation and consider a subcontractor to develop a guardianship program that gets people out of the hospital. “We don’t get the support from some counties because they don’t see any value. That’s a result of the lack of not going to the county supervisors and talking to them. Knowing your counties and having a relationship with your board of supervisors and your mayors in those towns is everything.”

XI. Next Meeting

At the next meeting, the Board would like an agenda item to discuss moving the Board meeting to the fourth Thursday of the month and start at one o’clock. Further consideration about getting the financials ready in time and would it also give the Finance Committee time to meet ahead of time. The question was asked of Stephanie when she could get the financials done. She said the deadline for IPERS is the 22nd so if she can get everything done by the third week of the month and have it prepared by the fourth. It’s just that the finance committee won’t have a chance to look at the reports. So, if we met at the finance committee in the fourth week of the month, and the Board met at the first week of the month, she advised the Board would still be dealing with a prior month, but it would be the first of the month, not the last week of the month.

XIII. Adjournment

Motion made by Peggy Fisher and seconded by Yvonne Pitsch to adjourn the meeting at 12:15 pm. All were in favor.

The Board then went into a closed Executive Session. Susan Leuthauser took minutes. As per Board of Directors Bylaws, Article 5, Section 6, the minutes of the closed meeting will be maintained at Milestones in a secured electronic file.

Respectfully Submitted, Sharon Schnoor, Milestones Office Manager
for Linda Miller, Board Chair