DRAFT

Milestones Area Agency on Aging

PSA #5

SFY 2026 - 2029 Area Plan on Aging

Plan Effective Dates: July 1, 2025 – June 30, 2029

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Executive Summary

Area Agencies on Aging (AAAs), established under the Older Americans Act (OAA) of 1965 (amended and reauthorized March 2020), respond to the needs of older adults over age 60, adults 18 - 59 with disabilities, and family caregivers over age 55. Milestones Area Agency on Aging (MAAA) is designated by the State of Iowa Department of Health and Human Services, Division of Aging and Disability Services. It is one of the six area agencies on aging responsible for services across the state. Milestones is also a state-designated Aging and Disability Resource Center (ADRC), branded as LifeLong Links. In accordance with the OAA, and under the direction of the Iowa Health and Human Services Division on Aging and Disability Services, MAAA submits the agency's SFY2026 – 2029 Area Plan on Aging.

The previous four-year plan was written and adopted in 2021, a time in which significant additional emergency funding had been allocated to expand services in response to increased consumer needs during the pandemic. By the end of SFY 2023, MAAA's additional one-time funds were fully expended. In preparation for the diminished budget, Milestones undertook efforts to "right size" service delivery. These efforts included closing Iowa Cafés in counties which also operated congregate mal sites, initiating a wait list for home-delivered meals, and refining the prioritization process to ensure limited funds are used to deliver services to those with the greatest economic or social need, or at risk of institutionalization.

Throughout FY25, Milestones worked to mitigate the impact of necessary reductions on those most at risk. As we enter this plan period, we do so with a leaner workforce, reduced operational capacity, and continued high consumer need. It is a time with great potential for reimagining operations; it is also a time of unusually great changes and transitions taking place throughout the landscape of the aging network.

For all of these reasons, Milestones's SFY2026 – 2029 Area Plan emphasizes activities and services that feature staff knowledge, skills, and partnerships, and can generally be carried out with little expense beyond normally budgeted activities. In order to operate most effectively within budgetary constraints, the agency will focus on the fundamentals, using a strong prioritization process to ensure that limited funds are used to deliver services to older adults in the greatest economic need (poverty), who are socially isolated, frail, and/or are at risk for institutionalization, including those in rural areas and those who live alone.

Plan Objectives, Strategies, and Activities

Goal 1: Maximize Independence –

Objective #1 seeks to increase the number of diverse and underserved older adults receiving care coordination through Options Counseling and Case Management with the goal of promoting independence and individual choice.

Objective #2 will focus on staff knowledge to best assist in in providing MAC (Medicaid Administrative Claiming) allowable assistance to persons who are applying for State benefits, specifically individuals 60+ and are at-risk for institutional placement.
Objective #3 targets expanding ADRC partnerships to improve coordination of services for those 60+ and people with disabilities. It includes outreach to those of minority status, a demographic that shows low use of these services.

Goal 2 – Improve Health and Wellness
Objective #1 involves a continued review of low-attendance congregate meal sites and expanding access to nutrition services though Iowa Café-style restaurant partnerships
Objective #2 targets those at risk for malnutrition, and places emphasis on identification and intervention, including the development of a screening tool, staff training, and nutrition counseling.
Objective #3 prioritizes reducing the risk of falls through education, awareness, and prevention. Activities include limited small group classes and, in rural areas where classes are not feasible, provide HARP, a personalized in-home falls prevention and home modification evidence-based program.

Goal 3 – Improve Safety and Quality of Life
Objective #1 is to increase awareness, prevention, and reporting of elder abuse and dependent adult abuse, particularly in at risk areas with low reporting history. Increasing partner referrals and educational presentations are among the activities.
Objective #2 targets access to legal assistance, and focuses on increasing referrals through strengthened partnerships – such as that with Iowa Legal Aid and the Rural Justice Project for Older Adults -- and educating staff so they can improve Legal Aid referrals.
Objective #3 strengthens emergency preparedness for care recipients and caregivers through a partnership with the Disaster PrepWise program through the University of Iowa College of Public Health. Disaster PrepWise is a program offered through the University of Iowa College of Public Health to prepare older adults for disasters. It is the first program of its kind to provide a tool and personalized assistance to develop a tailored disaster management plan for individuals and families.

Goal 4 – Stay Engaged and Supported
Objective #1 targets caregivers at risk for stress, depression, and financial troubles due to caregiver role through the development of community-level workgroups.
Objective #2 addresses those at risk of social isolation with the development of a menu of resources for referrals to a wide variety of localized social opportunities for engagement.
Objective #3 focuses on implementing strategies to ensure informal caregivers in underserved areas are aware of, and are receiving as requested, services and supports. This objective also features increasing staff Dementia Friend Champions and working to expand this program's reach in our PSA.

These objectives and activities all share the common goal of reaching those in greatest need, the underserved, and those most at risk, and is consistent with our mission of helping older Iowans live safely and independently at home for as long as possible.

Context

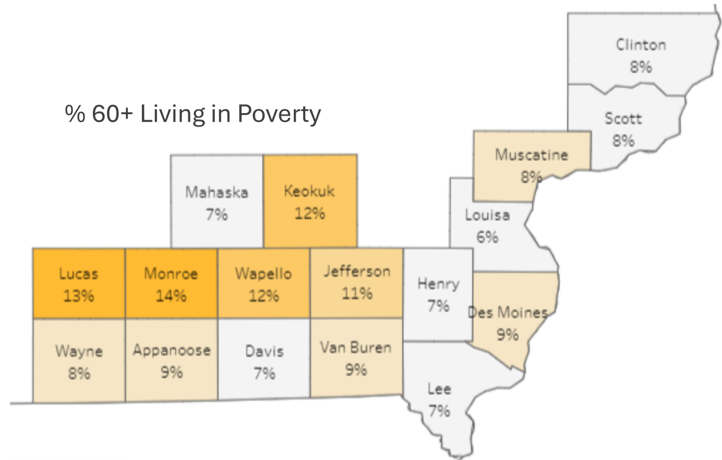
The Milestones Area Agency on Aging Planning and Service Area (PSA) is comprised of seventeen counties in Eastern and Southeastern Iowa: Appanoose, Clinton, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Monroe, Muscatine, Scott, Van Buren, Wapello and Wayne. The PSA is primarily rural, with Scott County as the exception qualifying as "urban". The PSA total 60+, non-institutionalized population is 132,741; 31.7% of this population (42,018) reside in Scott County. Following Scott County in population are Clinton (13,103), Des Moines (10,954), Muscatine (10,571), and Lee (9,731) counties. The remaining twelve counties identify 60+ non-institutionalized populations ranging from 8,943 (Wapello) to 1,945 (Wayne).
Regarding racial/ethnic composition, the PSA is 95.4% white, with the largest minority 60+ non-institutionalized population residing in Scott County (3,881). This is followed by Muscatine (1,115), Des Moines (611), Wapello (568), Lee (515) and Clinton (485); the remaining twelve counties identify minority 60+ non-institutionalized populations ranging from 275 (Louisa) to 36 (Van Buren).

With the escalating cost of services and limited funding, Milestones SFY 2025 – 2029 plan reflects increased efforts to prioritize limited services to focus on older adults in rural areas, who live alone or are socially isolated, and who are in poverty.

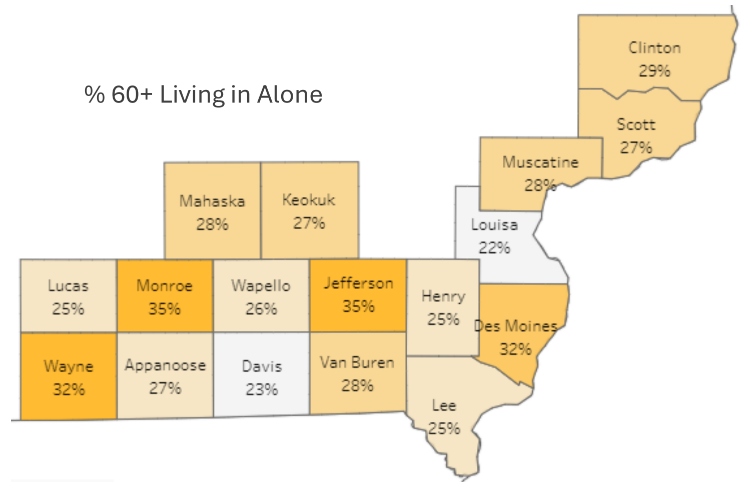
- **Rural populations:** As mentioned, sixteen of the counties in the Milestones PSA are identified as "rural", with Scott County representing the only "urban" exception.

County	% of 60+ population served by county (FY24 Service Delivery)	
Wayne County	2.67%	Rural
Clinton County	2.85%	Rural
Mahaska County	3.45%	Rural
Scott County	3.50%	Urban
Henry County	3.65%	Rural
Muscatine County	4.09%	Rural
Des Moines County	4.27%	Rural
Davis County	4.35%	Rural
Lee County	4.37%	Rural
Jefferson County	4.56%	Rural
Appanoose County	4.65%	Rural
Keokuk County	5.07%	Rural
Monroe County	5.29%	Rural
Louisa County	5.68%	Rural
Van Buren County	5.97%	Rural
Wapello County	6.46%	Rural
Lucas County	6.86%	Rural

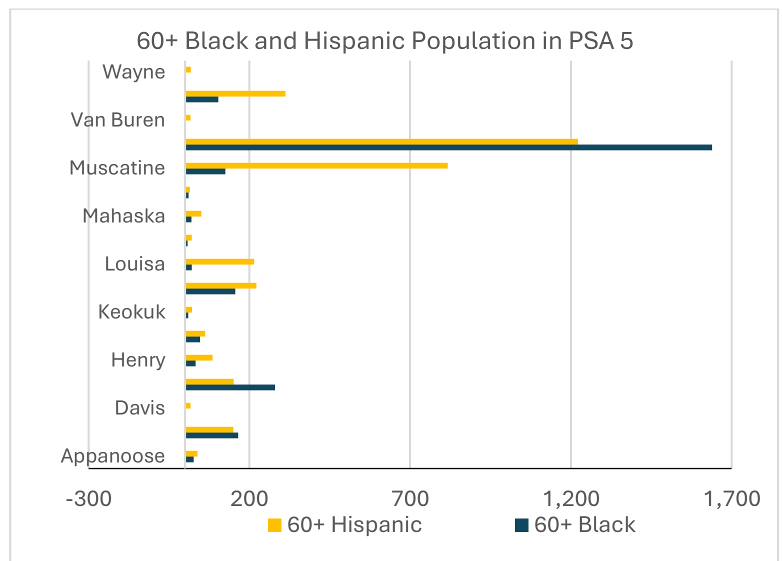
- **Economically Disadvantaged 60+ populations:** The 2022 data from the ACL shows that 8.6% of adults aged 60+ live below the poverty line in our service area.



- **60+ Living Alone:** In addition to living in rural areas, often without neighbors nearby, 27.75% of Milestones consumer population live alone in our service area. This puts them at a particular risk if family or community supports are lacking, if the consumer lacks mobility, is frail, or for other reasons has difficulty with necessary activities and meeting basic needs.



- **60+ Minority Populations:** The overall minority population represents 4.6% of the 60+ PSA 5 population. There are 23% more 60+ Hispanic consumers than Black consumers, with notably greater relative numbers in Muscatine, Louisa, and Wapello counties. In these communities, language is often a barrier to knowing about and requesting help for needed services,



especially for older consumers. For this reason, Milestones's partners trusted in the community are invaluable.

Methods used for needs assessment activities-

Milestones staff drew information for the needs assessment from a variety of resources:

- Demographic information for analysis was gathered from census data and Tableau maps and data collected and shared by the Division of Aging and Disabilities resource staff (Tableau is a data visualization tool that helps users connect to various data sources and create interactive dashboards and maps to gain insights for decision-making);
- WellSky data management system – staff ran reports and examined consumer intake information, distribution of services across the PSA, and other factors;
- Consumer satisfaction surveys: In fall of 2024, Milestones AAA sent out a survey to approximately 500 active congregate participants and 600 home delivered meal participants. 269 congregate and 200 HDM participants responded. 96% of congregate responders felt the meal program increased their social connection and 86% found the activities at the site to be good or excellent. 93% of home delivered participants said they ate healthier as a result of receiving Milestone's meals and 95% said they had a greater sense of social connection.
- Direct consumer feedback;
- Information & Assistance staff / field staff reports;
- Service providers and peer agency reports and referrals

The information gained through this needs assessment process informed choices and decisions such as objectives, activities, and geographic targets. To operate within fiscal constraints, this plan focuses on foundational services such as ADRC/Options Counseling, nutrition, falls prevention, elder abuse prevention, and caregiver well-being, for example, and activities that can be accomplished with negligible additional expenditures beyond normally budgeted activities. With severely limited funding, it is of great importance for the agency to focus on fundamental activities and services that best utilize staff knowledge, skills, and partnerships.

Section 1: Goals, Objectives, Strategies & Measures

Goal 1: Maximize Independence

People with disabilities and older adults have access to high quality, equitable, and person-centered services that maximizes their independence, community integration, and self-sufficiency.

Agency Programs, Services, & Initiatives

Milestones maximizes independence for older adults within the 17-county service area with a network of home and community-based services that support individuals to live in their own homes and communities for as long as possible. Supportive services are also key to assisting older adults to successfully and safely return to home after a hospital or health facility stay. Agency programs and services, while largely mandated by State and Federal guidelines, are prioritized by community input and trends in consumer needs.

Key programs and services include:

- **In-Home Support Services** like personal care (bathing, dressing), homemaker services (light housekeeping, meal preparation, shopping), chore assistance (yard work, snow removal), and subscription to a personal emergency response system. This direct support helps older Iowans manage daily tasks and maintain a safe living environment. These supports are provided by Milestones on a purchase-of-service arrangement with agencies who meet specific criteria for operation and fee limits. Current Providers include 9 county Public Health Departments and 2 home health care agencies across the service area. Funding is prioritized based on assessment measures that inform greatest need, guided by Older Americans Act (OAA) and Iowa HHS-ADS criteria.
- **Transportation Assistance** to medical appointments, grocery stores, and other essential destinations, which is vital for maintaining community access and personal mobility. Assistance is provided via contracts with public transportation services that include 10-15 Transit (Ottumwa/Oskaloosa areas); Southeast Iowa Bus (SEIBUS) serving Des Moines, Henry, Lee, Louisa counties; and River Bend Transit (Scott, Clinton, Muscatine counties). Additional transportation assistance is provided for minority populations and Spanish-speaking individuals in Scott and Muscatine counties by Friendly House and Diversity Service Center of Iowa.
- **Access to Information and Care Management:** Milestones is an Aging and Disability Resource Center (ADRC) where older adults, caregivers, and persons living with disabilities can receive options counseling and information about available services and benefits (like Medicare and Medicaid, food and heating assistance, etc.). Trained Milestones staff work with individuals to assess their needs, coordinate services, and monitor progress to ensure consistent support.
- **Caregiver Support** which is crucial for sustaining the long-term viability of in-home care arrangements. Milestones provides respite care (temporary relief) on a purchase-

of-service basis. Current Providers include 2 Public Health departments in Monroe and Louisa counties, and 2 home health agencies based in Des Moines and Scott counties. Milestones staff specialists provide support groups and counseling, as well as public education with emphasis on increasing awareness of Dementia-related conditions.

Aging Iowans work with Milestones staff who are trained to discuss different service and support offerings to help them make informed choices according to their needs, personal resources, and individual situations. Milestones care managers assess the needs of an individual and arrange, coordinate, and monitor the services and supports agreed upon to help support their independence.

By coordinating a wide range of support, Milestones ensures older adults have the necessary resources to make informed choices and live independently. Community and system partnerships are engaged to maximize support and resources available to individuals. Milestones partnerships largely include formal and informal associations across the service region as networks and resources vary geographically. These networks include but are not limited to Disability Access Points (3 of them) within our 17 counties, Community Action agencies (4 of them), Public Health departments (critical in rural counties), and Elder Consortium networks (5 at present).

Objective 1: 1.4 - Increase the number of diverse and underserved older adults receiving care coordination to maximize independence in their community of choice.

Why it matters...

Older adults have unique service needs as they age in place and often need in-home supportive services to help maintain their health and independence. A 2022 research brief from Penn State Population Research Institute highlights that rural counties are more likely to be aging and disability services deserts than urban ones.

Rural populations face health disparities of access to healthcare and public health services, lower socioeconomic status, unmet technology needs, physical and human infrastructure limitations, and provider shortages to name a few.

According to the 2021 Medicaid and CHIP Payment and Access Commission brief Medicaid and Rural Health, rural residents have lower incomes than urban counterparts, and rural areas have overall higher poverty rates.

A review of Milestones service utilization in SFY2025 for case management, options counseling, caregiver options counseling and caregiver case management revealed low utilization by consumers who reside in Milestones PSA rural counties with the highest rate of poverty.

County	Poverty	Rural	SFY2025 Case Management & Options Counseling Service Utilization	SFY2025 Caregiver Options Counseling & Caregiver Case Management Service Utilization
Monroe	14%	100%	1 OC consumer	
Keokuk	12%	100%	1 OC consumer	
Lucas	13%	100%		2 CG OC consumers
Wapello	12%	37%	29 OC consumers, 2 CM consumers	15 CG OC consumers

Milestones seeks to address and improve the gaps in health for consumers who reside in rural areas of Milestones PSA through providing Options Counseling and Case Management.

What we are doing...

Strategy: 1.4d - Other (Please explain.)

- Explanation of Other Strategy (if selected):
  Provide Options Counseling and Case Management to increase the capacity of individuals to live independently within their community of choice.

Activities:

Milestones will work to partner with other agencies to assist in identifying individuals who may need support or services within their own communities. We will maintain collaboration with public health agencies in prioritized areas and create a process to facilitate direct referrals to the agency care managers for older adults identified in greatest need of support. Previously, Public Health Providers were independently contracted to provide services that support independence but without a high level of connection to Milestones options counseling/case management. A new system of directly managing care coordination for Provider services was designed to improve our ability to assess for greatest need and target limited funding toward a meaningful level of care. The changes we implemented foster increased collaboration with the service Providers for consumers. The benefit to older adults seeking support is a more coordinated network of care including

assessment for additional help from other programs like Medicaid, Medicare extra help, food and heating assistance, etc.

Populations in Greatest Economic Need: Persons ages 60+ who identify as living in poverty (at or below 100% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected):
  Click or tap here to enter text.

Populations in Greatest Social Need: Persons ages 60+ living in rural and underserved areas

- Explanation of Other or Sub Population (if selected):
  Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): Caregivers who need additional support in assisting others to live independently

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Area(s) of Focus:
Counties identified as rural with the highest level of poverty will be prioritized. According to the Iowa Data Center and based on the U.S. Census Bureau American Community Survey, these include Lucas, Wayne, and Wapello (each at 15% to 19.9% below federal poverty level); and Appanoose (20% or more below poverty). These also make up some of our most rural and under-resourced counties for a wide variety of programs and sources of help for the living conditions that improve health outcomes such as access to transportation, food security, affordable healthcare, and making ends meet.

We will also focus on counties where Public Health and other community partners have validated an increased need for care management and services to support independence in their area. This adds, but is not limited to, Monroe, Louisa, and Davis counties.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 1.2 - Total # of consumers receiving Options Counseling.	#1: 1.2 - Total # of consumers who indicate they	#1: 1.4 - #/% of populations/areas in greatest need who are

	What We Do	How Well We Do It	Is Anyone Better Off?
	#2: 1.3 - Total # of consumers receiving Case Management. #3: 1.4 - Other (Please explain.)	participated in creating their care plans for Options Counseling. #2: 1.3 - Total # of consumers who indicate they participated in creating their care plans for Case Management. #3: [Choose an item.]	enrolled in community-based services. #2: 1.4 - #/% of populations/areas in greatest need who are enrolled in community-based services. #3: [Choose an item.]
SFY 2026 Targets	#1: 243 consumers #2: 73 consumers #3: Click or tap here to enter text.	#1: 243 consumers #2: 73 consumers #3: Click or tap here to enter text.	#1: 63 consumers #2: 26 consumers #3: Click or tap here to enter text.

- Explanation of Other Measure(s) (if selected):
  Click or tap here to enter text.

- Explanation of logic used to develop SFY 2026 targets**:**
  Service targets are based on data from past performance, feedback from consumers, limited staffing based on funding, restricted funding sources and collaboration commitments, and overall cost-effectiveness of program delivery.

Objective #2: 1.3 - Develop a high quality, equitable, comprehensive, and coordinated system of long-term care that enables people with disabilities and older adults to receive long-term care in community-based settings.

Why it matters...

AARP reports that while most older adults want to stay in their homes as they age, many are unprepared for the financial, physical, and social challenges involved. Successfully

aging in place requires adequate social support in addition to having a home that is accessible. (source: University of Michigan Institute for Healthcare Policy & Innovation)

While some older adults have strong social connections within their family and community, others are more isolated and do not have people in their life they can rely on for help with personal care, household chores, grocery shopping, or managing finances, particularly those who live alone.

Within the Milestones service area, an average of 28% of those age 60+ are living alone. Of the 17 counties, Monroe, Jefferson, Wayne and Wapello data show the highest number of older adults living alone at 32-35%. When taking into consideration those who are also living in poverty, a focus area emerges to help increase access to benefits.

	Monroe	Keokuk	Lucas	Wapello
Number 60+ enrolled in Elderly Waiver	37	0	35	130
Number of persons 60+ with an independent living disability	150	285	390	1150
Total of older adults served who indicated they have 2 or more ADLs	25	25	33	93
Number of caregivers and older adults receiving options counseling or case management services	1	5	2	44

Additional utilization gaps are identified in counties with consumers who need assistance with 2 or more Activities of Daily Living (bathing, dressing, toileting and continence, transferring in/out from bed or chair, feeding), stratified with higher numbers of age 60+, independent, and living with disability.

	Henry	Des Moines	Muscatine	Mahaska
Number 60+ enrolled in Elderly Waiver	40	84	120	59
Number of persons 60+ with an independent living disability	585	1480	850	590
Total of older adults served who indicated they have 2 or more ADLs	19	71	24	17
Number of caregivers and older adults receiving options counseling or case management services	5	43	82	10

The National Council on Aging benefits participation data provides consumption of critical public assistance programs such as Medicare Savings Programs (MSP), Supplemental Nutrition Assistance Program (SNAP), and Supplemental Security Income (SSI). The MSP participation rate within Milestones PSA stands at 35%, exceeding the statewide average of 33.5%. In comparison, the Supplemental Nutrition Assistance Program (SNAP) participation rate across Iowa is 17%. Notably, four counties within the Milestones PSA – Appanoose, Monroe, Wayne, and Lucas – report SNAP participation rates below the state average.

What we are doing…

Strategy: 1.3a - Provide MAC allowable assistance to persons who are applying for State benefits for individuals 60+ and are at-risk for institutional placement.

- Explanation of Other Strategy (if selected):Click or tap here to enter text.

Activities:
Milestones care managers, including Options Counselor/Case Managers, and Family Caregiver Specialists, and Elder Abuse Awareness and Prevention Specialists will help older adults identify eligible programs and services that best fit their needs and assist them in fulfilling enrollment/application procedures. Milestones staff will also increase training to improve knowledge and skills about the benefits available and facilitate connection to resources for the prioritized populations. Milestones may also strengthen connectivity with Disabilities Access Points (DAPs), Community Action organizations, Senior Health Insurance Information Program (SHIIP), and others who can help consumers to get benefit assistance.

Populations in Greatest Economic Need: Persons applying for State benefits for self or other persons ages 60+ and need assistance during application process

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Populations in Greatest Social Need: Persons with a status that: a) limits their ability to perform ADLs/IADLs or b) threatens the capacity of the individual to live independently

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): Caregivers who need additional support in assisting others to live independently

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Area(s) of Focus:

Milestones will focus on Monroe, Keokuk, Lucas, Wapello, Henry, Des Moines, Muscatine, and Mahaska counties as those in the AAA service area with a higher percentage of older adults with independent living disabilities and lower service reach of OAA consumers with need of assistance with 2 or more ADLs.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 1.3 - #/% of AAA staff who are able to claim MAC allowable activities. #2: [Choose an item.] #3: [Choose an item.]	#1: 1.3 - Agency achieves a MAC rate of at least 25%. #2: [Choose an item.] #3: [Choose an item.]	#1: 1.3 - #/% of populations/areas in greatest need who received application assistance who are now receiving state benefits. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 5 staff #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 2 quarters per fiscal year #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 60% of those who received application assistance #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure(s) (if selected):
  Click or tap here to enter text.

- Explanation of logic used to develop SFY 2026 targets:
  Service targets are based on data from past performance, feedback from consumers, limited staffing based on funding, restricted funding sources and collaboration commitments, and overall cost-effectiveness of program delivery.

Objective #3: 1.1 - Expand Aging & Disability Resource Center (ADRC) / No Wrong Door (NWD) partnerships to improve coordination of services for older adults and people with disabilities.

Why it matters...

Aging and Disability Resource Centers (ADRC) serve as points of entry to access services and supports for older adults, people with disabilities, caregivers, veterans and families. As an ADRC, Milestones strives to be a trusted source of information and an agency individuals can turn to for support and access to public support programs and benefits.

One challenge in delivering effective information and referral services arises when an ADRC's community outreach efforts fail to resonate with older adults or their families. This disconnect can lead to gaps in service, ultimately limiting the ADRC's ability to provide meaningful support to these individuals.

According to estimates from the U.S. Census Bureau dated July 1, 2025, 4.5% of Iowa's population identifies as Black, while individuals of Hispanic or Latino ethnicity comprise 7.4% of the population.

Within the Milestones PSA, the counties with the highest percentages of minority individuals aged 60 and older include Muscatine County (10%), Scott County (9%), Louisa County (8%), and Wapello County (6%).

In SFY2025, Milestones served 4,833 consumers through programs funded by the Older Americans Act. Of those served, 11.3% identified as part of a minority demographic. Additionally, Milestones provided information and assistance services to 2,343 individuals in SFY2025, with 10.4% identifying as members of a minority demographic.

County	Minority Population percent served	SFY2025 Case Management Service Utilization	SFY2025 Options Counseling	SFY2025 EAPA Service Utilization
Muscatine	11.3%	0 consumers	57 minority consumers	1% or 1 consumer
Scott	6.1%	7 minority consumers	21 minority consumers	2% or 6 consumers
Louisa	13.5%	0 minority consumers	8 minority consumers	0 minority consumers
Wapello	4.8%	0 minority consumers	6 minority consumers	0 minority consumers

What we are doing...

Strategy: 1.1a - Develop and/or strengthen partnerships with other agencies to increase referrals of populations/areas in greatest need to OAA services.

- Explanation of Other Strategy (if selected):
  Click or tap here to enter text.

Activities:
Milestones will meet regularly with the Disability Access Points that serve counties in Milestones PSA.

Milestones will get more connected to other agencies that focus services on minority populations.

Milestones will develop and strengthen partnerships within our PSA to make available services better known to older adults of minority status.

Milestones has successfully reached individuals of minority status through the congregate nutrition program in Muscatine county (6.1%) and Louisa county (10.1%). We will continue the successful partnership we have with the highly regarded Diversity Services Center of Iowa in Muscatine County. The Diversity Center collaborates with Milestones to provide Outreach, Options Counseling, and Case Management services as well as transportation access for Spanish-speaking older adults.

Populations in Greatest Economic Need: Persons ages 60+ who identify as low-income (up to 300% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Populations in Greatest Social Need: Persons ages 60+ who identify as a racial and/or ethnic status

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): Caregivers who need additional support in assisting others to live independently

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Area(s) of Focus:

Within the Milestones PSA, the counties with the highest percentages of minority individuals aged 60+: Muscatine County (10%), Scott County (9%), Louisa County (8%), and Wapello County (6%).

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 1.1 - Total # of consumers receiving Information and Assistance. #2: [Choose an item.] #3: [Choose an item.]	#1: 1.1 - #/% of populations/areas in greatest need consumers who indicate they received the information they were seeking. #2: [Choose an item.] #3: [Choose an item.]	#1: 1.1 - #/% of populations/areas in greatest need who received Information and Assistance and are also enrolled in at least one additional OAA service. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 140 minority of projected total consumers #2: Click or tap here to enter text.#3: Click or tap here to enter text.	#1: 130 minority consumers #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 35 minority consumers #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure(s) (if selected):
  Click or tap here to enter text.
- Explanation of logic used to develop SFY 2026 targets:
  Service targets are based on data from past performance, feedback from consumers, limited staffing based on funding, restricted funding sources and collaboration commitments, and overall cost-effectiveness of program delivery.

Statewide Performance Measures

Measure	Purpose	SFY 2025 Target	SFY 2025 Results as of 3/31/2025	SFY 2026 Target
#/% of Information and Assistance callers indicating they received the	To assess and provide information appropriate to the caller's need (from caller's perspective).	Number: n/a Percentage: 95%	Number: 2130 consumers Percentage:	Number: Click or tap here to enter text.

Measure	Purpose	SFY 2025 Target	SFY 2025 Results as of 3/31/2025	SFY 2026 Target
information they were seeking.			99%	Percentage: 95%
#/% of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need.	To evaluate the success of the service to assist individuals to make informed choices about long-term services and supports.	Number: n/a Percentage: 90%	Number: 72 consumers Percentage: 100%	Number: Click or tap here to enter text. Percentage: 90%
#/% of Case Management cases closed because Case Management service was no longer needed.	To determine whether Case Management consumers receive supports and services for as long as they need or desire them in order to remain in their residence of choice.	Number: n/a Percentage: 80%	Number: 2 cases Percentage: 100%	Number: Click or tap here to enter text. Percentage: 90%
Average number of months a Case Management consumer experiencing independent living impairments is able to remain safely at home prior to transitioning to facility.	To determine whether Case Management consumers receive supports and services for as long as they need or desire them in order to remain in their residence of choice.	Number of months: 20 months	Number of months: 30 months	Number of months: 17 months

Goal 2: Improve Health and Wellness

Older adults and people with disabilities are empowered to utilize programs that improve their health and wellness.

Agency Programs, Services, & Initiatives

Milestones provides nutrition services throughout the 17-county service area that support health and wellness. Meals are offered both as home delivered for homebound older adults and in congregate settings. In 2021, Milestones piloted the Iowa Café program, a program featuring partnerships to offer congregate meals at restaurants in contrast to the traditional model of meals offered in senior centers and other community buildings. .

While most of these partnerships ended due to funding constraints, this service model will be revisited with increased guidelines to ensure that services reach those with the greatest need. In addition to meals, the Milestones nutrition program offers nutrition education and nutrition counseling to provide information services to older adults that support healthy aging.

The future of congregate nutrition must be evaluated to ensure it adapts to the changing needs of older adults. Traditional sites are hosted either through community buildings such as senior centers and churches or through housing units catering to older adults. Each offers a benefit-community buildings tend to offer the most activities, such as crafts, light exercise, bingo, card games, and others, housing units have stronger attendance and reach more individuals with limited travel ability, and Iowa Café offers flexibility in dining time and menu choices which can reach older adults who may still be active in the workforce or in caregiving.

Evidence-Based Programming: Services that include evidence-based health classes are focused on preventing falls, reducing falls hazards, and supporting health management for older Iowans age 60+ delivered directly and in collaboration with community partners in remote areas. Current programs are centered on multi-week series hosted by churches, community centers, congregate meal sites, and periodically at healthcare facilities. Public Health partners offer regular health screenings like blood pressure checks and foot clinics at congregate sites and in the community. In addition, wellness information is disseminated monthly on relevant topics to aging issues. The selected prevention programs and wellness information support older adults to make informed choices about their health, reduce risk factors for injury, and promote well-being in their independence.

Objective #1: 2.2 - Increase older adults' access to high quality and person-centered nutrition services.

Why it matters...

Older Americans Act congregate nutrition services help lower the risk of institutionalization and support older adults in aging in their community of choice. Nutrition services reduce food insecurity, malnutrition, and social isolation. They also serve as the welcome mat for other services that support older adults in aging in their community of choice, such as evidence-based health promotion programs,

transportation, benefits application assistance, and legal assistance. The 2024 National Survey of OAA Participants found that, among those participating in congregate nutrition programs:

- 74% believe their health has improved because of the program.
- 74% say they eat healthier because of the program.
- 75% feel the program helped them to live independently.
- 87% rate the meal as good or excellent.
- 50% say a congregate meal provides at least half of their food for the day.
- 44% live alone.

Additionally, the CDC's Community Preventive Services Task Force found that participating in the congregate nutrition program reduced malnutrition by 9.0 percentage points in community-residing older adults.

Despite these known benefits, in the years leading up to COVID-19 pandemic, Iowa experienced a 60% decline in congregate nutrition participation between 2010 and 2019. The decline led to the launch of an innovative restaurant partnership model known as "Iowa Café" to help reduce barriers to congregate nutrition participation. Older adults, like everyone else, want choice, flexibility and the dignity of choosing what, when, where, and with whom they eat. Older adults are also working longer, serving as caregivers, and have more demands on their time. Meals offered in traditional settings like community centers and faith-based centers are often at a set time, limited to one meal option, and sometimes bring barriers related to the stigma of participating in an institutional meal program. Restaurant meals were found to help reduce these barriers and increased reach among consumers living with food insecurity by up to 38%.

Prior to the closure of Iowa Cafes in March of 2023, restaurant partnerships in Milestones' PSA were also found to more effectively reach consumers in greatest need living in poverty in Wapello, Scott and Des Moines counties, when compared to traditional dining sites in the same counties. Milestones intends to replicate this reach among populations in greatest need in counties in the PSA with the highest rates of 60+ poverty, including Monroe, Jefferson, Wayne and Lee.

The expenditure per unit for congregate nutrition services increased by 36% from SFY2023-25. Participation in the traditional model continues to decline as unit costs increase, requiring a thorough evaluation of the return on investing in different service delivery models to maximize Milestones' capacity to provide services that are also appealing to consumers. Only then can nutrition services meet their intended purposes of reducing food insecurity, hunger and malnutrition, provide opportunities for socialization, and serving as a gateway to other services that support healthy aging.

What we are doing…

Strategy: 2.2c - Adjust service offerings to address barriers and/or meet consumer needs, including restaurant and/or "grab and go" meals to complement the congregate meal program. (If selected, complete "Grab-and-Go" Meals section within Attachments.)

Click or tap here to enter text.

Activities:

Click or tap here to enter text. Milestones will continue to strengthen and adapt the Senior Nutrition Program to ensure that meal services effectively reach older adults in greatest economic and social need. Program leadership will closely monitor the impact of established congregate meal sites, with particular attention to traditional sites located in community buildings. Site-specific barriers that limit participation, such as accessibility, scheduling, or transportation challenges, will be identified and addressed to improve access and engagement when feasible.

To ensure resources are directed where they have the greatest impact, the program will evaluate the ongoing need for congregate nutrition services at sites with fewer than ten regular attendees. At the same time, Milestones will implement a standardized meal cost tool and process to compare per-meal costs between restaurant partnerships and traditional congregate dining sites. This data-driven approach will support more effective contracting and service delivery decisions.

Building on the success of existing restaurant partnerships, the program will identify characteristics of high-performing locations such as geographic accessibility, menu appeal, and demographic alignment with priority populations to guide future recruitment and expansion of the nutrition provider network. The agency will also evaluate its capacity to provide restaurant meals and establish service thresholds based on demonstrated need and available budget, such as setting limits on the number of meals provided per month.

Finally, Milestones will conduct quarterly evaluations of all service changes to ensure that they are effectively reaching populations with the greatest economic and social need. Findings from these evaluations will inform ongoing adjustments to improve service equity, efficiency, and impact.

Populations in Greatest Economic Need: Persons ages 60+ who identify as living in poverty (at or below 100% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Populations in Greatest Social Need: Persons 60+ living with or at-risk of food insecurity

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): [Select a population.]

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Area(s) of Focus:
Iowa Café as an alternative to lower attended traditional congregate sites will be targeted to the western most counties of the agency's PSA including Keokuk, Lucas, Wapello, and Monroe with the highest levels of poverty for the 60+ population.

How we measure impact…

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 2.2 - Total # of consumers who received meals through the congregate nutrition program. #2: [Choose an item.] #3: [Choose an item.]	#1: 2.2 - #/% of congregate nutrition consumers served who indicate during intake they are at higher nutrition risk. #2: [Choose an item.] #3: [Choose an item.]	#1: 2.2 - #/% congregate nutrition consumers served who indicate during intake they are food insecure. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 1037 consumers #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 20% #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 20% #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
  Click or tap here to enter text.

- Explanation of logic used to develop SFY 2026 targets:

Targets were set utilizing demographic data provided by Iowa HHS through Tableau which show living alone and poverty as widespread concerns in the Milestones PSA and through FY24 and partial FY25 service delivery for feasibility with current resources.

Objective #2: 2.3 - Connect older adults who are at risk for malnutrition and/or have high nutrition risk scores with meaningful interventions.

Why it matters...

Older adults are at higher risk of malnutrition which puts them at higher risk of hospitalization, frailty, and loss of independence. A 2021 study, published by the NIH, shows that older adults are more vulnerable to the negative impacts to recovery from disease, trauma, and surgery due to malnutrition. This study also links malnutrition with lower muscle mass and decreased bone mineral mass, increasing the risk of falls.

A cross-sectional study of malnutrition risk among the 2022 National Survey of Older Americans Act Participants estimated malnutrition risk prevalence of one-fifth (19.5%) of OAA program participants across all programs and evidence suggests that risk may decline with continued home-delivered meal OAA nutrition program participation.

Nutrition counseling with a Registered Dietitian Nutritionist (RDN) provides an opportunity address individualized options and methods for improving nutrition status and to educate older adults on how to reach 100% of nutrition requirements each day to optimize nutrition and reduce the risk of chronic disease.

In SFY2024 and SFY2025, Milestones AAA screened 645 consumers for malnutrition risk. Of those, 237 consumers screened at risk for malnutrition. During this timeframe, 35 consumers who screened at risk for malnutrition received options counseling and only 1 consumer who screened at risk for malnutrition received nutrition counseling.

In SFY2024 and SFY2025, Milestones AAA provided Options Counseling to 150 consumers who screened at high nutrition risk and provided nutrition counseling to 1 consumer who screened at high nutrition risk. 2,347 consumers screened at high nutrition risk in SFY2024 and SFY2025 combined.

Identifying those who are at risk of malnutrition and/or high nutrition risk and connecting them with meaningful resources to address malnutrition risk factors can reduce and prevent malnutrition.

What we are doing...

Strategy: 2.3e - Implement a workflow process to identify consumers whose intake or assessment responses indicate high nutrition risk and/or risk of malnutrition to refer them to additional service interventions, such as nutrition counseling or options counseling.

Click or tap here to enter text.

Activities:
Nutrition Counseling, a one-on-one consultation with a registered dietician, can assist older adults in identifying meal choices that support healthy aging. Individuals that participate in Milestones' meal programs complete an assessment prior to starting services. Milestones will work with a contracted dietician to review the assessment and identify key indicators of nutrition risk that indicate Nutrition Counseling as a potential intervention. Once these key indicators have been identified, they will be provided to Milestones staff for internal referrals. Well Sky, the agency's internal database, will also be utilized to identify high-risk consumers, who will be provided with information for Nutrition Counseling.

Populations in Greatest Economic Need: Persons ages 60+ who identify as living in poverty (at or below 100% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Populations in Greatest Social Need: Persons 60+ who screen at higher nutrition risk

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): [Select a population.]

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Area(s) of Focus:
Malnutrition is a risk for older adults across the PSA, however, fewer alternative resources are available in the most rural counties including Keokuk, Lucas, Monroe, Wayne,

Appanoose, Davis, Van Buren, Jefferson, Henry, Lee, and Louisa. Most rural counties identified as those with no population centers of 20,000 or more.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 2.3 - Total # of nutrition consumers who are receiving OAA Nutrition Counseling. #2: [Choose an item.] #3: [Choose an item.]	#1: 2.3 - #/% of consumers who screen "more at-risk" for malnutrition and/or high nutrition risk score within initial intake to enroll within OAA nutrition services. #2: [Choose an item.] #3: [Choose an item.]	#1: 2.3 - #/% home delivered nutrition consumers served who indicate during intake they are at higher nutrition risk of food insecurity or malnutrition. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 12 consumers #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 40% #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 35% #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
  Click or tap here to enter text.

- Explanation of logic used to develop SFY 2026 targets:
  For targets measured in past reporting years, the previous service deliveries were used. For targets not previously measured, a compilation of data from one or more Iowa AAAs was used for a base approximation.

Objective #3: 2.4 - Reduce the risk of falls among older adults through education, awareness, and prevention.

Why it matters...

Falls are the leading cause of injury among adults aged 65 and older in Iowa. Across all age groups, falls represent the second leading cause of injury-related deaths in the state. They are also the primary reason for injury-related hospitalizations and emergency department visits.

According to the Iowa Trauma Registry (2024), Lee County and Des Moines County report the highest fall rates in the state. Specifically:

- Des Moines County recorded a fall rate of 944 per 100,000 population and a fall injury rate of 1,525.6 per 100,000.
- Lee County reported a fall rate of 851.1 per 100,000 and a fall injury rate of 1,551.4 per 100,000.

Despite these statistics, there was no delivery of evidence-based fall prevention programs (EBPs) in either Des Moines County or Lee County by Milestones AAA during SFY2025.

Barriers to utilizing services include lack of awareness about the availability and importance of prevention programs, both by healthcare and older adults; financial constraints, transportation, and required restrictions on how licensed programs are delivered. (Prevention is Still the Best Medicine, HHS: Office of Disease Prevention and Health Promotion: https://odphp.health.gov/news/202401/prevention-still-best-medicine)

Falls are a threat to the health of older Iowans and can reduce their ability to remain independent. However, many serious falls and fall-related injuries can be prevented (A Matter of Balance: Managing Concerns About Falls). Education and prevention efforts can save money and lives. Prevention services help people recognize and manage health problems early, when treatment is most effective. (The Aging Population: The Increasing Effects on Health Care, Pharmacy Times: https://www.pharmacytimes.com/view/the-aging-population-the-increasing-effects-on-health-care)

To effectively prevent and reduce falls, it is essential to establish strong clinical and community partnerships that create seamless infrastructure connecting healthcare, public health, and aging services. Delivering evidence-based programs to individuals at risk – particularly those in communities where participation has been insubstantial and those facing significant social and economic challenges – is critical to addressing disparities and improving outcomes in fall prevention.

Inadequate access to programs for rural and homebound populations is an

important gap Milestones seeks to address through offering the Home Hazard Removal Program (HARP) and through assisting with coordination of programs and services throughout the PSA.

A common risk factor for falls includes hazards in the home, including clutter, poor lighting, and lack of supports such as grab bars, which can lead to increased risk of falls. Home modifications can address these hazards to reduce falls risk in the home. (Source available at www.ncoa.org/article/getthe-facts-on-falls-prevention/)

What we are doing...

Strategy: 2.4c - Provide evidence-based falls prevention program to older adults who are at-risk of falls to change knowledge, skills, and/or behaviors.

- Explanation of Other Strategy (if selected):
  Click or tap here to enter text.

Activities:
Offering a variety of EBP for falls prevention and health promotion was an intentional strategy to increase participation in effective interventions. The Milestones website: https://www.milestonesaaa.org/wellness-programs/ is a resource for what is available and opportunity to pre-enroll, as well as inquire for person-centered outreach about a program of interest and/or suitability. To address barriers to accessibility for EBP, activities also included identifying and supporting potential community partners in prioritized counties to obtain training to provide EBP in locations underserved by Milestones through voluntary or contracted partnerships with Public Health, Extension Service, qualified Community Volunteers, or Clinicians (where/if required). We contracted with community-based occupational therapy to deliver the person-centered multi-disciplinary Home Hazard Removal Program (HARP) for older Iowans in remote and rural communities where class series are not practical or feasible due to enrollment requirements, staffing, and travel requirements. HARP is also provided for referred Iowa Total Care beneficiaries with pilot grant funding from ITC. Due to agency budget and staff limitations to continue to deliver a variety of falls prevention programs, the focus on accessibility for older adults will be narrowed to three programs: Tai Chi for Arthritis/Falls Prevention, A Matter of Balance, and the Home Hazard Removal Program (contracted). This decision is based on demand for programs and reliable participation/community requests, as well as experience that interest, demand, and commitment is declining for long class series. To ensure quality of all supplemental programs (non-evidence based) to address social isolation,

increase physical activity, and improve wellness to reduce negative health outcomes, Milestones seeks and supports partnerships with research-based entities such as (but not limited to) University of Iowa Healthcare, Iowa State University, and St. Ambrose University, to name a few. We connect older adults seeking programs not offered by Milestones to networked providers via Iowa HUB, Iowa State Extension, Public Health, other AAAs, and community/healthcare organizations offering appropriate interventions for older adults.

Populations in Greatest Economic Need: Persons ages 60+ who identify as low-income (up to 300% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Populations in Greatest Social Need: Persons 60+ living in rural and underserved areas

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): [Select a population.]

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Area(s) of Focus:

HARP for all counties, with additional priority given to rural older Iowans in Lucas, Mahaska, Wayne, Davis, Monroe, Appanoose, Keokuk, Jefferson, and Van Buren since they are geographically remote locations outside the feasible delivery range of the trained staff for small group programs.

Matter of Balance (MOB) program for the following counties: Clinton, Scott, Muscatine, Lucas. Additional focus will be given to training and supporting leaders in Des Moines and Lee counties to respond to data showing highest falls rates in the State.

Tai Chi for Arthritis (TCA) for the following counties: Clinton, Scott, Muscatine with expansion to additional counties where trainers can be located within the service

area using University of Iowa ACL grant funds.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 2.4 - Total # of OAA consumers who are referred to evidence-based falls prevention programming. #2: [Choose an item.] #3: [Choose an item.]	#1: 2.4 - #/% of populations/areas in greatest need consumers who enroll in evidence-based falls prevention programming. #2: [Choose an item.] #3: [Choose an item.]	#1: 2.4 - Total # of consumers who complete evidence-based falls prevention programming. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 47 consumers referred #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 29% consumers enrolled #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 70% overall completion rate #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
  Click or tap here to enter text.

- Explanation of logic used to develop SFY 2026 targets:
  Service targets are based on data from past performance, feedback from consumers, limited staffing based on funding, restricted funding sources, and overall cost-effectiveness of program delivery.

Statewide Performance Measures

Measure	Purpose	SFY 2025 Target	SFY 2025 Results as of 3/1/2025	SFY 2026 Target
#/% of nutrition consumers served who indicate during intake they are socially isolated.	To prioritize consumers who are at risk for social isolation.	Number: n/a Percentage: n/a	Number: 58 consumers Percentage: 3%	Number: 100 consumers Percentage: 10%
#/% of nutrition consumers served who indicate during intake they are at higher nutrition risk.	To prioritize consumers who have a higher nutrition risk.	Number: n/a Percentage: n/a	Number: 979 consumers Percentage: 56%	Number: 900 consumers Percentage: 60%
#/% nutrition consumers served who indicate during intake they are food insecure.	To prioritize consumers who are at risk for food insecurity.	Number: n/a Percentage: n/a	Number: 491 consumers Percentage: 28%	Number: 450 consumers Percentage: 35%
#/% nutrition consumers served who indicate during intake they are at risk for malnutrition.	To prioritize consumers who are at risk of malnutrition.	Number: n/a Percentage: n/a	Number: 38 consumers Percentage: 2%	Number: 300 consumers Percentage: 20%
#/% nutrition counseling consumers served who indicate during intake they are at risk for malnutrition.	To ensure those at risk for malnutrition receive nutrition counseling so that they have the opportunity to improve their nutrition status.	Number: n/a Percentage: n/a	Number: 0 consumers Percentage: 0%	Number: 3 consumers Percentage: 25%

Goal 3: Improve Safety and Quality of Life

Older adults and people with disabilities are safe from all forms of mistreatment and are empowered to improve their quality of life.

Agency Programs, Services, & Initiatives

Click or tap here to enter text. Milestones' Elder Abuse Prevention and Awareness (EAPA) program educates the public about elder abuse protection and awareness primarily via

events, particularly as requested by local community groups, and statewide during Elder Abuse Awareness month in June. Milestones employs 2 full-time EAPA Specialists. EAPA staff continue to participate in monthly MDT (Multi-Disciplinary Team) meetings, which are comprised of representatives from social services and law enforcement agencies to find solutions for difficult cases of alleged abuse, self-neglect and homelessness. In FY24 the EAPA program assisted a total of 86 consumers. More than half of these were cases of self-neglect, primarily in the form of unsuitable housing, loss of utilities, or evictions. Most of these cases were in our most populated (urban) area, Scott County.

Objective #1: 3.1 - Increase awareness, prevention, and reporting of elder abuse and dependent adult abuse.

Why it matters...

Elder abuse and dependent adult abuse are critical, yet often underreported, issues across Milestones' 17-county service area. As Iowa's population continues to age, the number of older adults at-risk of physical, emotional, financial, and psychological harm continues to rise.

According to the U.S. Census Bureau (2023), 18.6% of Iowa's population is age 65 or older. Several counties in our region exceed this average: Appanoose (24.4%), Lee (22.4%), and Clinton (20.8%).

In addition, roughly 12% of Iowans under age 65 live with a disability. Within the Milestones service area, most counties fall around or slightly above that state average, with rural counties having higher disability rates. According to the 2023 U.S. Census Bureau, American Community Survey (ACS), Appanoose County (16%), Wayne County (15.7%), and Wapello County (12.8), all have higher than average populations of Iowans under age 65 living with a disability.

Local service data from 2025 further demonstrates the higher needs of the population served. Among consumers receiving Elder Abuse Prevention and Awareness (EAPA) Assessment & Intervention Services, 62% live in poverty, 68% live alone, 20% experience food insecurity, 12% reside in rural areas, 11% are from minority populations, and 7% require assistance with two or more Activities of Daily Living (ADL).

Increasing awareness, prevention, and reporting of abuse is both a moral and public health imperative.

- Increasing awareness helps community members, caregivers, and professionals recognize and respond to signs of abuse, neglect, or exploitation.
- Prevention efforts can strengthen caregiver supports and reduce risk

factors like isolation and stress.
- Reporting elder abuse and dependent adult abuse appropriately is critical to ensuring appropriate intervention and connection to protection services.

Milestones is committed to protecting the rights, safety, and dignity of older adults and people with disabilities by prioritizing these efforts.

What we are doing...

Strategy: 3.1b - Provide training to increase external referrals from key community partners to Elder Abuse Prevention and Awareness program.

- Explanation for Other Strategy (if selected):
  Click or tap here to enter text.

Activities:
Click or tap here to enter text.Milestones will partner with local community agencies in some of our most rural areas indicating gaps including, but not limited to, Davis, Lucas, and Wayne counties. None of these counties reported any elder abuse cases to Milestones in FY18-24. Additionally, we will target Scott County, which has reported the majority of cases in the PSA. Educational information and presentations will be provided in these counties in coordination with partners, such as local community action agencies, churches, nutrition sites, housing coalitions, law enforcement, EMTs, financial institutions and investment personnel among others.

Populations in Greatest Economic Need: Persons ages 60+ who identify as low-income (up to 300% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Populations in Greatest Social Need: Persons 60+ living with interpersonal safety concerns

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): [Select a population.]

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Area(s) of Focus:

For this strategy, we will focus on Scott County where the majority of cases are reported, and on Davis, Lucas and Wayne counties where data indicates very few reports of elder abuse, possibly due to a lack of awareness of resources.

According to the Institute for Community Alliances, Scott County has the second highest number of people experiencing homelessness in the state. Though these numbers are not specific to those age 60+, research shows that "while the population in the United States is aging overall, the population experiencing homelessness is aging at a significantly higher rate than the population as a whole ("Aging Homeless: Shifting demographics of Iowans experiencing homelessness", Ehren Stover-Wright, PhD, Institute for Community Alliance, 2022).

There is no specific statistic for the rate of homelessness resulting directly from elder abuse and neglect because this link is often not recorded. However, research confirms that elder abuse, particularly financial exploitation and neglect, is a significant risk factor for housing instability and homelessness among older adults (source: Journal of Aging & Social Policy).

Increased referrals are expected with this targeted effort, most likely from interagency networks, community organizations, faith community leaders, and neighbors/friends/family of suspected victims.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 3.1 - Total # of consumers provided with EAPA Consultation. #2: [Choose an item.]	#1: 3.1 - # of and type of public education trainings to identify and prevent abuse of older individuals.	#1: 3.1 - #/% of EAPA consumers who report their quality of life has improved.

	#3: [Choose an item.]	#2: [Choose an item.] #3: [Choose an item.]	#2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 10 targeted (previously underserved county) consumers of 84 total projected EAPA consultation consumers #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 6 trainings in targeted rural/remote counties #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 85% of EAPA consumers #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
  Click or tap here to enter text.

- Explanation of logic used to develop SFY 2026 targets:
  Service targets are based on data from past performance, feedback from consumers, limited staffing based on funding, restricted funding sources and collaboration commitments, and increased need in this program.

Objective #2: 3.2 - Provide access to high-quality legal assistance for older adults.

Why it matters...

Legal assistance services are important to help older adults navigate unique legal matters and ensure their rights and welfare are protected, thus mandatory for the AAA to facilitate access to for older Iowans.

The State Library of Iowa reports the common issues specific to older adults in Iowa that could require legal assistance include incapacity (questions about how to exercise legal rights if they become incapacitated), and property (tax credits or powers of attorney), for example.

Housing case types were nearly half of all legal advocacy provided to consumers in SFY25. It is especially difficult for those without financial means to afford an attorney when facing eviction and/or landlord issues that increase risk for homelessness and Milestones is committed to making this housing legal services and other legal services more available to Milestones area consumers.

What we are doing...

Strategy: 3.2b - Develop or strengthen partnerships with other agencies to increase referrals of populations/areas in greatest need of OAA legal assistance.

- Explanation for Other Strategy (if selected):
  Click or tap here to enter text.

Activities:
Educate Milestones Care Managers to increase their understanding of legal issues appropriate for referrals to the legal services provider or other legal representatives and assist in providing access to legal representation for older adults in urban and rural areas by making referrals and warm-handoffs to legal service providers. Following a disaster, Milestones Care Managers will promote available legal services to older adults that focus on disaster relief and education on scam and fraud awareness. Milestones consumers may not be aware of services available to them and Care Managers will promote these services by sharing directly with consumers, and through other means of published materials as applicable and relevant.

Populations in Greatest Economic Need: Persons ages 60+ who identify as low-income (up to 300% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Populations in Greatest Social Need: Persons 60+ living in rural and underserved areas

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): Caregivers who are experiencing or at-risk for stress, depression, and financial cost burden due to their caregiver role

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Area(s) of Focus:
In addition to the general aging population in the Milestones service area, Louisa and Muscatine Counties will be an additional focus area for this objective. According to SFY2025 data on consumers provided legal assistance, these counties have the highest populations of those 60+ with limited English proficiency. The strategy is focused on strengthening partnership with the Rural Justice Project for Older Adults to increase awareness of resources for assistance and supplement the legal assistance provider contract to provide direct assistance to those in greatest need of representation.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 3.2 - Total # of consumers referred to OAA legal assistance. #2: [Choose an item.] #3: [Choose an item.]	#1: 3.2 - Total # of consumers who received OAA legal assistance. #2: [Choose an item.] #3: [Choose an item.]	#1: 3.2 - Total # of consumers who indicate a change in knowledge, skills, and/or behaviors after receiving education on legal issues. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 7 consumers from internal referrals #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 300 total consumers with contracted OAA legal assistance #2: Click or tap here to enter text. #3:	#1: 80% of total consumers who receive OAA legal assistance #2: Click or tap here to enter text. #3:

		Click or tap here to enter text.	Click or tap here to enter text.

- Explanation of Other Measure (if selected):
  Click or tap here to enter text.

- Explanation of logic used to develop SFY 2026 targets:
  Service targets are based on data from past performance, feedback from consumers, limited funding available for contracting, and overall cost-effectiveness of program delivery.Click or tap here to enter text.

Objective #3: 3.3 - Strengthen emergency preparedness among care recipients, caregivers, and providers.

Why it matters…

Iowa has experienced a notable increase in natural disasters over the last five years, with a significant rise in the frequency and severity of events. The average for the most recent five-year period (2020-2024) was 5.4 events per year, compared to the long-term annual average of 1.9 events from 1980-2024. (NOAA National Centers for Environmental Information and Iowa Homeland Security and Emergency Management). A 2023 AARP survey of adults aged 50 years and over found that while "60 percent said they felt prepared for a natural disaster, few had taken steps to get ready." (Colino, S. (2024) Plans for Your Loved Ones: Decide on a strategy now-before foul weather strikes. https://www.aarp.org/caregiving/basics/preparing-for-emergency/?msockid=20f73ea211ed6bcb1b76283110cd6a79) Factors that increase an older adult's vulnerability during disasters and hinder their ability to react quickly and protect themselves include chronic health conditions, mobility limitations, and social isolation. Furthermore, most older adults do not invest time or money in disaster preparedness, particularly concerning purchasing disaster insurance, preparing a disaster emergency kit, identifying and planning evacuation locations and routes, and participating in disaster response drills. (Liao K-M, Hu Y-J (2025) Factors influencing disaster preparedness behaviors of older adults. PLoS ONE 20(2): e0315617. https://doi.org/10.1371/journal.pone.0315617) In 2024, over one-third or 35% of consumers served within the PSA 5 live in poverty and have limited means and supports to adequately prepare for emergencies and natural disasters. Also, over 56% live alone and 76% have 2 or more limitations with their Activities of Daily Living and/or their Independent Activities of Daily Living. (WellSky Tableau Dashboard EoY 2024) A research study on disaster preparedness interventions for older adults found that "with improved disaster preparedness, mobility, recovery planning, and inclusion as a resource in community disasters, older adults are expected to be safer and be able to age in place." (Disaster

Preparedness Intervention for Older Adults (Seniors' Positive Involvement in Community Emergencies): Protocol for a Quasi-Experimental Study - PMC) Disaster PrepWise is a program offered through the University of Iowa College of Public Health to prepare older adults for disasters. It is the first program of its kind to provide a tool and personalized assistance to develop a tailored disaster management plan for individuals and families. Milestones will continue in partnership with the Disaster PrepWise program and train Care Mangers on the materials and process to make appropriate referrals to ensure older adults are prepared when disaster strikes.

What we are doing...

Strategy: 3.3c - Refer Options Counseling consumers to resources where they can create their own individual emergency plan.

- Explanation for Other Strategy (if selected):
  Click or tap here to enter text.

Activities:
Disaster PrepWise is a program offered through the University of Iowa College of Public Health to prepare older adults for disasters. It is the first program of its kind to provide a tool and personalized assistance to develop a tailored disaster management plan for individuals and families. Milestones is a member of the PrepWise Stakeholder Advisory Board and will continue in partnership with the Disaster PrepWise program and train Care Mangers on how to assist older adults in creating a plan for when disaster strikes.

Care Managers will receive training delivered by a Disaster PrepWise representative to ensure that staff fully understand the five steps for disaster preparation that includes 1) completing a personal and household assessment; 2) developing a personal emergency network (identify three people outside of the household you can go to for assistance); 3) gathering emergency information and important documents; 4) keeping a 3-5 day supply of medications/ medical supplies; 5) build two emergency supply kits (one for home, one "to-go"). (Older, Wiser, and Prepared for Disasters – University of Iowa College of Public Health)

Staff will also be supplied with the most up-to-date Disaster PrepWise toolkit. By the end of the training staff will be able to confidently explain the program and its benefits, assist older adults in developing a plan, or make referrals to Disaster PrepWise staff to assist.

Populations in Greatest Economic Need: Persons ages 60+ who identify as low-income (up to 300% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Populations in Greatest Social Need: Persons 60+ who are living alone

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): Caregivers who need additional support in assisting others to live independently

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Area(s) of Focus:
All counties served throughout Milestones' 17-county PSA.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 3.3 - Total # of consumers who were referred to futher develop an individual emergency plan. #2: [Choose an item.] #3: [Choose an item.]	#1: 3.3 - Total # of consumers who developed an individual emergency plan. #2: [Choose an item.] #3: [Choose an item.]	#1: 3.3 - Total # of consumers who indicate they feel safe and prepared for times of disaster and emergency situations. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 10 consumers #2: Click or tap here to enter text. #3:	#1: 5 consumers #2: Click or tap here to enter text. #3:	#1: 5 consumers #2: Click or tap here to enter text. #3:

	What We Do	How Well We Do It	Is Anyone Better Off?
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

- Explanation of Other Measure (if selected):
  Click or tap here to enter text.

- Explanation of logic used to develop SFY 2026 targets:
  Service targets are based on data from past performance, feedback from consumers, limited staffing based on funding, restricted funding sources, and overall cost-effectiveness of program delivery.

Statewide Performance Measures

Measure	Outcome	FY2025 Target	FY2025 Results as of 3/31/2025	FY2026 Target
#/% of EAPA Assessment and Intervention consumer cases closed with services no longer needed.	To evaluate resolution rate for a consumer's abuse, neglect, or exploitation situation.	Number: n/a Percentage: 92%	Number: 25 cases Percentage: 95%	Number: 20 cases Percentage: 92%
#/% of EAPA Consultation consumers whose needs are met through provider referrals for Self-Advocacy.	To evaluate whether consumers are able to use information and referrals for self-advocacy in resolving abuse, neglect, or exploitation situation.	Number: n/a Percentage: 92%	Number: 57 consumers Percentage: 80.7%	Number: 45 consumers Percentage: 90%

Goal 4: Stay Engaged and Supported

People with disabilities and older adults are supported by formal and informal caregivers of their choice and have social connections within their communities.

Agency Programs, Services, & Initiatives

Mayo Clinic reports that about 1 in 3 adults in the U.S. is an informal (meaning not professionally paid) family caregiver, and that caregivers report a higher level of stress than those who are not responsible for caring for another.

In Iowa, data shows the trending age of caregivers seeking assistance is consistently younger over the past 6 years, from age 70 in 2020 to age 65 in 2025. The length of care ranges from an average of 2.3 years to up to 3.1 years when the care recipient has a Dementia-related disease. The strain level for those supporting a care recipient with Dementia increases significantly, as measured by the Modified Caregiver Strain Index, an assessment which includes 13 questions specifically identifying research-based caregiver stressors. (Tableau data)

Milestones increased the number of caregivers reached in the following counties in SFY25: Lucas (+300%), Jefferson (+100%), Henry (+14%), Keokuk (+33%), Davis (+20%), and Van Buren (+50%) counties. The counties with the greatest percentage of decrease in caregivers served include Louisa, Clinton, Muscatine, and Lee.

Milestones Caregiver services are provided by 3 regionally located Specialists who connect caregivers to community resources (generalized and for specific cognitive diseases such as Parkinson's and Alzheimer's), provide assistance in applying for additional supports such as Medicaid waivers, and help caregivers navigate complex systems of care and support. These activities comprise caregiver-specific information and assistance, options counseling, and case management.

Respite support is provided to allow for time away from the individual in care to give their caregiver time to focus on self-needs to prevent burnout and its impact on the quality of care provided. Milestones provides respite care (temporary relief) on a purchase-of-service basis. Current Providers include 2 Public Health departments in Monroe and Louisa counties, and 2 home health agencies based in Des Moines and Scott counties.

Support groups offer a way for caregivers to express get insight from others who share their situation as well as gain social support. Milestones support groups are offered in-person in communities where demand has been expressed: Scott, Des Moines, and Wapello counties. Virtual group (online) is offered in Des Moines County.

Milestones staff specialists are trained to provide support groups and counseling, as well as public education with emphasis on increasing awareness of Dementia-related conditions.

Objective #1: 4.3: Identify informal caregivers are experiencing or at risk for stress, depression, and financial cost burden due to their caregiver role.

Why it matters...

Caregiver isolation, responsibility, exhaustion, and potential burnout can compromise the health of the caregiver and diminish the quality of care they can provide. The long-term stress of caregiving can lead to serious health problems, such as depression and anxiety, weakened immune system, obesity, higher risk of chronic diseases and problems with short-term memory. Supportive services like respite and networks like support groups are vital to maintain caregiver well-being (source: National Institutes of Health).

According to the AARP 2025 research report Caregiving in the U.S., in Iowa:

- 45% of caregivers report having poor mental health 7 or more days per month.
- 54% report that their caregiver role makes it more difficult for them to care for their own health.
- 49% report feelings of loneliness and 35% want help managing their stress and emotions.
- Nearly all (99%) family caregivers help with at least one instrumental activity of daily living (IADL), such as shopping, managing finances, preparing meals, and handling transportation.
- Over half (55%) family caregivers assist with at least one activity of daily living (ADL) which are routine tasks essential for maintaining personal independence. In rank order: transferring in/out of bed/chair, getting dressed, toileting, bathing, dealing with incontinence, feeding.
- While 36% of caregivers would find respite helpful, 89% have never used such services.
- Over half (54%) of family caregivers in Iowa have experienced at least one negative financial impact because of their care responsibilities. The most common financial hardships reported include stopping saving, using up personal savings, and taking on more debt.

Compared with caregivers of individuals without Dementia, caregivers of those with Dementia-related diseases indicate more substantial emotional, financial and physical difficulties as reported by the Alzheimer's Association.

- Caring for a spouse with Dementia is associated with a 30% increase in depression symptoms compared with caregivers of spouses without Dementia.
- 2/3 of Dementia caregivers live with the person they care for, which means they rarely have a break from their caregiver role without hiring outside help. Only 1/3 of

Dementia caregivers have someone else who lives with them who regularly helps them in their caregiving role.
- Hispanic, Black, and Asian American Dementia caregivers indicate greater care demands, less outside help/formal service use and greater depression compared with White caregivers. Hispanic/Latino Dementia caregivers are also less likely to seek community services and supports.
- Over half of Dementia caregivers are employed. Nearly 60% report having to reduce work hours or change their work schedule to accommodate caring for their family member.
- Caregivers for a person with Dementia report higher out-of-pocket costs for medical and personal care and household expenses. Like the general aging population caregiver, 43% of Dementia caregivers report cutting back on their personal savings to accommodate the expenses required for their caregiver role.

In Iowa, 62.2% of dementia caregivers report having one or more chronic conditions, 27.2% report feelings of depression, and 12.4% report frequency of poor physical health.

What we are doing...

Strategy: 4.3f - Implement validated screening tools to screen and intervene for caregivers at greatest risk.

- Explanation for Other Strategy (if selected):
  Click or tap here to enter text.

Activities:
Click or tap here to enter text. Milestones Caregiver Specialists and Care Managers develop individualized plans to provide or refer to supports to help caregivers address the stress and financial burdens of their role.

With limited providers for caregiver support, especially in rural/remote communities, and limited funding to supply respite, Milestones will utilize the Modified Caregiver Strain Index and personal goals to help identify caregivers of greatest need in the service area. To provide a meaningful level of care, it will be necessary to sustain supports in the most practical way possible and find additional providers in the following counties where there are currently none identified: Appanoose, Davis, Jefferson, Keokuk, Lucas, Wapello, Wayne.

The services directly offered by Milestones staff to address caregiver strain consist of Support Group and Caregiver Options Counseling/Case Management to maximize access to benefits for which caregivers and care recipients are eligible.

A key support to address caregiver strain in the Milestones service area is respite care. Community Providers are engaged via Purchase of Service with Milestones funding for in-home respite. Monroe and Louisa County Public Health departments provide respite in their counties. Two home health agencies provide respite in Des Moines, Henry, Lee, Louisa, VanBuren, Scott, Clinton, and Muscatine counties.

To address isolation, ongoing support groups that focus on information and relevant topics to caregiver strain will be offered in Scott (2 support groups), Des Moines, and Wapello counties.

Populations in Greatest Economic Need: Persons 60+ who identify as low-income (up to 300% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Populations in Greatest Social Need: Persons 60+ living in rural and underserved areas

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): Caregivers who are experiencing or at-risk for stress, depression, and financial cost burden due to their caregiver role

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Area(s) of Focus:
For this strategy, we will integrate the Modified Caregiver Strain Index (MCSI) from caregiver assessments as additional criteria in evaluating priority for limited OAA/Milestones funded supports when requested, particularly for caregiver respite and family caregiver home-delivered nutrition. From the 13 questions on the MCSI a total score of 26 is possible. Milestones practice will categorize a score of 10 or 11+ to be "moderately high risk" and 19 or 20+ to be "very high risk.”

Additionally, we will focus on reaching caregivers in counties where Tableau data indicates greater percentage of age 60+ with disability (Lucas 40%, Des Moines 34%, Keokuk 34%, Louisa 33%), stratified further with counties in the service area with highest percentage of age 60+ reporting cognitive disability (Lucas 10%, Henry 10%, Keokuk 9%, Mahaska 8%), and counties where Milestones Purchase of Service Providers for respite services are have not yet been identified. Counties meeting all three criteria include Lucas, Mahaska, Keokuk. However, efforts to increase respite resources in all counties will be ongoing.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 4.3 - #/% of caregivers who completed the caregiver assessment. #2: [Choose an item.] #3: [Choose an item.]	#1: 4.3 - #/% of caregivers who are considered at-risk and are also enrolled in Caregiver/ORC Case Management. #2: [Choose an item.] #3: [Choose an item.]	#1: 4.3 - #/% of caregivers who indicate their stress, depression, and/or financial cost burden due to their caregiver role has been reduced after receiving Caregiver/ORC services. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 90% of caregivers enrolled in Milestones supports (group, respite, HDN, etc.) #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 65 consumers seeking caregiver support #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 90% of caregivers who participated in Milestones caregiver services #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
  Click or tap here to enter text.

- Explanation of logic used to develop SFY 2026 targets:

Funding limitations for supports have capped the number of consumers projected to receive respite support. Other targets are estimated based on projected number of consumers seeking and receiving options counseling, caregiver counseling, case management, and participating in caregiver support group based on current number of staff positions sustained in the agency budget and estimated funding.

Objective #2: 4.1: Increase social engagement opportunities for persons at risk for social isolation.

Why it matters...

The United States' Surgeon General's 2023 report, Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community, identified loneliness and social isolation as not just emotional issues but also associated with serious health problems, including increased risk of heart disease, stroke, dementia, and premature death.

Researchers compare the physical health impact of isolation to that of smoking 15 cigarettes a day. (Holt-Lunstad J, Robles TF, Sbarra DA. Advancing social connection as a public health priority in the United States. Am Psychol. 2017;72(6):517-530)

The impact of isolation and loneliness can increase older adults' risk of cognitive impairment by approximately 50%. (Lazzari C, Rabottini M. COVID-19, loneliness, social isolation and risk of dementia in older people: a systematic review and meta-analysis of the relevant literature. Int J Psychiatry Clin Pract. 2021:1-12.)

Documented benefits experienced by older adults who are more socially engaged are less depression and greater satisfaction with their lives and living situation. Social participation and social supports are both elements of engagement, with social *participation* showing positive outcomes regarding health and mortality.

According to America's Health Rankings 2025 Senior Report (ROSI2025-combined.pdf), the counties with the highest rates of social isolation in Milestones' PSA are Lucas, Monroe and Wapello, suggesting a need to help those who screen at higher risk of social isolation identify meaningful interventions.

What we are doing...

Strategy: 4.1g - Develop a menu of interventions for those who screen at risk for social isolation to refer to.

- Explanation for Other Strategy (if selected):
  Click or tap here to enter text.

Activities:
Click or tap here to enter text. Discover programs offered by libraries, cultural entities, churches, residence communities, etc. to create resources for referrals to localized social opportunities for engagement. Priority will be given to free/low-cost options so those with limited income have opportunities to participate. For caregivers, encourage participation in caregiver support groups and utilization of community and online resources including, but not limited to, Alzheimer's Association, Parkinson's chapters, the Caregiving.com Foundation. Develop at least 3 regional lists of social activities in areas of focus. Assess specific needs and offer at least 2 evidence-based group programs in these areas.

Populations in Greatest Economic Need: Persons 60+ who identify as low-income (up to 300% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Populations in Greatest Social Need: Other (Please explain.)

- Explanation of Other or Sub Population (if selected.):
  Persons 60+ who screen at higher risk for social isolation

Family Caregivers in Greatest Need (if applicable): Caregivers who need additional support in assisting others to live independently

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Area(s) of Focus:
17 counties in PSA 5 with emphasis on Lucas, Monroe, Wapello counties.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 4.1 - #/% of caregivers of populations/areas in greatest need who are referred to attend a caregiver support group. #2: 4.1 - #/% of populations/areas in greatest need consumers referred to evidence-based health promotion programing. #3: [Choose an item.]	#1: 4.1 - # of caregivers who are enrolled to attend a caregiver support group. #2: 4.1 - # of host organizations offering evidence-based health promotion programing. #3: [Choose an item.]	#1: 4.1 - Other (Please explain.) #2: 4.1 - Total # of consumers who completed evidence-based health promotion programing. #3: [Choose an item.]
SFY 2026 Targets	#1: 3 regional lists of social activities #2: 2 evidence-based groups in prioritized areas #3: Click or tap here to enter text.	#1: 35 caregivers participating in CG support groups #2: 2 organizations offering programming in prioritized areas #3: Click or tap here to enter text.	#1: 28 caregivers in prioritized area #2: 24 consumers completing small group evidence-based programs #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
  Click or tap here to enter text. #/% of caregivers in prioritized areas who screen for social isolation report their needs have improved or been met.

- Explanation of logic used to develop SFY 2026 targets:
  Service targets are based on data from past performance, feedback from consumers, limited staffing based on funding, fidelity requirements for licensed program, restricted funding sources and collaboration commitments, and overall cost-effectiveness of program delivery.

Objective #3: 4.4: Strengthen and enhance the dementia capability of the aging and disability network.

Why it matters…

More than 62,000 Iowans have Alzheimer's Disease and related disorders (ADRD) and 80,000 Iowans are caregivers for someone with ADRD. Addressing caregiver needs contributes to the overall health and stability of rural communities, which rely heavily on informal care. (source: NIH, Rural Health Information Hub)

Alzheimer's Disease is the sixth-leading cause of death in the US, impacting nearly 6 million Americans. In addition, more than 73,000 Iowans provide unpaid care for people with Alzheimer's or Dementia (source: Iowa HHS).

3 in 10 caregivers have difficulty accessing affordable services and supports and only 1 in 10 has accessed respite services.

According to SFY2025 data, the primary caregivers for individuals with ADRD are most often a spouse or a daughter/daughter-in-law. There is notable disparity in Caregiver Strain Index scores, with caregivers of individuals with ADRD frequently scoring above 12, indicating high levels of strain.

Counties in the Milestones service area with highest ADRD rates (per the Alzheimer's Assoc.) are Louisa, Wayne, Keokuk, Des Moines.

Of the 74 caregivers caring for someone with ADRD served by Milestones in SFY25, most live in Scott, Des Moines, or Wapello counties. These Dementia caregivers are more likely to access case management, options counseling, respite, caregiver counseling, and support groups than other caregivers. Only 21% of caregivers who received services from Milestones in SFY25 were caring for someone with ADRD, which is much lower than the 50% estimate by the Alzheimer's Association of number of family caregivers caring for someone with ADRD.

From the AARP report Caregiving in the U.S. 2025 only 16% of Iowa family caregivers receive training to help with ADLs, IADLs, and behavioral management, although over half of them assist with nursing and other care activities.

Care Recipients who also received services from Milestones in SFY25 were disproportionately residents of more urban areas than the rest of the consumers who accessed OAA services from Milestones. Caregivers were even less likely to live in rural areas, which demonstrates the importance of efforts to reach caregivers and care recipients in rural communities.

According to Iowa HHS, Black Iowans are twice as likely, and Hispanic Iowans are 1.5 times more likely, to get Alzheimer's than White Iowans, but historically these communities have

not been well-served by health care systems and public health messaging. As a result, cases of dementia in these populations are usually caught later in the disease process leading to higher healthcare costs for the persons living with dementia and a heavier toll on care partners (source: State Strategic Plan Alzheimer's Disease & Related Dementias in Iowa).

Through its commitment to the Dementia Friendly Iowa network, Milestones has experienced success in reaching community groups to increase understanding of neurodegenerative diseases and cultivate respect for those living with dementia in order to better support older Iowans and their caregivers.

The University of Iowa Geriatric Education Center states "Dementia Friendly Iowa promotes change and education in communities across Iowa to create a more informed, safe, and respectful place for people living with dementia and their caregivers. As the number of people living with dementia in our state increases, so must public awareness and ability to serve this population in the state of Iowa."

Click or tap here to enter text.

What we are doing...

Strategy: 4.4d - Provide training to staff to increase internal referrals of caregivers who are caring for someone with Alzheimer's disease and related disorders with neurological and organic brain dysfunction to Caregiver/ORC services.

- Explanation for Other Strategy (if selected):
  Click or tap here to enter text.

Activities:
Click or tap here to enter text. Milestones staff in the Family Caregiver program utilize Dementia Friends and community presentations as an introduction to agency caregiver supports and services. Milestones will increase the number of Dementia Friends Champions to at least three- one in each office location who will be expected to provide Dementia Friends training in prioritized communities at least quarterly. Presentations will be focused on communities where a greater number of minority caregivers can be reached, as well as more rural/remote communities.

Populations in Greatest Economic Need: Persons 60+ who identify as low-income (up to 300% of the Federal poverty level)

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Populations in Greatest Social Need: Persons who are living with Alzheimer's disease and related disorders with neurological and organic brain dysfunction

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Family Caregivers in Greatest Need (if applicable): Caregivers who need additional support in assisting others to live independently

- Explanation of Other or Sub Population (if selected.):
  Click or tap here to enter text.

Area(s) of Focus:
Henry, Louisa, and Des Moines counties will be the focus of the Dementia Friends Champion out of the Burlington office, Muscatine and Clinton counties will be the focus of the Dementia Friends Champion in the Davenport office, and Davis, Jefferson, Keokuk, and Van Buren counties will be the focus of the Dementia Friends Champion in the Ottumwa office. Wayne, Louisa, and Keokuk counties have higher rates of ADRD but low number of caregivers served. Des Moines County also has higher number of residents with ADRD.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 4.4 - Other (Please explain.) #2: [Choose an item.] #3: [Choose an item.]	#1: 4.4 - Other (Please explain.) #2: [Choose an item.] #3: [Choose an item.]	#1: 4.4 - #/% of caregivers with care recipients who live with Alz. Disease and related disorders with neurological and organic brain dysfunction that are enrolled in at least one or more OAA services. #2: [Choose an item.] #3: [Choose an item.]

	What We Do	How Well We Do It	Is Anyone Better Off?
SFY 2026 Targets	#1: 3 CG Specialists + Social Services Supervisor #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 37(50%) caregivers #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 6 caregivers #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
  What We Do: 4.4d - #/% of AAA staff who have received training on how to deliver person-centered services and supports to caregivers for persons with Alzheimer's disease or related disorders with neurological and organic brain dysfunction.
  How Well We Do It: 4.4 - #/% of caregivers who are caring for someone with Alzheimer's disease or related disorders with neurological or organic brain dysfunction and referred for Caregiver/ORC services

- Explanation of logic used to develop SFY 2026 targets:
  Service utilization data, staff capacity, data prioritized counties based on prevalence of ADRD, and comparison to Alzheimer's Assoc. research for Iowa characteristics of services and supports delivered.

Statewide Performance Measures

Measure	Purpose	FY2025 Target	FY2025 Results as of 3/1/2025	FY2026 Target
#/% of congregate meal consumers served who may be socially isolated, percentage eating four meals at a congregate meal site in a month.	To determine whether congregate meal consumers who may be socially isolated have the opportunity to socialize in their community.	Number: Click or tap here to enter text. Percentage: 90%	Number: 324 consumers Percentage: 75%	Number: 300 consumers Percentage: 75%
#/% of home delivered meal consumers served who may be socially isolated, percentage receiving at least eight meals in a month.	To determine whether home delivered meal consumers who may be socially isolated receive regular contact with a meal delivery person.	Number: Click or tap here to enter text. Percentage: 96%	Number: 547 consumers Percentage: 98%	Number: 400 consumers Percentage: 90%
#/% of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role.	To determine whether case management and respite services provide caregivers the supports and services they need to continue to provide informal care to care recipients.	Number: n/a Percentage: 97%	Number: 43 consumers Percentage: 100%	Number: 35 Percentage: 97%

Section 2: Service Projections

SFY 2026 Projected Consumers and Service Units

[Insert a copy of your agency's Form 3A-1]

Service		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
1: Personal Care	Gen. Aging	1624	27		1		26
2: Homemaker	Gen. Aging	4122	74		5		69
3: Chore	Gen. Aging	300	10	4	3		3
4: 60+ Home Delivered Nutrition	Gen. Aging	75000	800	550	75	9	166
5: Adult Daycare/Health	Gen. Aging						
6: 60+ Case Management	Gen. Aging	216	59	38	6	1	14
	Senior Living Program	51	14	9	1		4
7: 60+ Congregate Nutrition	Gen. Aging	70000	1037	809	43	31	154
8: Nutrition Counseling	Gen. Aging	6	6	2	2		1
9: Assistive Transportation	Gen. Aging						
10: Transportation	Gen. Aging	15563	457	200	40	20	129
11: Legal Assistance	Gen. Aging	845	510	245	12	8	225
12: Nutrition Ed.	Gen. Aging	12000	1475	1046	65	31	333
13: 60+ Information & Assistance	Gen. Aging	4346	2460	1044	141	28	368
	Senior Living Program	565	236	156	21	4	5
14: Outreach	Gen. Aging	642	517	152	104	38	223
A01: 60+ Material Aid: Home Mod./Repairs	Gen. Aging	25	25	10	1		14
B02: Health Promotion: Non-Evidence	Gen. Aging	3333	507	46	46	1	1
B04: 60+ Emergency Response System	Gen. Aging	312	26	10	1		14
B05: Behavioral Health Supports	Gen. Aging	0	0				
B07: Health Promo: Evidence Based	Gen. Aging	47	47	3	3	1	4
C07: EAPA Consultation	Gen. Aging	79	79	30	10	5	11
	Senior Living Program	5	5	2	1	1	1
C08: EAPA Assess & Intervention	Gen. Aging	413	82	35	12	1	13
	Senior Living Program	27	5	2	1		2
C09: EAPA Training & Education	Gen. Aging	23	2293	289	74	62	662
D01: Training & Education	Gen. Aging	191	43183	598	57	23	459
E05: 60+ Options Counseling	Gen. Aging	668	207	74	53	25	53
	Senior Living Program	118	36	13	10	4	9
F06: 60+ Material Aid: Asst. Tech./ Durable Med. Equip.	Gen. Aging	1	1	1			
F07: 60+ Material Aid: Consumable Supplies	Gen. Aging	26	5	2	1		2
F08: 60+ Material Aid: Other	Gen. Aging	16	12	3	3	3	3
CG3: FC Counseling	Caregiving	30	18	6	3	3	3
CG4: FC Information Services	Caregiving	9036	32	6	5	5	5
CG7: FC Home Delivered Nutri.	Caregiving	1600	10	2			6

Service		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
CG8: FC Options Counseling	Caregiving	223	117	46	3	2	5
CG9: FC Case Management	Caregiving	112	14		1		
CG10: FC Information & Assistance	Caregiving	445	205	108	9	8	17
CG11: FC Support Groups	Caregiving	184	35	1			2
CG12: FC Training	Caregiving	7	7				
CG13: FC Congregate Nutri.	Caregiving						
CG14: FC Emergency Resp. Sys.	Caregiving						
CG27: FC Supplemental Services: Asst. Tech./Durable Med. Equipment	Caregiving						
CG15: FC Supplemental Services: Consumable Supplies	Caregiving	10	2	1			1
CG22: FC Supplemental Services: Other	Caregiving	10	2	2			
CG23: FC Respite Care: In Home	Caregiving	1188	11	5	1		5
CG24: FC Respite Care: Out-of-Home (Day)	Caregiving	180	5	4			1
CG25: FC Respite Care: Out-of-Home (Overnight)	Caregiving						
CG26: FC Respite: Other	Caregiving	132	1				
GO3: ORC Counseling	Caregiving						
GO4: ORC Information Services	Caregiving						
GO7: ORC Home Delivered Nutrition	Caregiving						
GO8: ORC Options Counseling	Caregiving						
GO9: ORC Case Management	Caregiving						
GO10: ORC Information & Assistance	Caregiving						
GO11: ORC Support Groups	Caregiving						
GO12: ORC Training	Caregiving						
GO13: ORC Congregate Nutrition	Caregiving						
GO14: ORC Emergency Response System	Caregiving						
GO27: ORC Supplemental Services: Asst Tech/Durable Med Equipment	Caregiving						
GO15: ORC Supplemental Services: Consumable Supplies	Caregiving						
GO22: ORC Supplemental Services: Other	Caregiving						
GO23: ORC Respite Care: In-Home	Caregiving						
GO24: ORC Respite Care: Out-of-home (Day)	Caregiving						
GO25: ORC Respite Care: Out-of-home (Overnight)	Caregiving						
GO26: ORC Respite Care: Other	Caregiving						

SFY 2026 Service Coverage

Information & Service Assistance Services

Please indicate with an “X” the services offered within each of your PSA counties.

Services	Appanoose	Clinton	Davis	Des Moines	Henry	Jefferson	Keokuk	Lee	Louisa	Lucas	Mahaska	Monroe	Muscatine	Scott	Van Buren	Wapello	Wayne
60+ Case Management	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FC Case Management	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ORC Case Management																	
FC Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ORC Counseling																	
EAPA Assessment & Intervention	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Information & Assistance (general)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FC Information & Assistance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ORC Information & Assistance																	
EAPA Consultation	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Legal Assistance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
60+ Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FC Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ORC Options Counseling																	

Nutrition & Health Promotion Services

Please indicate with an “X” the services offered within each of your PSA counties.

Services	Appanoose	Clinton	Davis	Des Moines	Henry	Jefferson	Keokuk	Lee	Louisa	Lucas	Mahaska	Monroe	Muscatine	Scott	Van Buren	Wapello	Wayne
60+ Congregate Nutrition	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
FC Congregate Nutrition																	
ORC Congregate Nutrition																	
Health Promotion: Evidence-Based	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Promotion: Non Evidence-Based	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
60+ Home Delivered Nutrition	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FC Home Delivered Nutrition	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Nutrition Education	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Services to Promote Independence

Please indicate with an “X” the services offered within each of your PSA counties.

Services	Appanoose	Clinton	Davis	Des Moines	Henry	Jefferson	Keokuk	Lee	Louisa	Lucas	Mahaska	Monroe	Muscatine	Scott	Van Buren	Wapello	Wayne
Adult Day Care / Health													x				
Assisted Transportation																	
Behavioral Health Supports																	
Chore	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
60+ Emergency Response System	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FC Emergency Response System																	
ORC Emergency Response System																	
Homemaker	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FC Information Services	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ORC Information Services																	
60+ Material Aid – Types:																	
• Assistive Tech/Durable Medical Equipment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• Consumable Supplies	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• Home Modification/Repairs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• Other	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FC Supplemental Services – Types:																	
• Assistive Tech/Durable Medical Equipment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• Consumable Supplies	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• Other	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ORC Supplemental Services Types:																	
• Assistive Tech/Durable Medical Equipment																	
• Consumable Supplies																	
• Other																	
Outreach	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Personal Care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Caregiver Respite																	
• FC Respite Care: In-Home	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• ORC Respite Care: In-Home																	
• FC Respite Care: Out-of-Home (Day)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• ORC Respite Care: Out-of-Home (Day)																	
• FC Respite Care: Out-of-Home (Overnight)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• ORC Respite Care: Out-of-Home (Overnight)																	
• FC Respite: Other	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• ORC Respite: Other																	
CG Support Group				X										X		X	
ORC Support Group																	

Services	Appanoose	Clinton	Davis	Des Moines	Henry	Jefferson	Keokuk	Lee	Louisa	Lucas	Mahaska	Monroe	Muscatine	Scott	Van Buren	Wapello	Wayne
Training & Education	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FC Training	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ORC Training																	
EAPA Training & Education	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Transportation	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Self-Direction Service Delivery

☐ Agency does **not** use a self-direction service delivery approach to providing services to older adults and/or caregivers.

OR

X Agency uses a self-direction service delivery approach to providing services to older adults and/or caregivers. Please provide a list below of services that are delivered using a self-directed services delivery approach.

Click or tap here to enter text.

The following table shows the number of persons expected to be served using a self-direction service delivery approach and the amount of funds by funding source projected to be expended under this service delivery approach.

Item	Projection
Persons Served - Older Adult	**8**
Projected Title IIIB Expenditure - Older Adults	$3600
Projected Other - State Expenditure - Older Adults	[Estimated $]
Projected Other - Non-State Expenditure - Older Adults	[Estimated $]
Projected Program Income Expended - Older Adults	[Estimated $]
Persons Served - Caregivers of Older Adult	**5**
Projected Title IIIE Expenditure - Caregivers Older Adult	$2500
Projected Other - State Expenditure -Caregivers Older Adult	[Estimated $]
Projected Other - Non-State Expenditure - Caregivers Older Adult	[Estimated $]
Projected Program Income Expended -Caregivers Older Adult	[Estimated $]
Persons Served - Older Relative Caregivers	**[Enter #]**
Projected Title IIIE Expenditure - Older Relative Caregivers	[Estimated $]
Projected Other - State Expenditure --Older Relative Caregivers	[Estimated $]
Projected Other - Non-State Expenditure - Older Relative Caregivers	[Estimated $]
Projected Program Income Expended - Older Relative Caregivers	[Estimated $]

Caregiver Respite Voucher

☓ Agency does **not** use a voucher method for caregivers to obtain respite services.

OR

☐ Agency uses a voucher method for caregivers to obtain respite services.

The following table shows the number of persons expected to be served using a voucher method for caregiver respite and which funding sources are expected to be utilized for the vouchers.

Item	Projection
Persons Served - Caregivers of Older Adults	**[Enter #]**
Does AAA intend to use the funding sources listed below to provide respite services for Caregivers of Older Adults through vouchers?	
OAA Title III E federal funds	☐ **Yes or** ☐ **No**
Other - State Expenditure	☐ **Yes or** ☐ **No**
Other - Non-State Expenditure	☐ **Yes or** ☐ **No**
Program Income Expended	☐ **Yes or** ☐ **No**
Persons Served - Older Relative Caregivers	**[Enter #]**
Does AAA intend to use the funding sources listed below to provide respite services for Older Relative Caregivers through vouchers?	
OAA Title III E federal funds	☐ **Yes or** ☐ **No**
Other - State Expenditure	☐ **Yes or** ☐ **No**
Other - Non-State Expenditure	☐ **Yes or** ☐ **No**
Program Income Expended	☐ **Yes or** ☐ **No**

Evidence-Based Programming (EBP)

EBP Definition

Administration for Community Living's definition of Evidence-Based Programs:

- Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; *and*
- Proven effective with older adult population, using Experimental or Quasi-Experimental Design;* *and*
- Research results published in a peer-review journal; *and*
- Fully translated** in one or more community site(s); *and*
- Includes developed dissemination products that are available to the public.

**Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment.*

***For purposes of the Title III-D definitions, being "fully translated in one or more community sites" means that the evidence-based program in question has been carried out at the community level (with fidelity to the published research) at least once before. Sites should only consider programs that have been shown to be effective within a real-world community setting.*

Within the table below, please list the EBP you intend to offer in SFY 2026 along with the methods in which you are planning to deliver the service.

Name of Program	Description of location(s) where program will be offered.	Method(s) for Service Delivery
Matter of Balance	Community locations such as churches, senior center, library, congregate nutrition site, healthcare facility, Milestones offices	☒ Virtual *available* ☒ In-Person
Tai Chi for Arthritis/Falls Prevention	Same as above	☒ Virtual *available* ☒ In-Person
Stepping On & Pisando Fuerte (Spanish version)	Same as above	☒ Virtual *available* ☒ In-Person
Walk With Ease	Same as above	☒ Virtual *available* ☒ In-Person
Healthy Steps for Older Adults	Same as above; focus on rural counties	☐ Virtual ☒ In-Person
Home Hazard Removal Program	Consumer specific location (home)	☐ Virtual ☒ In-Person

Area Plan Service Waiting List

☐ Agency **<u>does not</u>** anticipate a waiting list for any services in SFY 2026.

OR

☓ Agency **<u>anticipates</u>** a waiting list for services in SFY 2026 as indicated in the following table. *Please provide additional information with the table below.*

Service(s) with Waiting List	Please select reason(s) for anticipating waiting list.	Estimated Number of Individuals on Waiting List
Home-delivered meals	☓ Funding Inadequate ☐ No Funding ☐ No Service Provider ☐ Unable to Staff ☐ Other (please describe):	This number fluctuates, but for this purpose, 80 consumers.
Homemaker	☓ Funding Inadequate ☐ No Funding ☐ No Service Provider ☐ Unable to Staff ☐ Other (please describe):	No lists have been initiated at this time; however, we do anticipate funding will not meet the need in the coming plan year. This is an anticipatory entry.
Personal Care	☓ Funding Inadequate ☐ No Funding ☐ No Service Provider ☐ Unable to Staff ☐ Other (please describe):	No lists have been initiated at this time; however, we do anticipate funding will not meet the need in the coming plan year. This is an anticipatory entry.
Respite	☓ Funding Inadequate ☐ No Funding ☐ No Service Provider ☐ Unable to Staff ☐ Other (please describe):	No lists have been initiated at this time; however, we do anticipate funding will not meet the need in the coming plan year. This is an anticipatory entry.

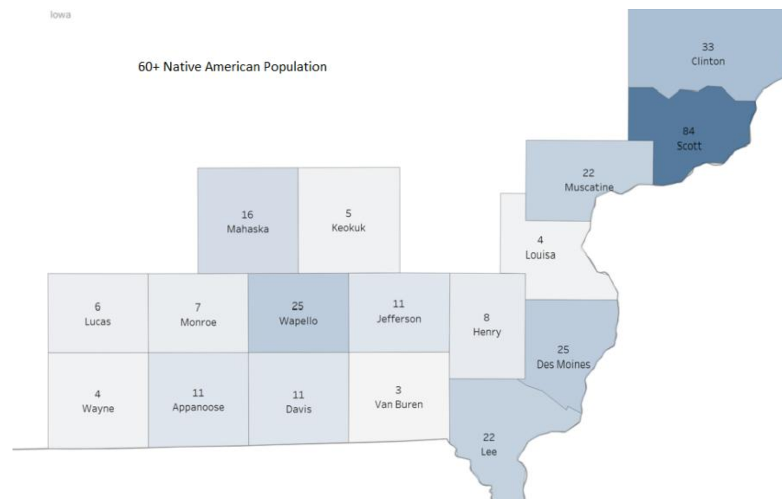
Please refer to the SFY 2026 Reporting Manual for instructions on how to document and notify ADS when implementing a waiting list.

Title III and Title VI Coordination and Tribal Elders and Family Caregivers Outreach Activities

X Area Agency on Aging does not have a Title VI program within their planning and service area.

- Please describe how the agency intends to reach out to Native Americans with Title III services within the agency's Planning and Services Area.

  There is a very small 60+ Native American population with no designated tribal lands in the Milestones PSA. Outreach to this community is achieved via traditional general methods, such as community health fairs, advertisements in publications targeting older consumers, and word of mouth.



OR

☐ Area Agency on Aging has a Title VI program within their planning and service area. If so, please provide responses to the questions below.

1. Describe how your AAA has developed policies and procedures in coordination with the Title VI program director located in your planning and service area.

   Click or tap here to enter text.

2. How does your AAA, including contact service providers, provide outreach to Tribal elders and family caregivers regarding service for which they may be eligible under Title III?

   Click or tap here to enter text.

3. What communication opportunities does the AAA make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings?

   Click or tap here to enter text.

4. Describe how Title VI programs may refer individuals who are eligible for Title III services.

   Click or tap here to enter text.

5. Describe how the AAA plans to include the Title VI program director in emergency planning.

   Click or tap here to enter text.

Section 3: Quality Management

Milestones places a high priority on maintaining high levels of service quality across program areas. Quality management of service programs encompasses three functions: data collection to assess ongoing program implementation, remediation of problem areas, and continuous improvement. Quality management protocols and practices are conducted regularly in the following manner:

- **Nutrition Program -**
  - *Data collection to assess ongoing program implementation:*
    - Percentage of nutrition intakes completed is monitored throughout the year using WellSky.
    - Only nutrition staff and the Data Administrative Specialist input nutrition data; they are supervised by nutrition management and can be trained and monitored for accuracy.
    - Health Promotion and Evidence-based program data is entered by the HP Director or Davenport Office Manager.

  - *Remediation of problem areas:*
    - Monthly meetings held virtually with all nutrition Area Program Coordinators. This enhances uniformity and helps to identify risk management areas in need of attention.
    - Maintain a Code of Conduct to address disruptive consumer behaviors to void/reduce serious outcomes.
    - Work with health inspectors to address any identified problem areas noted in inspections.

- Nutrition Supervisors and other key nutrition management staff participate in monthly agencywide WellSky training sessions to increase accuracy and proficiency, and to promote consistent input protocols in using the WellSky system.

- *Continuous improvement:*
  - Weekly meetings with the Nutrition Supervisors.
  - Nutrition service surveys are completed at least once during the area plan period for both HDMs and Congregate meals for both contracted and direct service providers.
  - Completed update of the Nutrition policies and procedures manual in the next FY
  - Serv-safe and dependent adult abuse training of staff where required.
  - Evaluation of volunteer training and knowledge.
  - Regular participation in I4A nutrition directors' meetings.
  - Contracted meal providers are surveyed annually.
  - Management conducts annual meal site visits and six-month self-evaluations on each site.
  - Consumers are offered the opportunity to provide feedback via evaluation for HP at end of each program, and nutrition offers annual (at minimum) consumer satisfaction surveys and on-site comment cards.

- **LifeLong Links & other programming -**

  - *Data collection to assess ongoing program implementation:*
    - Wellsky reports pulled several times a month to review for missing and completed data, and to review productivity.
    - Administrative Data Specialist also pulls reports regularly and staff are notified if they have missing data.
    - Weekly Team Meets for all LifeLong Links program staff are conducted to provide informational updates and new implementation of services.

  - *Remediation of problem areas:*
    - For reoccurring staff data concerns, a request for additional training or clarification from ADS and/or Wellsky training is requested.
    - All LifeLong Links staff participate in monthly agencywide WellSky training sessions to increase accuracy and proficiency, and to promote consistent input protocols in using the WellSky system.

  - *Continuous improvement:*

    - Weekly Team Meet topics include program topics of interest; updates vital to the consumer, community, or agency; review of changes in process or protocol.
    - Outside providers are often invited to share additional service program information. Examples may include I-Smile Silver program from IDPH, Easter Seals Assistive Technology, Healthcom ERS, and Medication Mgmt.
    - LifeLong Links staff regularly participate in regularly scheduled i4a workgroup meetings to share ideas and information with AAA peers.

- **Contracted Providers –**
  - *Data collection to assess ongoing program implementation:*
    - Reports are submitted to the agency by each vendor on a regular basis (monthly) detailing number of consumers served and number of units provided.
    - Submissions are reviewed; providers contacted with any questions or concerns.
    - Provider expenditures are monitored on a monthly basis.

  - *Remediation of problem areas:*
    - if vendor services are not keeping pace with funding, an action plan must be submitted outlining how the provider intends to align services provided with funding.
    - If a vendor cannot/does not use funding, excess is made available for other providers experiencing more than anticipated service provision.

  - *Continuous improvement:*
    - Agency supplies providers with consumer satisfaction survey for consumer distribution annually.
    - Agency conducts annual on-site or Zoom visit to review each provider’s services, credentials, and practices.

Section 4: Public Input

On March 20, a presentation was given to the Milestones Advisory Council requesting input detailing the SFY26 – SFY29 Area Plan following the public hearing agenda.

Additional methods Milestones used to solicit public input include a Public Hearing via Zoom, which was promoted as follows: Public Hearing information posted on Milestones website on 3/10/25 containing invitation to attend, link to full notice, agenda, draft Area Plan narrative, and information about how to provide feedback; notice of public hearing (with agenda) was published in the three primary newspaper publications covering our PSA.

Public notice with agenda and copy of draft area plan narrative was sent out via email to Milestones email subscriber list (381confirmed recipients) . Same was shared with Clinton County's Council of Social Agencies, Des Moines County Inter-Agency, and Southeast Iowa InterAgency with request for dissemination via their group email distribution lists.

Public Hearing Information

A. Text copy of public hearing notice:

NOTICE OF PUBLIC HEARING ON MULTI-YEAR AREA PLAN FOR APPANOOSE, CLINTON, DAVIS, DES MOINES, HENRY, JEFFERSON, KEOKUK, LEE, LOUISA, LUCAS, MAHASKA, MONROE, MUSCATINE, SCOTT, VAN BUREN, WAPELLO, and WAYNE COUNTIES

To older persons, public officials and other interested parties, pursuant to Iowa Administrative Code Chapter 17 – 6.2(7)a.(2):

The public is notified and invited to attend a public hearing being conducted by Milestones Area Agency on Aging regarding the Fiscal Years 2026 - 2029 Area Plan for the seventeen-county region (Appanoose, Clinton, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Monroe, Muscatine, Scott, Van Buren, Wapello and Wayne Counties).

The purpose of the public hearings are to gather input and comments from interested parties, including priority services. Public hearings will be conducted on Friday, March 21, 2025 at 10 AM via Zoom virtual platform or in-person.

To Join Zoom Meeting
https://us06web.zoom.us/j/89229629581?pwd=cHGlPA23RFpYKNej93RsxGysfjpKfi.1
Meeting ID: 892 2962 9581 Passcode: 603735
If you prefer to participate in person at either the Ottumwa, Burlington, or Davenport Milestones office, please notify the appropriate contact: Ottumwa office call 641-684-1001; Burlington office call 319-758-5083; Davenport office contact is 563-723-5960.

Agenda:

1. Call to order
2. Purpose of hearing
3. Public Comments on Priority Services
   Title III-B Priority Services are located within the service categories of Access, In-Home and Legal. The minimum percentage (%) of Title III-B funding required to be expended within each category are: 1) Access Services (10%), which includes Information and Assistance, Assisted Transportation, Outreach, Case Management, and Transportation; 2)In-Home Services (5%), which includes Adult Day Care/Health, Personal Care, Chore, Homemaker; and 3) Legal Services (3%,) which includes Legal Assistance.

   a) Written comments
   b) Other comments

4. Services under consideration to be provided as Direct Services by Milestones Area Agency on Aging:

a) Nutrition – Congregate meals, Home-Delivered meals (including caregiver), Nutrition Counseling
b) Evidence-Based Programs
c) Family Caregiver (Support Groups)

6. Adjournment

Area Plan draft narrative and public hearing login information are posted on the Milestones website at www.milestonesaaa.org. Any Iowa resident in the Milestones service area is encouraged to participate, particularly older persons, caregivers, public officials, and other interested parties. Feedback on the area plan can also be submitted by postal mail to: Milestones Area Agency on Aging, 935 E. 53rd Street, Davenport, IA 52807 or by email to info@milestonesaaa.org . Please put “Area Plan Comments” in subject line.

B. List of publications in which notice was published:

Public Hearing - Notification		
Publication Name	**Publication Date**	**Proof/Receipts/Links**
Milestones AAA Website	10-Mar-25	https://www.milestonesaaa.org/news/public-hearing-march-21
Ottumwa Courier	14-Mar-25	Proof of Publication - Public Hearing - Ottumwa Courier.jpg
Fort Madison Daily Democrat	14-Mar-25	Proof of Publication - Public Hearing - FT Madison Democrat.jpg
QC Times	14-Mar-25	Proof of Publication - Public Hearing - QCTimes.jpg

C. List of people present at the hearing:

March 20 Advisory Council meeting attendees: Susan Leuthauser, Liz Sherwin, Dawn Dunnegan, Michele Ross, Pat Swartzlander, Todd Wilson, Ryanne Wood, Becky Passman, Kathy Hyde, Stephanie Newton, Devin Hansen, Lisa Harwood, Sonita Oldfield-Carlson, Kim Crutcher and Sharon Schnoor.

March 21 Zoom Public Hearing Attendees: Stephanie Newton, Sonita Oldfield-Carlson, Lisa Harwood, Joyce Martin, Sharon Schnoor, Becky Passman, and Jody Vaughn.

D. Summary of Public Hearing:

On March 20, a presentation was given to the Milestones Advisory Council detailing the SFY26 – SFY29 Area Plan following the public hearing agenda. Members had been provided a copy of the plan narrative a week in advance of the meeting and an area plan narrative summary outline was provided for participant convenience. Summarized from the meeting minutes: Becky talked about the direct services waiver and services for which waivers were being requested. She also explained what was meant by the terms “goals”, ”objectives”, ”strategies”, and ”activities”. Then she went through the agenda items, discussing priority services, direct waiver services, and reviewed objectives and highlighted activities.

Input received: One concern was about language concerning those with disabilities for services. Susan said there were no activities in the Area Plan regarding that goal and she expressed concern that Milestones doesn’t have funding to provide for that group’s needs in addition to 60+. Becky said the Older Americans Act tasks us to provide services for those 18 – 59 with disabilities through the ADRC, Aging and Disabilities Resource Center. The ADRC helps seniors through our Information and Assistance service and Options Counseling. Our I & A specialists do provide information that assists consumers 18-59 with disabilities with resources for services they might need, program information, and lists of agencies and providers. Ryanne said the team did a great job with a system that needs change, especially in home services. Michele also mentioned good job with the plan. Showed worked hard.

On March 21 at 10 AM, a Public Hearing was held via Zoom for the general public. The meeting was called to order. The purpose of the meeting was given, the purpose of the plan was explained, the terms “goals”, “objectives”, “strategy”, and “actions”, as used in the plan, were defined, and the agenda items were addressed. Comments/input was requested. Jody Vaughn asked about services which might be available for her husband, who is under 60 years old. Her question was answered. There were no other questions/comments.

Participants were reminded that feed back could also be submitted by mail to: Milestones Area Agency on Aging, 935 E. 53rd St., Davenport, IA 52807 or by email to info@milestonesaaa.org. No comments were received.

Governing Body

Governing Body for: Milestones Area Agency on Aging
Updated On: November 13, 2025

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Peggy Fisher	2380 Lilac Ct.	Fairfield 52556	Jefferson	641-919-7664 p.fisher@wapellocouw.org	June 2030

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Susan Leuthauser	3237 Remington Road	Bettendorf 52722	Scott	563-940-7264 swleuthauser@gmail.com	June 2032

Secretary/Secretary-Treasurer

Name	Address	City & Zip	County	Phone & Email	Term Expires
Sheri Wilson	2621 S. 14th Street	Burlington 52601	Des Moines	319-753-0193 sheri.wilson@caofseia.org	June 2028

Other Members

Name	Address	City & Zip	County	Phone & Email	Term Expires
Yvonne Pitsch	1018 W. Jackson St.	Sigourney 52591	Keokuk	641-891-4076 pitschyvonne@gmail.com	June 2034
Rick Johnson	1595 North Van Buren Ave.	Ottumwa 52501	Wapello	641-799-9344	June 2034
Linda Miller	6766 Ridges Ct.	Bettendorf 52722	Scott	563-650-9539 ljm@hwmiller.com	June 2034

Advisory Council

Older Americans Act Section 306(a)(6)(D). Each area agency on aging shall establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.

Older Americans Act Code of Regulations, Subpart C, Sec. 1321.63 (b) Composition of Council. The council shall include individuals and representatives of community organizations from or serving the planning and service area who will help to enhance the leadership role of the area agency in developing community-based systems of services targeting those in greatest economic need and greatest social need. The advisory council shall be made up of:

(1) More than 50 percent older individuals, including minority individuals who are participants or who are eligible to participate in programs under this part, with efforts to include individuals identified as in greatest economic need and individuals identified as in greatest social need in § 1321.65(b)(2);
(2) Representatives of older individuals;
(3) Family caregivers, which may include older relative caregivers;
(4) Representatives of health care provider organizations, including providers of veterans' health care (if appropriate);
(5) Representatives of service providers, which may include legal assistance, nutrition, evidence-based disease prevention and health promotion, caregiver, long-term care ombudsman, and other service providers;
(6) Persons with leadership experience in the private and voluntary sectors;
(7) Local elected officials;
(8) The general public; and
(9) As available:
    (i) Representatives from Indian Tribes, Pueblos, or Tribal aging programs; and
    (ii) Older relative caregivers, including kin and grandparent caregivers of children or adults ages 18 to 59 with a disability.

If the agency's Advisory Council does not currently meet at least 1-8 composition criteria listed above, provide the following information:

1) Composition criteria yet to be satisfied by the Council (# 1, 2, 3, 4, 5, 6, 7, 8)

All composition criteria are satisfied.

Advisory Council for: Milestones Area Agency on Aging
Updated on: March 5, 2025

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Michele Ross	PO Box 1426; 3 John Bennett Drive	Ft Madison 52627	Lee	319-372-5225 mross@leecountyhd.org	June 2034	3, 4, 5, 6

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Cyndi Mears	503 Franklin Street Ste. 1	Wapello 52653	Louisa	319-523-5125 cmears@louisacountyia.gov	June 2033	3, 4, 5, 6

Other Members:

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Kimberly Crutcher	2335 Avenue E	Ft. Madison 52627	Lee	319-470-7020 rkcrutcher@msn.com	June 2034	1, 2, 3, 6, 8
Nancy Snakenberg	715 W. Spring St.	Sigourney 52591	Keokuk	641-660-8173 Nancy.snakenberg@gmail.com	June 2033	1, 2, 3, 4, 6, 8
Todd Wilson	1228 Kirkwood Road	Humeston 50123	Wayne	twilson@waynecountyia.org	June 2033	1, 2, 5, 6, 7
Pat Swartzlander	2132 Payton Rd.	Corydon 50060	Wayne	Prswartz@grm.net	June 2033	1, 2, 4, 5, 6, 8

ATTACHMENTS

Authorized Signatures

Area Agency on Aging Name	Primary Street Address	City & Zip Code	Type of Agency	Date of AAA Designation
Milestones Area Agency on Aging	4440 N. Brady Street	Davenport 52806	AAA	2013

Please **list names and titles** (*signatures are not required*) of all persons authorized to sign and submit documents on behalf of your agency regarding the following areas:

Authorized Signatories for Funding Applications and Contracts

1. Becky J. Passman, CEO
2. Peggy Fisher, Board of Directors Chair

Authorized Signatories for Fiscal Reports

1. Becky J. Passman, CEO
2. Peggy Fisher, Board of Directors Chair
3. Stephanie Newton, Fiscal Director

Authorized Signatories for Program Reports

1. Becky J. Passman, CEO
2. Sonita Oldfield-Carlson, Social Service Director
3. Lisa Harwood, Nutrition Services Director

Note: Should any of your agency's authorized signatories change, please submit an updated list to Eugenia Kendall at eugenia.kendall@hhs.iowa.gov within fifteen (15) business days.

Grievance Procedures

Milestones Area Agency on Aging attempts to foster sound consumer relations through communication and attempted reconciliation of consumer problems. To that end, the Consumer Grievance Procedure has been established. The Grievance Procedure is accessible and applicable to all consumers, and they should feel free to use the procedure without fear of criticism or adverse action.

PUBLIC INFORMATION: The Grievance Policy, which includes procedures, is available through the following:

- Milestones website: https://www.milestonesaaa.org/consumer-grievance-procedure/
- Milestones AAA offices in Davenport, Burlington, or Ottumwa for printed copy in person
- Consumers may call 563-324-9085 to request a copy by mail.

Staffing and Volunteer Information

The following table lists the anticipated number of full and part-time positions at the agency, the number of SCSEP beneficiaries employed at the agency, and the number of volunteers supporting the agency at the start of the SFY 2026 (7/1/2025).

Position	Total Number
Staff (paid) full-time:	36
Staff (paid) part-time:	55
SCSEP Beneficiaries:	5
AAA Volunteers:	229

Nutrition Services, Service Providers, and Senior Center/ Focal Points

Nutrition Services

Agency staff reviewed the following Nutrition Services information in the case management system (Wellsky) and verified that the information is current as of **4/1/2025**
Nutrition Services information to be verified for accuracy includes:

- Location (Name, Street Address, City, Zip) See meal site location chart below
- Frequency – See meal site location chart below

Service Providers of OAA Services

Agency staff reviewed the Service Provider information in the case management system (Wellsky) and verified that the information listed below is current as of **4/1/2025**

- Total Providers for all Title III services (parts B/C/D/E) - 53
- Total Providers for Title III services parts B/C/D only - 51
- Total Providers for Title III services part E only - 4
- Total Providers for Home Delivered Nutrition - 5
- Total Providers for Congregate Nutrition - 6
- Total Providers for Home Delivered Nutrition AND Congregate Nutrition - 4
- Total Providers for Information and Assistance - 0

Note: Service provider information in Wellsky should remain current throughout the year.

Senior Centers and Focal Points

Agency staff reviewed the Senior Center and Focal Point information in the case management system (Wellsky) and verified that the information is current as of **4/1/2025**

☓ Agency staff reviewed the information on the process the agency uses to identify and select facilities as focal points in the agency's PSA and determined that the information is current. (No additional information is required.)

OR

☐ Agency staff have reviewed the information on the process the agency uses to identify and select facilities as focal points in the agency's PSA and determined that updated information is required. Updated information appears below.

Selecting Senior Centers and Focal Points

OAA definitions:

The term “focal point’’ means a facility established to encourage the maximum collocation and coordination of services for older individuals.

The term "multipurpose senior center" means a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental and behavioral health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.

Milestones “Focal Point Designation” Policy:

Policy: The Milestones Area Agency on Aging shall develop and designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers, funded partner providers and congregate nutrition sites as community focal points on aging as required in Iowa Code Chapter 231.33(10).

County	Address	City	Serving Days	Hours of Operation	Serving Time
Appanoose					
Cornerstone Coffee & Creations	214 N 12th St	Centerville, IA 52544	We - Sa	8:00-4:00	8am-1pm
Clinton					
Park Tower Apts	329 6th Ave. South	Clinton, IA 52732	M-Th	8:30-2:00	11:30
Davis					
Senior Center	109 E. Franklin	Bloomfield, IA 52537	M-Th	8:00-2:00	11:30
Des Moines					
Autumn Heights	2830 Winegard Dr.	Burlington, IA 52601	M-F	9:00-12:30	11:30
Henry					
Salem Community Cntr	201 S. Main St.	Salem, IA 52649	M-Th	9:30 - 1:30	12:00
Jefferson					
Red Lunchbox	101 S Broadway	Lockridge, IA	Tu-Sa	8am-8pm	8am-8pm
Keokuk					
Senior Center	214 S. Main	Sigourney, IA 52591	M-F	8:00-2:00	11:30
Lee					
Newberry Center	728 Ave. G	Fort Madison. IA 52627	M-F	9:30-1:30	12:00
Heritage Center	508 Main St.	Keokuk, IA 52632	M-F	7:00 - 2:30	12:00
Louisa					

Columbus Junct. Community Sr Cntr	125 E. Walnut	Columbus Junction, IA 52738	M-Th	10:00-1:30	11:30
Lucas					
Senior Center	117 S. Grand	Chariton, IA 50049	M-F	8:00-2:00	11:30
Mashaska					
St. Paul Congregational United Church of Christ	501 High Ave E	Oskaloosa, IA 52577	M-Th	8:00-1:30	11:00
Monroe					
(Albia) Leisure Lounge	17 N. Clinton	Albia, IA 52531	M-Th	9:30-1:30	11:30
Muscatine					
Community Center/City Hall	104 Sand Run Rd.	Fruitland, IA 52749	Th	10:00-12:30	11:30
Clark House Apts - WIMS	117 West 3rd St.	Muscatine, IA 52761	M-F	8:30-12:30	11:30
Diversity Center - DSCI	1001 Oregon St.	Muscatine, IA 52761	1&3 Tu	ofc hrs	11:00
Towers Apartments	106 East 6th St.	Muscatine, IA 52761	M-Th	9:00-12:30	11:15
Scott					
Luther Manor	3118 Devil's Glen Rd.	Bettendorf, IA 52722	M-Th		11:30
CASI	1035 W. Kimberly Rd.	Davenport, IA 52806	M-F		11:30
Edgewater on Third	401 West 3rd St.	Davenport, IA 52801	M-Th		11:30
Spring Village	3320 Spring St.	Davenport, IA 52807	M-Th		11:30
Van Buren					
Keosauqua Senior Center	801 Front St.	Keosauqua, IA 52565	M-Th	7:00-2:00	11:30
Wapello					
Penn Ave Free Methodist Church	820 E. Pennsylvania Ave	Ottumwa, IA 52501	M-Th	8:00-2:00	11:30

Emergency Plan and Plan Development Summary

Milestones Area Agency on Aging maintains a Disaster/Emergency Plan outlining Continuity of Operations. This plan details Planning and Training policy and protocols; identifies agency disaster team points of contact, with after hours information in case of emergency; planning and training checklist pertaining to updating of the plan, maintaining security of facility, files, and systems, ensuring continuity of services, and identification of gaps to be addressed; staff training.

Regarding disaster response, the plan outlines alert and notification protocols, and identifies key partners, such as local/county/state agencies including, but not limited to, emergency management offices, public health, Red Cross, Salvation Army, Civil Defense Directors, FEMA, Homeland Security and a variety of community groups, both volunteer and professional, depending on the county. The plan document include a listing of Emergency Management Coordinators for each county in our service area, complete with contact information; a Networks and Partnerships Check List; a Communications and Coordination Check List; a Recovery Check List; and a Disaster/Emergency Assessment for use with consumers who are involved in a disaster situation.

The primary mission of Milestones Area Agency on Aging is to plan, advocate, and coordinate programs and services available to seniors in Appanoose, Clinton, Davis, Des Moines, Jefferson, Henry, Keokuk, Lee, Louisa, Lucas, Mahaska, Monroe, Muscatine, Scott, Van Buren, Wapello and Wayne counties. The Milestones Disaster/Emergency plan is purposefully flexible to allow for this plan to be appropriate and meaningful for all situations: natural, nuclear, economic, health, and/or terrorist in nature. During a disaster/emergency, Milestones AAA will reorganize and regroup as quickly as possible to evaluate the most appropriate use of available resources to address the mission of the agency. Milestones AAA role is not that of a first responder, but to offer assistance to emergency professionals to help educate them on the needs of seniors and to help in the creation of plans as invited. And if a disaster/emergency occurs, bring life for seniors in our area back to normal or as close to normal as soon as possible after the initial danger is under control. Milestones AAA staff will coordinate planning with other agencies for ensuring the safety of elders in a natural disaster or other safety-threatening situation as stated in (321)6.9(231) of the Iowa Administrative Code. This will be done by participating, as invited, in emergency drills, community planning groups, and requiring subcontractors to have procedures to respond to disasters. Basic planning assistance is offered to subcontractors by Milestones AAA staff.

On an individual consumer level, Milestones also is on the Disaster Prepwise Stakeholder Advisory Board, a program developed by, and carried out through, the University of Iowa College of Public Health. The Disaster PrepWise program helps individuals and families develop tailored disaster management plans so they are prepared before a disaster or emergency situation happens. As recommended by federal agencies, the Disaster PrepWise program uses an all-hazards approach to address various types of emergency situations. Milestones and agency staff will be even more actively involved in assisting consumers with disaster preparedness, as this program is a featured activity for Goal 3 in Milestones SFY26 – SFY29 Area Plan.

Direct Service Requests

X A completed Request to Provide Direct Service form along with efforts to identify service providers has been submitted with the plan for the direct service the agency plans to provide in SFY 2026.

Cost Allocation Plan

X A Cost Allocation Plan for SFY 2026 - 2029 submitted separately with the SFY 2026 - 2029 Area Plan on Aging.

SFY2026 Estimated Funds Distribution to Prioritized Populations

Please describe how your agency's SFY 2026 Area Plan Budget supports the strategies, activities, and measures to meet the needs of the prioritized populations as outlined for each goal within Section 1.

Goal 1: Maximize Independence

- People with disabilities and older adults have access to high quality, equitable, and person-centered services that maximizes their independence, community integration, and self-sufficiency.

  36% of our funding will be used to achieve these goals and pulls from a broad source of funding areas aligning in Options Counseling and Case Management.

Goal 2: Improve Health and Wellness

- Older adults and people with disabilities are empowered to utilize programs that improve their health and wellness.

  57% of our funding will be used to achieve the goals in this category that will pull from the IIIC 1 and IIIC2, NSIP and IIID budget areas.

Goal 3: Improve Safety and Quality of Life

- Older adults and people with disabilities are safe from all forms of mistreatment and are empowered to improve their quality of life.

  5% of our funding will be used to achieve the goals in this category that will pull from multiple funding sources including state funding

Goal 4: Stay Engaged and Supported

- People with disabilities and older adults are supported by formal and informal caregivers of their choice and have social connections within their communities.

  2% of our funding will be used to achieve the goals in this category that will pull from the IIIE funding stream to cover support group activities.

Funds Transfer Request

☐ A funds transfer has been requested for SFY 2026. Describe how the transfer(s) for Titles III-B, III-C1 or III-C2 address the needs as identified in this plan for SFY2026.

Click or tap here to enter text.

"Grab and Go" Meals

X Agency **does not** intend to utilize Grab and Go Meals in SFY 2026.

OR

☐ Agency **anticipates** using Title III C-1 funds of up to 25 percent, after all transfers are made, to be used for shelf stable and/or "grab and go" (pick-up, carry-out, drive-through or similar meals) in SFY 2026. Complete the information below to describe how this service delivery approach compliments the Congregate Nutrition program. *Also, ensure within Goal 2, Objective 2.2 that you have selected strategy 2.2c.*

- Provide a description of how shelf stable and/or "grab and go" meals will improve congregate nutrition services, using participation projections based on existing data and how the area agency will track and evaluate the impact on congregate nutrition services:

  Click or tap here to enter text.

- Provide eligibility criteria and how populations in greatest economic need and greatest social need will be prioritized for shelf stable and/or "grab and go" meals:

  Click or tap here to enter text.

- Provide stakeholder input, including service providers and the public, regarding the need for and provision of shelf stable and/or "grab and go" meals, and how services will be coordinated.

  Click or tap here to enter text.