

# Milestones Area Agency on Aging PSA #5

*SFY 2024 Area Plan on Aging Update*  
Area Plan on Aging SFY 2022 – 2025



Plan Effective Dates: July 1, 2021-June 30, 2025  
Plan Update: July 1, 2023

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## Milestones Area Agency on Aging Update

At the time SFY22-25 Area Plan was written, Milestones was operating fully under the agency's pandemic guidelines. Two years later, as we end SFY23 and head into SFY24, the agency has largely come out the other side of this extraordinary period. Operations have generally returned to pre-COVID 19 delivery methods, in some cases with normalized pandemic-influenced preventative health and environmental adaptations, such as broader sanitizing protocols and remote working options. Throughout this period, challenges presented by pandemic conditions prompted program delivery adjustments and experimentation, and lessons were learned. Also, the availability of emergency funding for direct services supported efforts to launch new pilot programs and broadly expand consumer reach. Both of these factors – innovation and additional funding -- have influenced service delivery going forward. By the end of SFY 2023, however, emergency funding has been nearly completely expended, and SFY 2024 brings the return of a pre-pandemic operational budget. The SFY 2024 plan update reflects the current challenge to “right size” operations to responsibly fit the new budget reality, while ensuring that the agency is meeting the Older Americans Act mandate to serve those most in need. This overview summarizes the current status of some of the new initiatives launched during the pandemic, progress made in key priority areas, and the impact of new budget realities moving forward.

A specific experimental initiative highlighted in the area plan is virtual programming as a new delivery method for exploration and cultivation. Despite careful planning, numerous offerings across program areas, and widespread marketing efforts, virtual programming has not been embraced by consumers in the Region 5 service area. The one exception is virtual programming offered in a group setting (such as at a meal site) where staff are responsible for the technology, and participants take part in a group. Taking the lessons learned at our piloted Bloomfield meal site, other candidate sites are being identified to receive technology and training that would enable them to offer evidence-based and non-evidence based health promotion, and nutrition education. The goal is to replicate the success of the pilot site in other regions, and increase meaningful engagement, better integration of additional agency services, and attract new consumers to the meal site.

Readers will note that many of the FY24 program target indicator numbers are lower than those recorded at the FY23 six-month mark. This is entirely a function of insufficient funding, i.e., no longer having the emergency dollars which enabled the significant expansion of program services to consumers across the region. For example, the number of home delivered meal recipients increased dramatically from FY19 to FY23. With additional funds expended, rosters had to be reduced by applying needs-based criteria. In addition to trimming the participant list, the agency also implemented a region-wide wait list for home-delivered meals, the first time this has been necessary. It is possible that wait lists may be necessary for some

home and community-based services at some point in FY24, as well, though we hope to avoid this through careful unit management. Another example of the impact of funding on services is clearly demonstrated through another successful nutrition program innovation, the Iowa Café project. Funded with dollars specifically mandated for the initiative, a total of twelve Iowa Cafés were successfully operating by the fall of FY2023. The program was hugely popular but, unfortunately, by March of 2023, the special initiative funding had been depleted and the agency had no choice but to end the program. The swipe card software technology required was retained, however, and partner contracts ended with good wishes and gratitude, thus maintaining the infrastructure necessary to pursue the agency goal of reestablishing, in a very limited capacity, some of the sites in FY2024. Targeted sites are those that represented the only meal service option (such as in Wayne County), and/or those that served the highest proportion of low income, rural, and minority individuals.

The limited amount of American Rescue Plan Act dollars remaining are targeted for the new Home Hazard Removal Program, which fully launched in early 2023. This evidence-based program identifies fall hazards, and funds modifications to promote a home environment that supports aging in place, prolonging consumers' ability to live safely at home. Targeted counties include Mahaska, Lucas, Monroe, and Wayne. Additional partnerships are either in place, or being pursued, to help expand the capacity and reach of agency evidence-based offerings throughout the service area, with an emphasis on underserved counties. This is being accomplished through a variety of methods: partnerships (ex. University of Iowa), volunteerism (Walk with Ease), HomeMeds (through agency IRTC program), and additional community organization partnerships.

Cares Act and ARPA funding allowed for a great expansion of consumer access to home and community-based services such as chore, homemaker, personal care, and respite services. Homemaker and respite, particularly, experienced great increases in demand. Additional providers were identified and contracted in FY23, and this has increased the agency's ability to expand coverage. Since available funding for FY24 is decreased, limiting units and prioritization will play an important role in stretching available dollars to meet needs. Funding for transportation services also increased dramatically in FY22 and FY 23. With decreased funding in FY24, the importance of serving those with the greatest need for service will be even more strongly emphasized to contractors. With Return to Community staffing stabilized, this program is again beginning to grow. Also, together with our contracted provider, Milestones is exploring grant sources to extend the availability of HARP beyond September 30, 2023. FY24 will see additional focus on improvement in program structure, intra-agency supports, and program sustainability.

Minority participation in social services and nutrition has been greatly enhanced through the agency's successful and continually growing collaboration with the Diversity Center in Muscatine, a partnership with LULAC in Louisa County, and the addition of bilingual staff in the Ottumwa area. Additional resources for growth in Scott County have been identified for investigation and will be pursued. Self-directed service delivery has proven an effective method

of service provision for consumers in areas where home and community-based service providers are limited. Caregiver support groups are experiencing slow but continued growth after COVID support group suspension. Because this is the core target, and due to increasing numbers of caregivers in need of services, the agency will focus specifically on family caregiver support services.

Implementation of the strategies detailed in the FSFY22-25 area plan is well underway, with many of the strategies still in progress, some accomplished, and some revised. The specific nature of the challenges may have transitioned from pandemic to budget, but the agency's approach remains constant. Through flexibility, creativity, and commitment to service, we will continue to make steady progress in meeting the needs of our Iowa consumers.

## Section 1: Update on Strategies to Achieve 2022-2025 Goals

**Goal 1: Iowa Aging Network will work with Older Iowans, Iowans with disabilities, and caregivers as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being and health.**

### Prioritized Service Gaps

**Milestones AAA** completed a needs assessment **during FY2020** to identify and prioritize service gaps to address during the plan period. Methods used to identify service gaps included: To determine the gaps, Milestones sought input from staff in the field and reviewed WellSky data. Two surveys were conducted in 2020. The first took place in February of 2020, and consisted of a survey presented to all congregate and home delivered meal participants. The second survey addressed services agencywide, and included questions related to technology access and how/where consumers most frequently received information (newspaper, radio, church bulletin, etc.). This survey was distributed to nutrition consumers, was sent out to community members, service providers, and social service agencies, was provided on our website, and the link was posted on the Milestones Facebook page. There were 216 total respondents representing fourteen of our seventeen counties; there were no respondents from Keokuk, Lucas, and Wayne Counties. Milestones also consistently reviews state priorities, and local and national findings to identify needs and trends.

**SERVICE GAP #1: Older Iowans, including minorities, are not attending meal sites, thereby not accessing meal site nutrition, socialization, and educational programming that could help them make informed decisions about their independence and health. Desired strategy outcomes are to increase the number of older Iowans and minority meal site attendees and wellness program participants. [Note: Because all meal sites were closed for the whole of FY21 due to the pandemic, extrapolated FY20 data from 9 months service prior to closure is used for a point of comparison.]**

### Indicators & Target to gauge progress in addressing service gap

Agency is using these indicators and targets to determine whether progress is being made in addressing the service gap:

Progress Indicator	FY2024 Target	FY2023 Results as of 12/31/22	Review Frequency
1a. Increase in the number of older Iowan seniors participating at dine-in or congregate meal sites in the service area.	1700 <i>Higher target would not be sustainable due to insufficient funding</i>	2245 <i>Based on WellSky report</i>	Annually
1b. Increase in number of minorities participating at dine-	100	135	Annually

<b>Progress Indicator</b>	<b>FY2024 Target</b>	<b>FY2023 Results as of 12/31/22</b>	<b>Review Frequency</b>
in or congregate meal sites in the service area.	<i>Higher target would not be sustainable due to insufficient funding</i>		
1c. Increase in number of seniors participating in wellness activities in the service area.	100	Health Promotion activities: 159 unique consumers	Annually

**Strategies to Address Service Gap**

<b>Current Strategies</b>	<b>Revised or New Strategy?</b>	<b>Status</b>
1a. Modernize meal site dining experience to appeal to more consumers. Modernizing will include transitioning to or adding restaurant contracts and re-branding all Milestones’ meal sites. The number of restaurant projects has yet to be determined over the four-year plan process. By working with local senior groups, building owners, and local stakeholders we can identify and prioritize current meal location building needs and options such as relocation and/or meal service preferences, menu options (traditional meals versus soup and sandwich style), technology needs such as smart TVs or large screens, kitchen equipment, bathroom upgrades, new flooring, painted walls, new dining furniture, front doors, and signage. The number of modernized locations is dependent on the projected impact of each project, community needs and resources, the type of changes, the community partnerships formed, and grants and funding available.	Yes	In Progress
1b. Identify one specific staff training program annually that would help staff nurture increased participation. The training would be targeted to meal site staff across all 17 counties who work directly with seniors. Topics considered will be	No	In Progress

Current Strategies	Revised or New Strategy?	Status
hospitality, cultural sensitivity, presentation skills, and communication skills. Training curriculums and or topics would be sought from possible sources such as the internet, Iowa State University, raw food service vendors, and the Iowa Restaurant Association. Knowledge gained and demonstrated by staff would translate into an increase in seniors attending meal sites agency wide.		
1c. Offer at least one new wellness program to seniors in the 17-county area at all meal sites to increase the percentage of participation in wellness activities. Nutrition Supervisors, the Wellness Program Coordinator, the Nutrition Director, National Council on Aging, meal site staff and seniors along with internet research will be sourced to identify a new wellness program. Findings could include exercise classes (evidence-based and non-evidence based) such as Bingocize or other virtual educational classes.	No	In Progress

***Update on Strategy Activities to Date***

1.a. One progress indicator shows an increase in the number of seniors participating in dine-in settings. One traditional meal site (Fairfield) has been remodeled by the building organization to attract seniors to the meal program and encourage community-wide use of the building, but an increase in participation has not yet been realized. Some of that is attributable to on-going staff shortage at the location where there is not dedicated staff time to focus on promoting growth through organized and marketed activities.

The start of 12 Iowa Cafes was achieved in the 17-county service area with two cafes located in the targeted community of Wayne County-- where there was no traditional congregate site since COVID in March 2020. All 12 Iowa Cafes had to be closed due to lack of funding to continue the program, however, ending April 1<sup>st</sup>. There may be future opportunities to reestablish the limited restaurant contract program in select areas, specifically, Wayne County.

After responding to feedback from participants, the soup and panini menu option has expanded to include a “regular” hot meal once a month. As a result, participation has nearly doubled with attendance now ranging from 20 – 22 participants. Staffing this site continues to be a challenge.

The upgrading of internet speed and equipment (large smart TV) was completed last year at Bloomfield. The number of consumers participating in the dine-in meal program have not yet

increased as a result, however those who are attending are much more engaged because of the additional activities the technology upgrade has allowed.

Expanding the contract with Diversity Center Services (minority service organization) to prepare Latino meals at the congregate meal site in Columbus Junction twice monthly has increased minority access to meals, information, nutrition education, nutrition counseling, and health promotion activities. Iowa Cafés strategically chosen have also added to increased participation of minorities.

1b. We have held regular team meetings throughout the year with the site managers to discuss ways to increase participation with activity ideas and to identify training needs. Surveys of congregate participants, as well as Iowa Café participants, were completed with findings showing less interest in virtual evidence-based activities and more interest in socially engaging and health promotion activities. In the meetings, they have been encouraged to look for and use volunteers to assist with identifying activities, topics, and/or presenters. Ideas and photos of events have been shared among meal site staff, and the variety of activities is documented. We have seen increased activity at our Ottumwa meal site and an increase from 5-8 men to a group of 30+ men and women. In Scott and Clinton County, a new staff was hired to focus on congregate sites and activities of interest in that area. One high rise now boasts over 24 meal participants on the average. Higher participation rates have been tied to increased activities, as well as new energy and appeal of new staff. Specific hospitality training unique to our nutrition site staff has not yet been identified. Nutrition and Aging Resource Center webinars related to congregate sites are shared with staff.

1c. A direct-service waiver for Health Promotion Non-Evidence-Based programming was determined necessary and obtained for FY23 to expand programs at congregate nutrition sites in remote/rural locations. The site in Davis County was furnished with equipment to facilitate both Health Promotion Evidence-Based and Non-Evidence- Based programs. That site successfully completed the Tai Chi for Arthritis/Falls Prevention program online with Milestones certified instructor (evidence-based). The Bloomfield site also offers ongoing group exercise and other health promotion programs such as disease prevention activities and screenings; educational programs on the availability, benefits and appropriate use of preventative health services; routine health screenings; and information concerning diagnosis, prevention and treatment of chronic conditions.

#### ***Strategy Activities Planned for SFY 2024***

We intending to maintain all strategies (1a-1c) to complete target goals and outcomes for our 4-year area plan. Activities include evaluation of current meal site facilities, locations, and participation trends. Attending to ongoing partnership-building with stakeholders will be imperative in determining meal site viability, as senior centers struggle financially to remain open.

There may be future opportunities to reestablish a limited restaurant contract program in select areas, specifically, Wayne County. Whether or not to implement a restaurant contract program in an area will be determined based upon participation trends at traditional meal sites and response to increased site activities. Restaurant locations in identified minority or poverty

areas would continue to carry a heavier consideration, with final determination based on cost effectiveness. Priority scoring of congregate consumers would be implemented at these restaurant locations to help ensure service is received by those with the greatest need.

Upgraded technology and equipment for targeted meal locations will continue to occur to connect older lowans to health promotion activities. Usage of the technology will be monitored for programming expansions and other benefits that assist seniors in engaging and participating in their communities, making informed decisions, and exercising self-determination and control about their independence, well-being, and health.

Examples of potential programming include gentle exercise (Non-EBP), Tai Chi (EBP), routine health screenings; and educational programs on the availability, benefits, and appropriate use of preventative health services; routine health screenings; and information concerning diagnosis, prevention and treatment of chronic conditions. Plans continue to add 3 more congregate sites in locations which are currently underserved by health promotion programs.

**SERVICE GAP #2:** Caregivers have expressed they are unprepared for the legal, social, and financial needs of caregiving and would benefit from more rigorous intervention and practical tools to help them cope and make informed decisions in their caregiver role. Sample activities would include partnering with other organizations, such as the Alzheimer’s Association and Iowa State Extension, to conduct presentations at caregiver support groups, or offering educational workshops, such as Powerful Tools. The desired outcome of this strategy is to meet this need by helping to better prepare, support and provide resources and training to caregivers in their caregiver role.

***Indicators & Target to gauge progress in addressing service gap***

Agency is using these indicators and targets to determine whether progress is being made in addressing the service gap:

<b>Progress Indicator</b>	<b>FY2024 Target</b>	<b>FY2023 Results as of 12/31/2022</b>	<b>Review Frequency</b>
2a. Number of caregiver participants in educational workshops such as Dementia Friends, Stress Busters, Powerful Tools, and Music & Memory.	15 participants total and a minimum of 6 workshops	7	Annually
2b. Number of participants attending support groups in Clinton, Henry, and Wapello counties.	5 new caregivers participate from each county	2 Clinton Co 5 Wapello Co 3 Henry Co	Annually
2c. Number of older relative caregivers that attend learning opportunities offered on the	10 grandparent participants	0	Annually

<b>Progress Indicator</b>	<b>FY2024 Target</b>	<b>FY2023 Results as of 12/31/2022</b>	<b>Review Frequency</b>
topics, such as guardianship, school issues, etc. Proposed presenters include elder rights attorneys and Area Education Agencies (AEA).			

**Strategies to Address Service Gap**

<b>Current Strategies</b>	<b>Revised or New Strategy?</b>	<b>Status</b>
Offer training and/or educational workshops proven to be effective, such as Dementia Friends, StressBusters, Powerful Tools, and Music & Memory. At least two programs such as these would be offered in a year, either virtually or in-person, with a goal of serving an estimated total of 15 new caregivers.	No	In Progress
Increase caregiver <del>and grandparent/older relative</del> support group participation, either in-person or virtual, in a minimum of three rural counties with a goal of reaching a total of 15 new caregiver participants. Initial county targets are Clinton, Henry, and Wapello.	Revised – strategy has been changed to focus specifically on caregiver support groups due to impact of full year suspension during COVID.	In Progress
Offer information and educational opportunities to empower caregivers, including grandparents and older relatives, on a variety of legal rights topics. Specific areas of interest include guardianship, custody, fostering, and working with the school system to meet the educational needs of the children	Yes	In Progress

**Update on Strategy Activities to Date**

2a. Seven caregivers attended a Dementia Friends presentation, and they found the information helpful. Another presentation is scheduled for April 2023. Stress Busters and Powerful Tools workshops were promoted but there were no registrants. We are reaching out to Iowa State Extension for Powerful Tools training, with the goal of co-facilitating this program.

2b. This strategy has been changed to focus specifically on caregiver support groups due to the impact of full year suspension during COVID. Caregiver support group attendance was severely diminished, since virtual support groups were not well received and not attended. The Caregiver support group, “Coffee for Caregivers”, resumed in DeWitt (Clinton County) in January 2023 after the group was paused during the pandemic. In Wapello County, caregiver

support group attendance has doubled, with currently 10 in attendance. Henry County attendance has remained consistent, but with no additional participants. Virtual support groups have not seen success in any of the three counties, despite consistent efforts.

2c. We continue to seek appropriate volunteers and/or professional resources to provide educational opportunities of interest to older relative support group participants. The primary focus this year is to build back support group attendance, which stalled during the pandemic when in-person meetings were halted.

***Strategy Activities Planned for SFY 2024***

MAAA will focus on Dementia Friends for SFY 2024 to address risks of caregiver isolation and burn out. Our designated Dementia Friends Ambassador (Caregiver Specialist) is planning six Dementia Friendly presentations across our service area. We are also re-evaluating Powerful Tools, in partnership with ISU, for the purpose of offering this workshop as co-facilitators.

We have seen the need for, and positive impact of, caregiver support groups. Steady past attendance and support from the Alzheimer’s Association underscores the need to continue providing such a service, and we will focus on growth for both established and newly formed groups, such as DeWitt’s “Coffee for Caregivers” group. In Henry County, we will encourage new attendees through program presentations such as Dementia Friends. In Wapello County, plans are underway to expand caregiver participation through a partnership with a local assisted living facility.

Milestones will offer at least one educational presentation to caregivers and older relative caregivers in the SFY 2024. Topics will be based on consumer expressed interests and frequently asked questions, and may draw upon partnerships with entities such as HHS, legal aid, and public school system representatives.

**SERVICE GAP #3: Due to lack of mobility, geographic location, and/or health concerns and vulnerability to covid19, many high-risk aging lowans (frail, low income, rural) cannot access supportive programs such as nutrition and health promotion, and care coordination, particularly in rural areas. The desired outcome is to increase by 5% the percentage of seniors participating in wellness programs in rural areas, with specific counties yet to be determined.**

***Indicators & Target to gauge progress in addressing service gap***

Agency is using these indicators and targets to determine whether progress is being made in addressing the service gap:

<b>Progress Indicator</b>	<b>FY2024 Target</b>	<b>FY2023 Results as of 12/31/2022</b>	<b>Review Frequency</b>
3a. Increase in the percentage of seniors in	5% increase in rural areas	HP NEV and Nutrition Ed. rural consumers	Annually

<b>Progress Indicator</b>	<b>FY2024 Target</b>	<b>FY2023 Results as of 12/31/2022</b>	<b>Review Frequency</b>
rural areas receiving nutrition education or health promotion.		=2,317	
3b. Number of virtual programs, classes, support groups, series, or other such content options offered for each of the following program areas: Nutrition, Evidence-Based, Care Coordination.	1 activity per program area = 3; total consumers = 18	2 -EBP falls prevention (MOB) offered, minimum fidelity enrollment not met to hold program, 0 consumers 1-EBP/Nutrition: EBP Tai Chi for Arthritis at meal site, 6 consumers 1- Nutrition: Physical activity, 11 consumers 1 - Caregiver offered, 0 consumers	Annually

**Strategies to Address Service Gap**

<b>Current Strategies</b>	<b>Revised or New Strategy?</b>	<b>Status</b>
Train staff to increase competency and ease with both the virtual programming and how to help older adults use the technology.	No	In Progress
Create virtual content options that support the independence, well-being, and health of high-risk aging lowans.	No	Stalled
Select online learning resources for staff to utilize with consumers at congregate sites and for evidence-based participants to use during/after their program experience.	yes	In Progress
Facilitate access to new technology for older lowans in programs such as Options Counseling, Case Management, Evidence-Based, and nutrition programs.	No	In Progress

**Update on Strategy Activities to Date**

3a. Contract expansion to Purfoods/dba Mom’s Meals as well as strategically selected Iowa Cafes has allowed a greater reach into rural areas giving senior participants greater access to information, Nutrition Education, and wellness information.

3b. Use of virtual technology by staff and for consumers is intended to address the geographic barriers and/or health concerns for older adults living in rural and remote areas to participate in health promotion activities and social engagement. We've learned not all counties have stable, reliable, affordable internet access; and not all older lowans have up-to-date devices that meet the requirements for participation. (Licensed programs can last up to 2+ hours and require a camera and stable internet for safe participation.)

The stalled strategy to create virtual content is revised to a new strategy to select quality online learning resources that staff can use at congregate sites and with evidence-based participants to use during/after their program experience.

3c. Staff were trained in evidence-based virtual programs for falls prevention, caregiver support, and chronic disease management. In delivering those virtual programs, staff gained experience with online technology and skills, and now help older adults use technology to attend programs, connect to resources for health promotion, and find assistance.

Even with the ability to provide virtual programs, we find older lowans in our service area prefer in-person programs. Once public confidence in gathering with others increased, in-person attendance and requests for programs intensified rapidly. This is evidenced by the increased number of consumers registering for in-person health promotion programs, and requests by community sites to host programs. In the first half of this fiscal year, evidence-based classes would frequently exceed maximum enrollment requiring the addition of a second class at that site to accommodate the demand.

We continue to promote virtual versions of health promotion programs via flyers, newsletter mentions, sharing information with other social service agencies via email blasts, and Facebook promotions, but have not yet experienced great success with registration. We attempted to utilize GrandPads (cellular data use tablets) but are unsuccessful in maintaining a volume that supports the cost.

With a direct-service waiver for Health Promotion-non-evidence-based programs, we now offer an increased number of monthly activities that are based on direct consumer input for topics. An age-appropriate exercise program was developed by the faculty with the St. Ambrose Physical Therapy department and is in use at congregate nutrition sites.

### ***Strategy Activities Planned for SFY 2024***

Staff training to increase competency with virtual programs and connecting older adults to online resources will continue. When staff are confident in their ability to best utilize technology, they can then work with the consumer to help them gain confidence and competency in working with technology. For this reason, we consider it strategically important to maintain staff expertise, develop a solid menu of options, and continue to be persistent with promotion and offerings.

We are currently trying to end our GrandPads contract due to lack of usage and expense.

**Goal 1 Outcome Measures  
(Do not delete or change existing Outcome Measures)**

<b>Measure</b>	<b>Purpose</b>	<b>FY2023 Target</b>	<b>FY2023 Results as of [Date]</b>	<b>FY2024 Target</b>
Percentage of Lifelong Links callers indicating they received the information they were seeking.	To assess and provide information appropriate to the caller's need (from consumer's perspective).	95%	99.8%	95%
Percentage 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.	90%	94.8%	90%
Of all, congregate meal consumers identified as high nutrition risk, percentage receiving nutrition education.	To determine whether consumers who are at risk for poor nutrition and health status receive information so that they have better health enhancing options.	68%	100%	98%
Change in consumers receiving nutrition counseling from previous FY.	To determine whether consumers who are at risk for poor nutrition and health status receive nutrition counseling so that they have the opportunity to improve their health literacy and information for optimal nutrient intake.	33% increase (two more over FY20).	16 consumers	22% increase (4 more over FY23)

**Goal 2: Iowa Aging Network will enable Older Iowans to remain in their own residence and community of choice.**

**Prioritized Service Gaps**

Milestones AAA completed a needs assessment during FY2020 to identify and prioritize service gaps to address during the plan period. Methods used to identify service gaps included: To determine the gaps, Milestones sought input from staff in the field and reviewed WellSky data. Two surveys were conducted in 2020. The first took place in February of 2020, and consisted of a survey presented to all congregate and home delivered meal participants. The second survey addressed services agencywide, and included questions related to technology access and how/where consumers most frequently received information (newspaper, radio, church bulletin, etc.). This survey was distributed to nutrition consumers, was sent out to community members, service providers, and social service agencies, was provided on our website, and the link was posted on the Milestones Facebook page. There were 216 total respondents representing fourteen of our seventeen counties; there were no respondents from Keokuk, Lucas, and Wayne Counties. Milestones also consistently reviews state priorities, and local and national findings to identify needs and trends.

**SERVICE GAP #1: Aging Iowans, particularly in rural areas, do not have access to Evidence-Based Programs (EBP) which increase self-management skills to improve health status and reduce falls risks.**

***Indicators & Target to gauge progress in addressing service gap***

Agency is using these indicators and targets to determine whether progress is being made in addressing the service gap:

<b>Progress Indicator</b>	<b>FY2024 Target</b>	<b>FY2023 Results as of 12/31/22</b>	<b>Review Frequency</b>
Number of consumers who participate in virtual Evidence-Based programming	10 consumers	6 consumers (TCA Bloomfield)	Annually
Number of individuals in rural counties who participate in at least one EBP, virtual or in-person	30 rural consumers – <i>Lower number is due to expended ARPA funding targeted to rural consumers</i>	55 rural consumers	Annually
Number of rural counties with trained leaders in at least one EBP	3 new counties	0 to date; 2 commitments for Feb 2023	Annually
Number of new partners who refer aging Iowans to EBP	1	1 - Happy At Home for HARP Falls Prevention	Annually

Progress Indicator	FY2024 Target	FY2023 Results as of 12/31/22	Review Frequency
Number of new programs examined for cost-effective rural delivery	0 strategy completed FY23	4 - Bingocize, GeriFit, HARP, Walk With Ease	Annually

**Strategies to Address Service Gap**

Current Strategies	Revised or New Strategy?	Status
1a. Diversify delivery methods to incorporate the use of virtual technology and telehealth solutions to overcome barriers to access due to lack of mobility, lack of technology, geographic location, and/or health concerns preventing older lowans from attending in-person programs.	No	In progress
1b. Re-train existing staff and subprovider leaders in virtual and updated versions of existing EBP and the use of distance-learning technologies.	No	completed
1c. Identify and support additional program leaders and suitable program hosts, targeting counties with greatest geographic isolation, barriers to healthcare access, and data indicating poor health status.	No	In Progress
1d. Increase referral sources to established programs by seeking community partnerships with appropriate organizations serving age 60+ such as rural/public health, physical therapy practices, fitness centers, faith-based organizations, senior residence facilities.	No	In Progress
1e. Evaluate allowable alternative programs that are cost-effective for delivery in remote counties of the service area.	No	completed
1f. Develop formal home risk assessment protocol and cultivate partnerships/resources to support home modification and repair program.	No	In Progress

**Update on Strategy Activities to Date**

1a. **Progress to date:** Evidence-based programs offered by Milestones that are approved for virtual delivery are promoted via printed, online and social media platforms. Pre-enrollment is now possible on the Milestones website.

1b. **Progress to date:** Staff and community partners were re-trained in evidence-based virtual programs for falls prevention and chronic disease management. In delivering those virtual programs, staff gained experience with online technology and skills, and now help older adults use technology to attend programs, connect to resources for health promotion, and find assistance.

1c. **Progress to date:** We have identified counties in the service area to renew or cultivate suitable program hosts, using Public Health CHNA data as well as relationship connections that may help open doors to sustainable partnerships. With only one staff person for evidence-based program delivery and coordination in the 17-county PSA, priority is given to the most remote counties where licensing requirements restrict the ability to meet minimum enrollment and required schedule of delivery. Wayne County Health Department will participate in training to offer Matter of Balance falls prevention in February 2023. Des Moines County is training new staff to renew their commitment to offering MOB. A potential team for MOB in Louisa County has been identified.

All community partners were invited to expand the EBP programs they offer by applying to IDPH for Chronic Disease Self-Management training that started in January 2023. One (urban) healthcare system hosted Stepping On, a newly offered falls prevention program for Milestones.

1d. **Progress to date:** A new partnership with the Clinton Public Library is yielding success in offering multiple evidence-based programs. We started with Matter of Balance falls prevention and enrollment demands created the need to add a second-class series. Once concluded, participants requested Tai Chi for Arthritis classes, which will start in Summer, 2023 (due to renovations to their large group space). At two large church congregations in Scott County, the falls prevention classes have been offered serially. These two congregations are now collaborating as hosts to vary the availability of the different programs Milestones offers to their combined members and the community.

The ongoing partnership with physical therapy and occupational therapy educators in our area has resulted in faculty participation to expand our health promotion capability at congregate nutrition sites and is instrumental in maintaining fidelity for existing falls prevention programs. Physical Therapy faculty created a safe, age-specific exercise program for staff to implement with our meal site guests. PT faculty also contributed significantly to the newly offered Stepping On program when the local healthcare system who requested and hosted the program could not contribute the required PT clinician.

1e. **Progress to date:** Several programs were investigated and evaluated for possible use: Bingocize; GeriFit; Healthy Steps for Older Adults, Walk With Ease, Stepping On. Given the expense of purchasing and training for evidence-based programs, we surveyed consumer groups to get input on programming of interest to potential participants. As well, we discussed the most feasible with staff to determine which programs they would be suited to train for. Based on this data we proceeded (to date) with Stepping On (because training was available through our partnership with University of Iowa and they hold the license for Iowa for this program), and non-evidence-based exercise and other brief or social-focused programs.

1f. **Progress to date:** A home modification service is being developed for Milestones PSA 5. The centerpieces of this expansion are our experience with Community Action of Southeast Iowa as a contracted service provider for home modifications for age 60+, and a new relationship with Happy at Home Consulting (HAHC). HAHC is now contracted to focus on our most remote counties to deliver the newly approved evidence-based program for falls prevention called HARP (Home Hazard Removal Program). The priority counties include -- but are not limited to -- Mahaska, Lucas, Monroe and Wayne.

**Strategy Activities Planned for SFY 2024**

Continue training staff and partners for in-person EBP to expand availability to consumers in PSA 5. Utilize non-EBP as opportunity to cross-promote EBP participation. We offer EBP based on the availability of trained leaders, the geographic location of community partners (subproviders), community demand, and a location’s ability to meet program requirements for registration.

Support congregate nutrition sites with quality non-evidence-based health promotion resources and evidence-based programs. Offer virtual EBP to older adults at sites with tech capability and participant demand.

Train volunteer leaders and staff in Walk With Ease evidence-based program to continue to engage older adults who trust Milestones as a credible, high-quality, accessible, age-appropriate resource for health promotion activity.

Partner with University of Iowa, pending successful funding, to increase Tai Chi leaders in underserved counties in Milestones’ service area.

To expand our capacity to assist older adults who need modifications to live safely in their home, continue strategic collaboration with community organizations and volunteer groups with goal being to identify and develop additional resources to support more robust home modification and repair service.

**SERVICE GAP #2: An FY2021 agencywide survey of aging Iowans indicated the need for an increase in home and community-based services in the northern PSA 5 region. To meet this need, Milestones will increase funding up to 25% each year (pending resource availability) for delivery of home and community-based services in the targeted northern counties of Clinton, Scott, and Muscatine.**

**Indicators & Target to gauge progress in addressing service gap**

Agency is using these indicators and targets to determine whether progress is being made in addressing the service gap:

<b>Progress Indicator</b>	<b>FY2024 Target</b>	<b>FY2023 Results as of 12/31/23</b>	<b>Review Frequency</b>
Number of older Iowans receiving homemaker	10 new consumers	Clinton 6 Muscatine 2	Annually

<b>Progress Indicator</b>	<b>FY2024 Target</b>	<b>FY2023 Results as of 12/31/23</b>	<b>Review Frequency</b>
services in the targeted counties of Clinton, Scott, and Muscatine.	in each county	Scott 18	
Number of older lowans receiving chore services in the targeted counties of Clinton, Scott, and Muscatine	5 new consumers in each county	Clinton 3 Scott 2 Muscatine 0	Annually
Number of older lowans receiving a transportation service from a non-public transportation provider in Clinton, Scott, and Muscatine counties with a choice of 2 additional transportation provider options.	5 new consumers in each county	Clinton 1 Scott 2 Muscatine 0	Annually

***Strategies to Address Service Gap***

<b>Current Strategies</b>	<b>Revised or New Strategy?</b>	<b>Status</b>
2a. Milestones will seek a minimum of one homecare agency to contract or implementation of self-directed care program with the homemaker services in each of the counties of Clinton, Scott, and Muscatine, with a goal to serve ten additional new consumers annually	Revised	Completed
2b. Milestones will seek a minimum of one chore providing agency contract or implementation of self-directed care program to contract snow removal and lawn care services in each of the counties of Clinton, Scott, and Muscatine. Goal will be to serve five additional new consumers annually.	No	In Progress
2c. Identify alternative non-public transportation referral options, such as private pay providers and volunteer programs such as Uber, Lyft, taxis, private assisted transport companies, and RSVP programs the three targeted counties.	No	In Progress

***Update on Strategy Activities to Date***

2a. Milestones has been able to procure homemaker services, via formal contracts during this fiscal year, a notable increase in providers from previous fiscal year. Milestones newly began offering self-directed care in this fiscal year, and this has proven successful. It has helped by

expanding options to consumers needing homemaker and chore services. It has decreased the instances of unmet needs in those cases where previously providers have not been available.

2b. We have been able to sign on two chore providers in Scott County, and one provider each in Clinton and Muscatine.

2c. Additional non-public transportation services have been provided for consumers via referrals to Visiting Angels and Friendly House in Clinton and Scott, respectively. Milestones made a total of three successful private transportation referrals for transportation in Clinton and Scott County.

***Strategy Activities Planned for SFY 2024***

2a. There have been limited homemaker providers identified within Muscatine County. Milestones will explore, in partnership with Diversity Center, additional providers in Muscatine County. Diversity Center is uniquely qualified to identify and reach the Hispanic and Spanish-speaking population, both consumers and providers.

2b. Staff will ensure that they are giving consumers the option and right to seek services for themselves. Milestones will continue the self-directed program to expand options to consumers needing homemaker and chore services. The self-directed program acts to fill the void and provides options for consumers to seek informal care providers not employed by a home care agency to meet their care needs.

2c. Milestones will continue to seek out non-public transportation providers throughout our coverage area and provide consumers with options as they are identified. Staff will assist where needed with arranging transportation, especially if there is limited technology and the consumer wishes to utilize Lyft or Uber. We will follow up with consumers to monitor experience and service satisfaction.

**SERVICE GAP #3: Aging lowans, particularly in rural areas, need transitional services upon discharge from facility-based care to support a successful return home and to remain living independently in their own residence and community of choice.**

***Indicators & Target to gauge progress in addressing service gap***

Agency is using these indicators and targets to determine whether progress is being made in addressing the service gap:

<b>Progress Indicator</b>	<b>FY2024 Target</b>	<b>FY2023 Results as of 12/31/22</b>	<b>Review Frequency</b>
Number of older lowans who successfully transition from a facility and remain in the home after 90 days.	10 older lowans	2 successfully have transitioned home	Annually
Number of health-related	2 training topics	0	Annually

<b>Progress Indicator</b>	<b>FY2024 Target</b>	<b>FY2023 Results as of 12/31/22</b>	<b>Review Frequency</b>
education trainings from on the topic of COPD, Heart Disease, Medication Management, Strokes, Diabetes, etc.			
Number of supportive home health care providers for Return to Community program	3 providers in each county that IRTC program is offered	1 HDM 3 ERS 2 Home Care	Annually

**Strategies to Address Service Gap**

<b>Current Strategies</b>	<b>Revised or New Strategy?</b>	<b>Status</b>
3a. Milestones will build a minimum of one facility partnership to launch a return to community-type program within one targeted community.	No	In progress
3b. Milestones will provide health-related education on health conditions that most commonly afflict our target population to Options Counselors so they can best assist aging lowans in their transition back home. Potential educational topics include COPD, cardiac disease, medication management, stroke, diabetes, kidney disease, pneumonia, etc.	No	In Progress
3c. Milestones will build a targeted service provider network in collaboration with partner facilities and providers in the targeted county to serve the person-centered needs of the consumer returning home from facility care. Services/providers include transportation, home care services, assistive devices, nutrition, and communication needs.	No	In Progress

**Update on Strategy Activities to Date**

3a. Milestones has been without an IRTC counselor in the Ottumwa region since July of 2022. A new IRTC counselor was hired in December, 2022, and trained within IRTC/CM. This worker will work to “rebrand” IRTC within that region and network with local healthcare institutions. Milestones will reach back out to Centerville Appanoose Hospital. Other hospitals and facilities in Scott County, such as UnityPoint and Genesis, have been utilizing their in-house social workers, and we have not seen the referrals from them as once anticipated.

3b. Identifying appropriate medical professionals, online webinars, and online educational health training resources is underway. Milestones is currently training IRTC staff in medication management (Home Meds), with expected completion date prior to the end of the fiscal year. Staff also visited the Dementia House at the University of Northern Iowa, and a second trip for staff unable to attend the first training is scheduled.

3c. We have added one new PERS provider and have had an additional two home care agencies sign on as providers. We anticipate the upcoming Home Meds training for staff will assist in fulfilling the need for medication safety review. Self-directed care has been implemented as an option within the community care transitions program. Our new staff member in the Ottumwa region is actively seeking additional service providers in the field.

***Strategy Activities Planned for SFY 2024***

3a. Continue expansion in the community transition care program by following up on previous efforts, and scheduling meetings with key stakeholders in the Centerville (Appanoose County) area health facility now that the new Ottumwa staff member is in place.

3b. Collaborate with healthcare providers, institutions of higher learning, and local Extension offices, to provide IRTC staff with at least two additional education/training sessions on chronic disease, such as COPD, stroke, or aneurysms.

3c. Explore additional service options within Appanoose County to set up a service infrastructure to support consumers upon discharge from a care facility. This would include providers such as transportation, homemaker, personal care, chore, nutrition, and nutrition/health promotional information.

**SERVICE GAP #4:** Diverse and underserved aging lowans are not accessing services in proportion to their populations in our PSA.

***Indicators & Target to gauge progress in addressing service gap***

Agency is using these indicators and targets to determine whether progress is being made in addressing the service gap:

<b>Progress Indicator</b>	<b>FY2024 Target</b>	<b>FY2023 Results as of 12/31/22</b>	<b>Review Frequency</b>
4a. Number of new minority consumers served in nutrition, Life Long Links, and caregiver program areas.	New minority (unique) consumers across program areas. 236 – Nutrition 30 - LifeLong Links 10 - Caregiver	213 – Nutrition 20 - LifeLong Links 8 - Caregiver	Annually

<b>Progress Indicator</b>	<b>FY2024 Target</b>	<b>FY2023 Results as of 12/31/22</b>	<b>Review Frequency</b>
4b. Number of new or expanded existing partnerships in targeted locations	1 – Options Counseling 2 - Nutrition	1 – Options Counseling 3 - Nutrition	Annually

***Strategies to Address Service Gap***

<b>Current Strategies</b>	<b>Revised or New Strategy?</b>	<b>Status</b>
4a. Milestones will provide annual cultural competency training for staff based on unique demographics within PSA 5.	No	In progress
4b. Milestones will build new or expand existing partnerships to connect minority aging lowans to our services (Nutrition, Information & Assistance, Options Counseling, Health Promotion) in identified locations where minorities are not currently accessing our services.	No	In progress

***Update on Strategy Activities to Date***

4a. We will continue to follow up with local partners and/or follow the Nutrition and Aging Resource Center and ACL for helpful webinars or resources.

4b. In nutrition, Milestones expanded a contract, as a pilot for FY23, with a minority serving organization (Diversity Services out of Muscatine) to prepare Latino meals for an additional nutrition center in Columbus Junction during this current FY23. Our contracted registered dietician collaborated with the LULAC representative in Columbus Junction to present a Nutrition Education topic on diabetes in Spanish. They then followed up by offering nutrition counseling in Spanish on a one-on-one basis. Two seniors accepted the service.

Milestones continues to offer Options Counseling in Muscatine and Louisa Counties to diverse populations, predominately Latinx older adults. Discussion is underway for Diversity Center to offer cultural sensitivity training to Milestones staff, both LLL staff and nutrition staff.

***Strategy Activities Planned for SFY 2024***

4a. Milestones will continue to invite representatives from organizations working with minority and underserved demographic groups to present to staff periodically on the topic of diversity and share insights into different cultural traditions and perspectives. Our goal is always to ensure our services reflect a welcome environment to all and that staff feel equipped to meet varying needs.

In Scott County, specific partnerships will be formed with community leaders such as Ryan Saddler, Associate Vice President for Diversity, Equity, and Inclusion, at St. Ambrose University, Jerry Jones, Executive Director of the MLK, Jr. Community Center, and Tracy Singleton, Executive Director of the Lincoln Center, with the goal of capturing our communities of color and increasing services to older adults of color. Local houses of worship may be resources, as well.

4b. If adequate funding can be found, MAAA will continue to partner with Iowa Cafés in unserved rural communities, areas with higher numbers of minority seniors, and/or residents with highest economic need. Further options to incorporate culturally sensitive meals or side dishes into our traditional menus through partnerships will be explored. We will continue to seek resource materials and programs available in Spanish to make the information accessible to more participants.

**SERVICE GAP #5: Many rural consumers do not currently have access to consistent nutrition due to isolated geography, physical mobility limitations, or lack of access to affordable food.**

***Indicators & Target to gauge progress in addressing service gap***

Agency is using these indicators and targets to determine whether progress is being made in addressing the service gap:

<b>Progress Indicator</b>	<b>FY2024 Target</b>	<b>FY2023 Results as of 12/31/22</b>	<b>Review Frequency</b>
5a. Number of rural consumers served HDM through new models of delivery, such as contracted provider partnerships.	105 <i>Higher target would not be sustainable due to insufficient funding</i>	131	Annually
5b. Number of new partnerships established to help serve meals in hard-to-reach areas	2	3	Annually
5c. Number of resources listed in the directory per county	One per county in all 17 counties in Milestones PSA	14 counties recorded	Annually

***Strategies to Address Service Gap***

<b>Current Strategies</b>	<b>Revised or New Strategy?</b>	<b>Status</b>
5a. Develop and expand rural route delivery through contracted partnerships to meet rural consumer	No	Complete

Current Strategies	Revised or New Strategy?	Status
demand.		
5b. Seek out alternative partnerships or specified route deliveries to provide home delivered into rural areas.	No	Complete
5c. Establish creative and cost-effective partnerships regarding meal providers (Mom’s Meals, Sister’s Homestyle Entrees, Iowa Café, etc.) in hard-to-reach areas.	No	In Progress
5d. Develop an internal resource directory of rural community food resources (pantries, etc.) for referral purposes.	No	Complete

***Update on Strategy Activities to Date***

5a. Due to funding insufficient to meet growing need, a wait list was established in March of 2023. Established contracts with Mom’s Meals and Lucky Frog (McCausland) will help reach rural areas and meet need for special diets.

5b. We established with our own staff, to the extent possible, remote rural delivery routes with frozen meals. But have since moved those consumers to the Mom’s Meals option. It was more manageable due to staffing issues and in some cases more cost effective.

5c. We are still researching options for meal provider models within the service area. Ten rural Iowa Cafés were in operation until the lack of funding forced closure of all ten as of April 1<sup>st</sup>.

5d. A foundation document was established with food pantries located in fourteen counties. Additional information has been collected for the three remaining counties in MAAA PSA. Completed information is available for referral purposes.

***Strategy Activities Planned for SFY 2024***

5c An RFP is being considered to research and analyze meal model options for cost effectiveness and manageability due to labor shortages. The ability to continue to reach out to seniors in very remote, rural and minority areas will remain a factor in future decisions.

5d. MAAA will update the pantry directory annually and make any additional contact information or changes to keep current.

## Goal 2 Outcome Measures

Measure	Purpose	FY2023 Target	FY2023 Results as of 12/31/22	FY2024 Target
Percentage 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.	80%	100% One case closed for discharge. More data needed for accurate %	80%
Average number of months a Case Management consumer experiencing independent living impairments can 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.	24 months	15 months	20 months
Of congregate meal consumers served who may be socially isolated, percentage eating 4 meals at meal site in a month.	To determine whether congregate meal consumers who are potentially socially isolated have the opportunity to socialize in their community.	92%	70%	75%
Of home delivered meal consumers served who may be socially isolated, percentage receiving at least 8 meals in a month.	To determine whether home delivered meal consumers who are potentially socially isolated receive regular contact with a meal delivery person.	92%	93%	93%
Percentage 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.	90%	100%	97%

**Goal 3: Iowa Aging Network will protect and enhance the rights; and prevent the abuse, neglect, and exploitation of Older Iowans.**

**Prioritized Service Gaps**

**Milestones AAA** completed a needs assessment **during FY2020** to identify and prioritize service gaps to address during the plan period. Methods used to identify service gaps included: To determine the gaps, Milestones sought input from staff in the field and reviewed WellSky data. Two surveys were conducted in 2020. The first took place in February of 2020, and consisted of a survey presented to all congregate and home delivered meal participants. The second survey addressed services agencywide, and included questions related to technology access and how/where consumers most frequently received information (newspaper, radio, church bulletin, etc.). This survey was distributed to nutrition consumers, was sent out to community members, service providers, and social service agencies, was provided on our website, and the link was posted on the Milestones Facebook page. There were 216 total respondents representing fourteen of our seventeen counties; there were no respondents from Keokuk, Lucas, and Wayne Counties. Milestones also consistently reviews state priorities, and local and national findings to identify needs and trends.

**SERVICE GAP #1:** Older Iowans who experience abuse, poverty, and neglect are more likely to be at risk for homelessness, and face insufficient resources and support.

***Indicators & Target to gauge progress in addressing service gap***

Agency is using these indicators and targets to determine whether progress is being made in addressing the service gap:

<b>Progress Indicator</b>	<b>FY2024 Target</b>	<b>FY2023 Results as of 12/31/23</b>	<b>Review Frequency</b>
Number of consumers served in collaboration with homeless coalitions to provide resources for aging Iowans at risk, to cover 10 high need counties in MAAA PSA region. Specific counties yet to be determined.	5	6	Annually
Number of consumers served with items such as rental deposit or utility set up with the goal to serve 10 consumers.	10	12	Annually

<b>Progress Indicator</b>	<b>FY2024 Target</b>	<b>FY2023 Results as of 12/31/23</b>	<b>Review Frequency</b>
Number of consumer service businesses made aware of risk factors through the delivery of staff presentations.	4	5	Annually
Number of 4-hour trainings on housing assistance through partners such as the Iowa Finance authority, HUD, and/or Rural USDA.	1	1 (HUD training)	Annually
Number of consumers assisted through home modification projects to reduce risk of homelessness.	5	6	Annually

***Strategies to Address Service Gap***

<b>Current Strategies</b>	<b>Revised or New Strategy?</b>	<b>Status</b>
1a. Milestones staff will collaborate with existing homeless coalitions in PSA 5 region such as Rolling Hills Coalition and the Transitions and Empowerment Programs to provide appropriate referrals for homeless aging lowans in the appropriate county of need.	No	In Progress
1b. Milestones will develop criteria and procedures for the appropriate referrals and assistance to support the aging homeless. Examples are assistance with securing housing, assistance with budgeting for monthly utility bills and expenses, and help applying for additional assistance as appropriate.	No	In Progress
1c. Milestones EAPA staff will increase awareness and resources to local financial institutions and grocery stores in rural communities to identify at risk aging lowans for financial exploitation placing them at a higher risk for homelessness.	No	In Progress
1d. Additional training for staff on rental assistance	No	In Progress

Current Strategies	Revised or New Strategy?	Status
and housing applications, and use of the various housing data bases (such as HUD, IFA, etc.).		
<del>1e. Milestones will build partnerships with local providers such as the Rebuilding Together programs and Community Action agencies for home modifications and repairs. The goal is to help secure safe and habitable housing for older lowans whose current living conditions may be unsafe, putting them at risk for homelessness.</del>	No	In-Progress

**Update on Strategy Activities to Date**

1a & 1b. Homelessness and evictions continue to be a growing issue throughout SFY 2023 in the Milestones region. To date, staff have assisted twelve older lowans with either temporary shelter or rental assistance, and successfully placed five homeless consumers into housing. Partnerships with low-income housing managers have assisted staff in finding affordable housing to help bring stability. Collaboration with local hotel/motel managers has been important in helping consumers in crisis situations find temporary safe shelter while awaiting more permanent lodging. Staff find that there are typically more needs to be addressed beyond shelter, such as the need for resources to acquire food and medications. Humility of Mary has been the major shelter which assist consumers of Milestones.

1c. Adult Rights Specialists have conducted presentations at local bank/credit unions to assist in fighting financial exploitation for older adults. Staff have set up informational booths at local farmers markets, health fairs, senior living facilities, and other venues whenever the opportunity presents.

1d. A continuing barrier connected to applying for low-income housing is that (HUD) housing applications are to be completed online, and status must be updated or reviewed by logging into a user account. This process can be challenging for the aging population and staff assist with the process. Paper copies are available for completion, but this method delays the process. To address another increasingly frequent barrier, the Adult Rights Specialist has compiled a list of “Crime Friendly Landlords” and a list of elder law attorneys in the area due to a noticeable increase in consumers that may have discrepancies in their background.

1e. This strategy has been removed. It is already addressed under Goal 2 Section 1.f.

**Strategy Activities Planned for SFY 2024**

1a. Expand partnership with the recently formed Multi-Disciplinary Team, which consists of social service and law enforcement agencies, to find solutions to the most difficult cases and find solutions. This group meets monthly in collaboration with HHS. We will continue to seek out homeless coalitions across our region to provide insight and resources for the aging population affected with challenges of finding sustainable affordable housing.

1b. Staff will continue to screen for affordable housing options and the services meet consumer needs with the goal of preventing risk of consumer homelessness. Adult Rights Specialist will work closely with “The Coordinated Entry System” through the Salvation Army, a program that assists participants reintegrate successfully back to self-sufficiency.

1c. Continue to present information and resources to communities unaware of the impact of financial exploitation and its role in evictions and homelessness for the aging population.

1d. Seek out at least two new partnerships with hotel/motel establishments to provide temporary and/or extended lodging for individuals experiencing particular difficulty finding housing due to criminal background.

1e. This strategy was relocated and is addressed under Goal 2, Section 1.f.

**SERVICE GAP #2: Older Iowans at risk of increased public assistance need greater legal aid, specifically in the areas of financial, housing, and family legal issues.**

***Indicators & Target to gauge progress in addressing service gap***

Agency is using these indicators and targets to determine whether progress is being made in addressing the service gap:

<b>Progress Indicator</b>	<b>FY2024 Target</b>	<b>FY2023 Results as of 12/31/22</b>	<b>Review Frequency</b>
Number of consumers served using referral form focused on closing the referral gap, to be developed in collaboration with Legal Aid.	20 consumers	22 referrals to Iowa Legal Aid. 2 cases known to be accepted & needs addressed	Annually
Number of consumers served through new partnerships with appropriate and available private legal assistance providers.	2 consumers	1 consumer	Annually
Number of consumers served <b>on a virtual platform</b> through new partnerships with appropriate and available private legal assistance providers.	2 consumers	4 clients referred to the AG office, all 4 cases accepted.	Annually
Number of consumers served	75 Consumers	*TV interview on topic of	Annually

<b>Progress Indicator</b>	<b>FY2024 Target</b>	<b>FY2023 Results as of 12/31/22</b>	<b>Review Frequency</b>
through EAPA workshops/webinars offered on the topics such as substitute decision-making, financial exploitation, or other timely issues.		Elder Abuse, # consumers unknown, local broadcast *EAPA presentations - 75 consumers *TV interview on topic of financial exploitation- # unknown, local broadcast	

***Strategies to Address Service Gap***

<b>Current Strategies</b>	<b>Revised or New Strategy?</b>	<b>Status</b>
Milestones will develop and implement a follow up request form for Iowa Legal Aid contract provider to track referral outcomes, specifically denials and the rationale thereof.	No	Complete
To address unmet need due to denial of legal aid, Milestones will explore private legal assistance providers.	No	In Progress
Milestones will actively seek opportunities to bring virtual legal consultation to older Iowans.	No	In Progress
Milestones EAPA program will host educational opportunities on legal issues to aging Iowans, offering workshops and webinars using both in person and virtual platforms.	No	In Progress

***Update on Strategy Activities to Date***

2a. The new reporting and follow up request forms for Iowa Legal Aid, is a project that was undertaken and completed by Haylee Pontier, former IDA staff member. Agreement was not able to be worked out on some of the original elements Milestones desired due to confidentiality issues. Haylee was able to reach the agreement that ILA was willing to provide.

2b. One consumer received assistance from a private attorney when assistance through Legal Aid was not successful.

2c. Staff referred four consumers, who were unable to receive needed assistance from Iowa Legal Aid, to the Iowa State Attorney General. All four were able to receive satisfactory assistance with their concerns.

2d. In person presentations from EAPA staff on the topics of financial exploitation have been well received in the community and by residents and staff in senior living centers, reaching a total of 75 consumers to date in person. An indeterminate number has also been reached

through televised interviews from appearances by Elder Rights Specialist on a local news “magazine” show.

**Strategy Activities Planned for SFY 2024**

2a. This strategy is closed per explanation above.

2b. Find one private attorney who will agree to accept referrals for consumers who are unable to qualify or receive assistance for Iowa Legal Aid and assist them with their legal needs.

2c. Work with Iowa Legal Aid to host informational sessions and assistance in conjunction with their Legal Assistance Enhancement Project grant, the Rural Justice Project for Older Iowans. Continue to provide legal assistance virtually to consumers with limited means of transportation through the Iowa Attorney General.

2d. New staff located in Ottumwa office will focus on providing presentations financial exploitation and growing awareness of abuse and exploitation issues in the agency’s more rural, lower southwest/southeast half of our coverage region.

**SERVICE GAP #3: Older Iowans are experiencing increased rates of depression, hoarding, and self-neglect, and there are limited mental health resources available to address these needs.**

**Indicators & Target to gauge progress in addressing service gap**

Agency is using these indicators and targets to determine whether progress is being made in addressing the service gap:

<b>Progress Indicator</b>	<b>FY2024 Target</b>	<b>FY2023 Results as of 12/31/22</b>	<b>Review Frequency</b>
Number of consumers expressing symptoms of depression that are contacted 1 – 2 times per month for monitoring purposes	10 Consumers	0	Annually
Number of 8-hour staff trainings on managing mental health crisis situations.	2	2	Annually
Number of referral sources with licensed mental health professionals	5	3	Annually

**Strategies to Address Service Gap**

<b>Current Strategies</b>	<b>Revised or New Strategy?</b>	<b>Status</b>
Staff will contact aging lowans expressing symptoms of depression due to social isolation 1 – 2 times per month to provide reassurance and support.	No	In Progress
To appropriately manage callers exhibiting mental health issues, staff will receive additional crisis training.	No	In Progress
Implement a behavioral health program which would include contracting with a licensed mental health professional for the purposes of staff case consultation and consumer referrals.	No	Not Started -
Create partnerships with licensed mental health providers for the purpose of increasing consumer access to mental health resources.	Yes	In Progress

**Update on Strategy Activities to Date**

3a. Staff have identified individuals experiencing depression and have developed a system to track them.

3b. Staff will be certified and/or re-certified in Mental Health First Aid prior to the end of SFY 2023.

3c. In order to maintain fiscal constraint, this strategy has been revised from contracting an individual licensed mental health professional to expanding referral sources with licensed mental health professionals. To date, we are working with three behavioral health referral sources.

**Strategy Activities Planned for SFY 2024**

3a. To ensure consumer needs are best understood and met, training in behavioral health specific to best practices in communicating and meeting the needs of aging lowans experiencing depression will be included in staff professional development.

3b. To increase staff competency in supporting callers exhibiting mental health issues, staff will receive professional training in crisis and de-escalation strategies. Local emergency resources will be consulted for this training.

3c. Seek to add two additional professional mental health referral sources within our PSA to assist with behavioral health concerns.

**Goal 3 Outcome Measures**

<b>Measure</b>	<b>Purpose</b>	<b>FY2023 Target</b>	<b>FY2023 Results as of 12/31/22</b>	<b>FY2024 Target</b>
Percentage of EAPA Assessment & Intervention consumer cases closed with services no longer needed.	To evaluate resolution rate for a consumer's abuse, neglect, or exploitation situation.	80%	80%	92%
Percentage of EAPA Consultation consumers whose needs are met through provider referrals for Self-Advocacy.	To evaluate whether consumers are able to use information & referrals for self-advocacy in resolving abuse, neglect, or exploitation situation.	80%	100%	92%

## **Public Health Emergency Response/American Rescue Plan Act (ARPA) Activities**

### **Public Health Emergency**

Funds allocated under the American Rescue Plan Act of 2021 (P.L. 117-2). Per the American Rescue Plan Act, these funds must be utilized to supplement, not supplant other federal title III fund.

Use the tables provided in the template to indicate how the agency intends to supplement, not supplant services

Provide a narrative description of planned priority area expansion activities. Include a statement explaining how the planned activities are an expansion of the approved SFY2022-2025 area plan on aging.

### **Target Area**

Indicate in which counties and/or communities expansion activities will occur and why the target area was selected.

The target area for evidence-based programs to address social isolation are these counties within PSA5: Lucas, Wayne, Mahaska, Monroe, Appanoose, Keokuk, Wapello, Davis, Jefferson, Van Buren. Evidence-based programs will be expanded in this geographic area because it has been underserved due to barriers to accessibility to self-management interventions for chronic disease and falls prevention. The target areas for expanding Material Aid-Home Repair are Wapello and Clinton Counties based on success with the Community Action organization in Des Moines County.

### **Target Populations**

Describe individuals for whom the expansion activities will targeted and why.

Aging lowans who desire to remain in their own residence and community of choice, particularly residents in rural or remote locations within PSA5 are the target population for evidence-based programs and material aid-home modification/repairs. Barriers such as geographic location, mobility, and health concerns prevent these older lowans from participating in evidence-based programs, resulting in an identified underserved population and subregion of the service area. In the targeted areas for home modification/repairs, the focus population will also be on older adults in need of assistance to secure medical equipment and repairs/devices such as ramps, grab bars, etc., and appropriate assessments and follow-up to support their ability to safely remain or return to their home.

### **Staffing**

#### ***AAA Staff***

If funding will be utilized for AAA staff salaries, indicate the position(s) and FTEs.

Efforts to hire a staff position for expansion of EBP in the targeted counties was unsuccessful so

we are pursuing contracted service provider(s). To coordinate the services with providers and deliver expanded programs, .10 FTE of the Health Promotion/Home Safety Director is allocated to ARPA.

**Providers**

List type (and name if known) of providers that will be utilized for the priority area expansion activities.

Happy at Home Consulting is the contracted service provider for the evidence-based Home Hazard Removal Program (HARP), and Community Action of Southeast Iowa for home modification in the Des Moines/Henry/Louisa/Lee counties area.

**Service Consumer, Unit, and Expenditure Projections**

Complete the following tables to identify the projected consumers to be served, units to be provided, and funds expended for the entire ARPA award period.

**SFY2024: Service Consumer, Unit, and Expenditure Projections**

**Service Unit and Budget Projection**

<b>Service</b>	<b>Units</b>	<b>Budget</b>	<b>Budget Expenditure per Unit</b>
Health Promotion: Evidence Based	22	\$35,170	\$1,598
Supportive Services: Material Aid: Home Modifications	44	\$76,450	\$1,737.50

**General Aging Consumers (60+) Projection**

<b>Service</b>	<b>Total Consumers</b>	<b>Minority</b>	<b>Minority, Poverty</b>	<b>Poverty</b>	<b>Rural</b>
Health Promotion: Evidence Based	22	5	1	3	15
Supportive Services: Material Aid: Home Modifications	44	9	1	5	29

## Section 2: Service Projections

### SFY 2024 Projected Older Americans Act Consumers and Service Units

Complete the following table with SFY 2024 service projections for consumers and service units.

Service		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
01A: Administration	Gen. Aging						
	Caregiving						
1: Personal Care	Gen. Aging	2309	104	68	19	3	12
2: Homemaker	Gen. Aging	9866	285	187	52	6	32
3: Chore	Gen. Aging	293	48	32	9	1	6
4: Home Delivered Nutrition	Gen. Aging	145,000	1,025	670	187	21	113
5: Adult Daycare/Health	Gen. Aging	889	45	30	9	1	5
6: Case Mgmt.	Gen. Aging	480	162	106	30	4	18
	Sr. Living Pro.	31	3	2	1	1	1
7: Congregate Nutrition	Gen. Aging	86,687	1,350	883	246	28	149
8: Nutrition Counseling	Gen. Aging	21	20	14	4	1	3
9: Assist Transportation	Gen. Aging						
10: Transportation	Gen. Aging	8320	506	331	93	11	56
11: Legal Assistance	Gen. Aging	355	350	229	64	8	39
12: Nutrition Ed.	Gen. Aging	24,000	2,000	1308	364	41	221
13: Information and Assistance	Gen. Aging	4,232	3,686	2410	671	74	406
	Sr. Living Pro.	33	31	21	6	1	4
14: Outreach	Gen. Aging	416	185	121	34	4	21
	Sr. Living Pro.						
A01: Material Aid: Home Mod.	Gen. Aging	90	50	33	10	2	6
B02: Material Aid: Non-Evidence	Gen. Aging	1944	369	242	68	8	41
B04: Emergency Response System	Gen. Aging	582	166	109	31	4	19
B05: Behavioral Health Supports	Gen. Aging	21	6	4	2	1	1
B07: Health Promo: Evidence Based	Gen. Aging	147	147	97	27	3	17
C07: EAPA Consultation	Gen. Aging	84	84	53	15	2	9
	Sr. Living Pro.	3	3	2	1	1	1
C08: EAPA Assess & Intervention	Gen. Aging	429	115	76	21	3	13
	Sr. Living Pro.	11	3	2	1	1	1
C09: EAPA Training & Ed	Gen. Aging	123	8900	5817	1619	179	980
	Sr. Living Pro.						
D01: Training & Ed	Gen. Aging	160	30000	19608	5457	601	3303
	Sr. Living Pro.						
Service		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
E05: Options Counseling	Gen. Aging	1058	385	252	71	8	43



GO11: GO Support Groups	Caregiving	237	61	40	12	2	7
GO12: GO Training	Caregiving						
GO13: GO Congregate Nutri.	Caregiving						
GO14: GO Emrg. Resp. Syst.	Caregiving						
GO23: GO Respite Care: In-Home	Caregiving						
GO24: Respite Care: Out-of-home (Day)	Caregiving						
GO25: Respite Care Out-of-home (Overnight)	Caregiving						
GO26: GO Respite Care: Other	Caregiving						

## Self-Direction Service Delivery

X Agency utilizes a self-direction service delivery approach to providing services to older adults and/or caregivers.

These services are delivered using a self-direction service delivery approach:

### Services:

Due to continued provider-reported staff shortages, the limited number of providers available in some areas, and to increase options available to consumers, Milestones has responded positively to consumer requests for a self-direction service delivery approach be included. Milestones will continue to include this as an optional provider resource for respite, chore, personal care, and homemaker. Reimbursement is limited to \$590 per calendar year. In cases where consumer need is demonstrated to the satisfaction of prioritization criteria and no alternative options of consumer choice for service provision are available, reimbursement cap may be raised on a case-by-case basis. If this happens, the reimbursement amount will be reported to the IRS in keeping with the law. A 1099 form will be issued to the provider, and the provider will be required to submit a W-9 form to the agency.

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
<b>Persons Served - Older Adult</b>	18
Projected Title IIIB Expenditure - Older Adults	\$10,000
Projected Other - State Expenditure - Older Adults	Amount
Projected Other - Non-State Expenditure - Older Adults	Amount
Projected Program Income Expended - Older Adults	Amount
<b>Persons Served - Caregivers of Older Adult</b>	9
Projected Title IIIE Expenditure - Caregivers Older Adult	\$5,000
Projected Other - State Expenditure -Caregivers Older Adult	Amount
Projected Other - Non-State Expenditure - Caregivers Older Adult	Amount
Projected Program Income Expended -Caregivers Older Adult	Amount
<b>Persons Served - Older Relative Caregivers</b>	#
Projected Title IIIE Expenditure - Older Relative Caregivers	Amount
Projected Other - State Expenditure --Older Relative Caregivers	Amount
Projected Other - Non-State Expenditure - Older Relative Caregivers	Amount
Projected Program Income Expended - Older Relative Caregivers	Amount

## Caregiver Respite Voucher

X Agency does **not** use 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
<b>Persons Served - Caregivers of Older Adults</b>	<b>#</b>
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	<b>Y or N</b>
Other - State Expenditure	<b>Y or N</b>
Other - Non-State Expenditure	<b>Y or N</b>
Program Income Expended	<b>Y or N</b>
<b>Persons Served - Older Relative Caregivers</b>	<b>#</b>
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	<b>Y or N</b>
Other - State Expenditure	<b>Y or N</b>
Other - Non-State Expenditure	<b>Y or N</b>
Program Income Expended	<b>Y or N</b>

## Service Coverage

X Agency **has** changes to service coverage, please see noted changes below along with updated service coverage tables.

### Service Coverage Changes

Evidence-Based Health Activities – Previous coverage was based on availability of virtual programming in all counties of PSA 5. This is still true. However, in-person programming is a demonstrated preference by Milestones consumers. Therefore, this service coverage chart is updated to reflect in-person delivery and expansion of falls prevention program by Milestones and contracted service provider(s). Other than the two health promotion services listed below, no other service coverage changes have been made and are the same as previously submitted.

Regarding congregate meal site coverage, with the closure of the two Iowa Cafes in Wayne County, there is now a service gap in that area. We hope to reestablish that Wayne County service in FY24 when an affordable delivery model is determined.

## Information & Service Assistance Services

An "X" indicates the service is offered in the county listed.

<b>Mandatory Services</b>	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]
Case Management										
EAPA Assessment & Intervention										
EAPA Consultation										
Information & Assistance										
Legal Assistance										
Options Counseling										
Assistance: Information & Assistance (Family Caregiver)										
Assistance: Case Management (Family Caregiver)										
Counseling (Family Caregiver)										
Options Counseling										

<b>Mandatory Services</b>	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]
(Family Caregiver)											
<b>Optional Services</b>											
Assistance: Information & Assistance (Older Relative Caregiver)											
Assistance: Case Management (Older Relative Caregiver)											
Counseling (Older Relative Caregiver)											
Options Counseling (Older Relative Caregiver)											

### Nutrition & Health Promotion Services

An "X" indicates the service is offered in the county listed.

<b>Mandatory Services</b>	Appanoose	Clinton	Davis	Des Moines	Henry	Jefferson	Keokuk	Lee	Louisa	Lucas	Mahaska	Monroe	Muscatine	Scott	Van Buren	Wapello	Wayne
Congregate Meals	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Evidence-Based Health Activities		X		X					X	X	X	X	X	X		X	X
Health Promotion & Disease Prevention	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Home Delivered Meals																	
Nutrition Counseling																	
Nutrition Education																	
<b>Optional Services</b>																	
Home Delivered Meal (Family Caregiver)																	
Home Delivered Meal (Older Relative Caregiver)																	

## Services to Promote Independence

An "X" indicates the service is offered in the county listed.

Optional Services	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]
Adult Day Care / Health										
Assisted Transportation										
Behavioral Health Supports										
Chore										
Emergency Response System										
Homemaker										
Material Aid										
Outreach										
Personal Care										
Training & Education										
Transportation										
Information Services (Family Caregiver)										
Respite Care: <ul style="list-style-type: none"> <li>In-home(day)</li> <li>Out-of-home (day)</li> <li>Out-of-home (overnight)</li> <li>Other (Family Caregiver)</li> </ul>										
Supplemental Services: <ul style="list-style-type: none"> <li>Assistive Technology/Durable Equip/Emergency Response</li> <li>Consumable Supplies</li> <li>Home Modifications/Repairs</li> <li>Legal/Financial Consultation</li> <li>Homemaker/Chore/Personal Care</li> <li>Transportation</li> <li>Nutrition Services (Congregate Meal &amp; HDM)</li> <li>Other (Family Caregiver)</li> </ul>										
Support Group (Family Caregiver)										
Training (Family Caregiver)										
Information Services (Older Relative Caregiver)										
Options Counseling (Older Relative Caregiver)										
Respite Care (Older Relative Caregiver)										
Supplemental Services: <ul style="list-style-type: none"> <li>Assistive Technology/Durable Equip/Emergency Response</li> </ul>										

<b>Optional Services</b>	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]	[county]
<ul style="list-style-type: none"> <li>• Consumable Supplies</li> <li>• Home Modifications/Repairs</li> <li>• Legal/Financial Consultation</li> <li>• Homemaker/Chore/Personal Care</li> <li>• Transportation</li> <li>• Nutrition Services (Congregate Meal &amp; HDM)</li> <li>• Other (Older Relative Caregiver)</li> </ul>										
Support Group (Older Relative Caregiver)										
Training (Older Relative Caregiver)										

## Evidence-Based Programing (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 SFY2024 along with the methods in which you are planning to deliver the service.**

<b>Name of Program</b>	<b>Description of location(s) where program will be offered.</b>	<b>Method(s) for Service Delivery</b>
Matter of Balance	Community locations such as churches, senior center, library, congregate nutrition site, healthcare facility, Milestones offices	<input checked="" type="checkbox"/> Virtual <i>available</i> <input checked="" type="checkbox"/> In-Person
Tai Chi for Arthritis/Falls Prevention	Same as above	<input checked="" type="checkbox"/> Virtual <i>available</i> <input checked="" type="checkbox"/> In-Person
Stepping On	Same as above	<input checked="" type="checkbox"/> Virtual <i>available</i> <input checked="" type="checkbox"/> In-Person
Better Choices Better Health	Same as above	<input checked="" type="checkbox"/> Virtual <i>available</i> <input checked="" type="checkbox"/> In-Person
Walk With Ease	New FY24 – locations TBD	<input checked="" type="checkbox"/> Virtual <i>available</i> <input checked="" type="checkbox"/> In-Person
Home Hazard Removal Program	Consumer specific location (home)	<input type="checkbox"/> Virtual <input checked="" type="checkbox"/> In-Person
HomeMeds	Consumer specific location	<input type="checkbox"/> Virtual <input checked="" type="checkbox"/> In-Person

### Area Plan Service Waiting List

X Agency **anticipates** a waiting list for services in SFY2024 as indicated in the following table. There is **currently** a waiting list for home delivered meal services, and it is expected that this will continue into SFY2024. As of April 1, a wait list for congregate services has been established in Wayne County.

Service with Waiting List	Estimated number of Consumers	Estimated number of Units
Home Delivered Meals	275	36,300
Congregate Nutrition Services	15	540

Please refer to the SFY2024 Reporting Manual for instructions on documenting and notify IDA when implementing a waiting list.

### **Section 3: Quality Management**

X Agency staff reviewed the quality management activities that will be undertaken during the plan period and determined that the information is current. (No additional information is required.)

## **Section 4: Public Input**

### **Board of Directors Meeting, 3/16/23**

Board Members Present: Peggy Fisher, Terry Wilson, Julie Schilling, Steve Swisher, Bill Thom, and Sheri Wilson

Staff Present: Becky Passman, Jyl Johnson, Sonita Oldfield-Carlson, Mike Mathews, Pam Taylor, Adrian Blackwell, Mariela Treviño, and Sharon Schnoor

Review and Discussion of FY2024 Draft Area Plan Update took place on March 16, 2023. The Board was presented with the Area Plan draft. This FY24 Update reflects progress made over the first 6 months of the SFY22-25 Area Plan's implementation. Current progress has largely been getting things in place with 6 months' worth of data. Each section of the plan was reviewed and questions answered. There were no additional comments made. Motion was made by Steve Swisher and seconded by Peggy Fisher to accept the draft of the Area Plan. All were in favor.

### **Advisory Council Meeting, 3/16/23**

Council Members Present: Frank Illiff, Terry Wilson, Susan Leuthauser, Liz Sherwin and Patricia Steiner

Staff Present: Becky Passman, Jyl Johnson, Sonita Oldfield-Carlson, Mariela Treviño, Pam Taylor, Mike Mathews, Adrian Blackwell, and Sharon Schnoor

Review and discussion of Milestones FY2024 Draft Area Plan Update took place at the meeting. This FY24 Update reflects progress made over the first 6 months of the SFY22-25 Area Plan's implementation. Current progress has largely been getting things in place with 6 months' worth of data. Each section of the plan was reviewed and questions answered. Explained about virtual programs not being very successful. Did implement a virtual program at some of our meal sites and participation was better. Susan mentioned that a lot of seniors don't have internet service. Sonita mentioned a lot of programs must have ability to have camera and have ability to be seen. Frank mentioned would probably have to take the device to them for them to participate in programs. Mentioned when the host or staff person is present to help with program it seems to work better. Susan mentioned that some don't know how to use phone service for programs. Had a program giving out Grandpads but that was not very successful, few takers and many were mainly using them for playing games. Frank asked where Grandpads could be purchased, and Becky said through Grandpads.net. Explained new program, HARP – Home Modification Service. Working with a contractor to coordinate services, they assess what home will need to meet consumer needs. Frank suggested need a list of recommendations from occupational therapists about what needs to be done. Sonita mentioned that a list of reliable handymen would be nice if she could work with Frank on that. Frank mentioned he has a list of 3 houses that need funding and requested if anyone knows of available funding to send him information.

## **Public Hearing Requirements**

X Agency staff reviewed the Iowa Administrative Rule, 17-6.2 (231) on public hearing requirements and determined that the updated information provided does not necessitate a public hearing. (No additional information is required.)

**Governing Body**  
**Governing Body for: Milestones Area Agency on Aging**  
**Updated On: March 12, 2023**

**Chair**

<b>Name</b>	<b>Address</b>	<b>City &amp; Zip</b>	<b>County</b>	<b>Phone &amp; Email</b>	<b>Term Expires</b>
Julie Schilling	815 Canterbury Drive	Burlington	Des Moines	319-759-5267 <a href="mailto:jschillingrn@aol.com">jschillingrn@aol.com</a>	June 2023

**Vice Chair**

<b>Name</b>	<b>Address</b>	<b>City &amp; Zip</b>	<b>County</b>	<b>Phone &amp; Email</b>	<b>Term Expires</b>
Richard Roller (resigned 2/16/23) – not yet filled					

**Secretary/Secretary-Treasurer**

<b>Name</b>	<b>Address</b>	<b>City &amp; Zip</b>	<b>County</b>	<b>Phone &amp; Email</b>	<b>Term Expires</b>
Stephen Swisher	3324 Forest Road	Davenport 52807	Scott	563-359-3289 <a href="mailto:Swisher62169@gmail.com">Swisher62169@gmail.com</a>	June 2023

**Other Members**

<b>Name</b>	<b>Address</b>	<b>City &amp; Zip</b>	<b>County</b>	<b>Phone &amp; Email</b>	<b>Term Expires</b>
Bill Thom	2015 South 10 <sup>th</sup>	Centerville 52544	Appanoose	641-856-2505 <a href="mailto:billy9@mchsi.com">billy9@mchsi.com</a>	June 2023
Sheri Wilson	2621 S. 14 <sup>th</sup> Street	Burlington 52601	Des Moines	319-753-0193 <a href="mailto:sheri.wilson@caofseia.org">sheri.wilson@caofseia.org</a>	June 2028
Peggy Fisher	1708 Old Farm Rd.	Fairfield 52556	Jefferson	641-919-7664 <a href="mailto:p.fisher@wapellocouw.org">p.fisher@wapellocouw.org</a>	June 2030
Terry Wilson	1941 Walling Ct.	Davenport 52803	Scott	309-764-2400 x65030 <a href="mailto:Td-wilson2@wiu.edu">Td-wilson2@wiu.edu</a>	June 2030

## 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. 1321.57(b) Composition of Council.**

The council shall include individuals and representatives of community organizations who will help to enhance the leadership role of the area agency in developing community-based systems of services. The advisory council shall be made up of:

1. More than 50 percent older persons, including minority individuals who are participants or who are eligible to participate in programs under this part;
2. Representatives of older persons;
3. Representatives of health care provider organizations, including providers of veterans' health care (if appropriate);
4. Representatives of supportive services provider organizations;
5. Persons with leadership experience in the private and voluntary sectors;
6. Local elected officials; and
7. The general public.

If the agency's Advisory Council does not currently meet all 7 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)

We have been experiencing difficulty in recruitment, particularly in the rural areas. To address this, a letter of invitation has been created, along with a fact sheet regarding the role of advisory council members. Also created is a list of potential recruits for contact, provided by current advisory members and also includes prior Lifelong Links advisory council member list. CEO is working to engage current advisory council member(s) to help with making contacts to assist in the recruiting effort.

**Advisory Council for: Milestones Area Agency on Aging**  
**Updated on: March 12, 2023**

**Chair**

<b>Name</b>	<b>Address</b>	<b>City &amp; Zip</b>	<b>County</b>	<b>Phone &amp; Email</b>	<b>Term Expires</b>	<b>OAA Composition Criteria (1 to 7)</b>
Susan Leuthauser	5237 Remington Road	Bettendorf 52722	Scott	563-940-2264 swleuthauser@gmail.com	June 2031	1, 2, 4, 5, 7

**Vice Chair**

<b>Name</b>	<b>Address</b>	<b>City &amp; Zip</b>	<b>County</b>	<b>Phone &amp; Email</b>	<b>Term Expires</b>	<b>OAA Composition Criteria (1 to 7)</b>
Frank Iliff	1428 B Houser Street	Muscatine 52761	Muscatine	563-260-3143 <a href="mailto:rtmuscatine@gamil.com">rtmuscatine@gamil.com</a>	June 2031	1, 2, 4, 5, 7

**Secretary/Secretary Treasurer - None**

<b>Name</b>	<b>Address</b>	<b>City &amp; Zip</b>	<b>County</b>	<b>Phone &amp; Email</b>	<b>Term Expires</b>	<b>OAA Composition Criteria (1 to 7)</b>

**Other Members:**

<b>Name</b>	<b>Address</b>	<b>City &amp; Zip</b>	<b>County</b>	<b>Phone &amp; Email</b>	<b>Term Expires</b>	<b>OAA Composition Criteria (1 to 7)</b>
Patricia Steiner	102 W. Main St.	Mediapolis 52637	Des Moines	319-753-1414 patty.steiner@gmail.com	June 2022	1, 2, 3, 5, 7
Liz Sherwin	P.O. Box 6156	Rock Island 61204	Scott	309-793-2942 liz@iicil.com	June 2022	1, 2, 4, 5, 7
Terry Wilson (Board Rep)	1941 Walling Ct.	Davenport 52803	Scott	309-764-2400 x65030 Td-wilson2@wiu.edu	June 2030	1, 2, 5, 7

## ATTACHMENTS

**Authorized Signatures**

Area Agency on Aging Name	Primary Street Address	City & Zip	Type of Agency	Date of AAA Designation
Milestones Area Agency on Aging	935 E. 53 <sup>rd</sup> Street	Davenport 52807	AAA	2013

Please list names and titles 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**

Print Name: Becky J. Passman

1. Becky J. Passman 4/21/23  
Signature of Executive Director Date

Print Name: Julie Schilling

2. Julie Schilling 4/20/23  
Signature of Chair, Governing Body Date

**Authorized Signatories for Fiscal Reports**

Print Name: Becky J. Passman

1. X Becky J. Passman 4/21/23  
Signature of Executive Director Date

Print Name: Julie Schilling

2. X Julie Schilling 4/20/23  
Signature of Chair, Governing Body Date

Print Name: Mariela Trevino

3. X MT 4/21/23  
Signature of Fiscal Director Date

**Authorized Signatories for Program Reports**

Print Name: Becky J. Passman

1. X Becky J. Passman 4/21/23  
Signature of Executive Director Date

Print Name: Adrian Blackwell

2. X Adrian Blackwell 4-21-23  
Signature of Social Services Director Date

Note: Should any of your agency's authorized signatories change, please submit an updated list to Eugenia Kendall at [eugenia.kendall@iowa.gov](mailto:eugenia.kendall@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:** This procedure is available upon request at Milestones AAA offices in Davenport, Burlington, or Ottumwa. Consumers may also call 563-324-9085 to request a copy by mail. The Grievance Policy, which includes procedures, is also available on the Milestones website: <https://www.milestonesaaa.org/consumer-grievance-procedure/>

### 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 2024 (7/1/2023).

Position	Total Number
Staff (paid) full-time:	52
Staff (paid) part-time:	65
SCSEP Beneficiaries:	4
AAA Volunteers:	325

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

#### *Nutrition Services*

Agency staff reviewed the following Nutrition Services information entered into the case management system (Wellsky) and verified that the information is current as of **3/27/2023**.

Nutrition Services information to be verified for accuracy includes:

- Location (Name, Street Address, City, Zip)
- Frequency

#### *Service Providers of OAA Services*

Agency staff reviewed the Service Provider information entered into the case management system (Wellsky) and verified that the information listed below is current as of **3/27/2023**

- Total Providers for all Title III services (parts B/C/D/E) - 69
- Total Providers for Title III services parts B/C/D only - 65
- Total Providers for Title III services part E only - 14
- Total Providers for Home Delivered Nutrition - 4
- Total Providers for Congregate Nutrition - 4
- Total Providers for Home Delivered Nutrition AND Congregate Nutrition - 3
- Total Providers for Information and Assistance - 2

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 entered into the case management system (Wellsky) and verified that the information is current as of **3/27/2023**

X Agency staff reviewed the information on the process 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.)

Current Congregate Meal Site Locations:

<u>County</u>	<u>Address</u>	<u>City</u>	<u>Serving Days</u>	<u>Hours of Operation</u>	<u>Serving Time</u>
<b>Appanoose County</b>					
Centerville 18-80 Club	922 W. State	Centerville, IA 52544	M-F	8AM-2PM	11:30
<b>Clinton County</b>					
City Building	323 9th Ave	Camanche, IA 52730	M-F	10:00-1:00	11:30
Park Tower Apts	329 6 <sup>th</sup> Ave. South	Clinton, IA 52732	M-F	8:30-2:00	11:30
United Methodist Church of DeWitt	222 12th St.	DeWitt, IA 52742	M-F	8:30-1:00	11:30
<b>Davis County</b>					
Senior Center	109 E. Franklin	Bloomfield, IA 52537	M-F	8:00-2:00	11:30
<b>Des Moines County</b>					
Autumn Heights	2830 Winegard Dr.	Burlington, IA 52601	M-F	9:00-12:30	11:30
Grace United Methodist Church	1100 Angular St	Burlington, IA 52601	W		11:30
<b>Henry County</b>					
Salem Community Cntr	201 S. Main St.	Salem, IA 52649	M-F	9:30 - 1:30	12:00
Mt Pleasant Home Delivered Meals	operating out of the First Presbyterian church				
Winfield Veterans Community Bldg	116 N. Locust	Winfield, IA 52659	M-F	10:00 - 1:00	11:30
<b>Jefferson County</b>					
Fairfield Community Center	209 S. Court	Fairfield, IA 52556	M-F	8 AM-2 PM	11:30
<b>Keokuk County</b>					
Senior Center	214 S. Main	Sigourney, IA 52591	M-F	8:00-2:00	11:30
<b>Lee County</b>					
Newberry Center	728 Ave. G	Fort Madison. IA 52627	M-F	8:00-1:30	12:00
Heritage Center	508 Main St.	Keokuk, IA 52632	M-F	7:00 - 2:30	12:00
<b>Louisa County</b>					
Columbus Community Sr Cntr	125 E. Walnut	Columbus Junction, IA 52738	M-F	10:00-1:30	11:30
Briggs Civic Center	317 N. Water St.	Wapello, IA 52653	T, F	7:30 - 2:30	12:00
<b>Lucas County</b>					
Senior Center	117 S. Grand	Chariton, IA	M-F	8:00-2:00	11:45

		50049			
<b>Mashaska County</b>					
Senior Center	715 B Avenue East	Oskaloosa, IA 52577	M-F	8 AM-3 PM	11:45
<b>Monroe County</b>					
(Albia) Leisure Lounge	17 N. Clinton	Albia, IA 52531	M-F	8AM-2PM	11:45
<b>Muscatine County</b>					
Community Center/City Hall	104 Sand Run Rd.	Fruitland, IA 52749	Th	10-12:30	11:30
Clark House Apts - WIMS	117 West 3 <sup>rd</sup> St.	Muscatine, IA 52761	5 days	8:30-12:30	11:30
Diversity Center - DSCI	1001 Oregon St.	Muscatine, IA 52761	1st and 3rd Tues. Mar - Nov	ofc hrs	11:00
Hershey Manor	1810 Mulberry St.	Muscatine, IA 52761	M-F	9:30-12:30	11:15
Towers Apartments	106 East 6th St.	Muscatine, IA 52761	M-F	9:00-12:30	11:15
<b>Scott County</b>					
Cumberland House	2365 Tech Drive	Bettendorf, IA 52722	M/Tu/Th		11:30
Luther Manor	3118 Devil's Glen Rd.	Bettendorf, IA 52722	M-F		11:30
Spruce Hills Village	2380 Tech Drive	Bettendorf, IA 52722	Tu/W/Th		11:30
CASI	1035 W. Kimberly Rd.	Davenport, IA 52806	M-F		11:30
Edgewater on Third	401 West 3 <sup>rd</sup> St.	Davenport, IA 52801	M-F		11:30
Spring Village	3320 Spring St.	Davenport, IA 52807	M-F		11:30
Community Center	400 South 16 <sup>th</sup> Ave	Eldridge, IA 52748	M/W/F		12:00
<b>Van Buren County</b>					
Senior Center	801 Front St.	Keosauqua, IA 52565	M-F	7:00-2:00	11:30
<b>Wapello County</b>					
Penn Ave Free Methodist Church	820 E. Pennsylvania Ave	Ottumwa, IA 52501	M-F	8AM-2PM	11:30

## **Emergency Plan Summary**

X Agency staff reviewed the emergency preparedness planning and plan activation information in the plan and determined that the information is current. (No additional information is required.)

## Direct Service Requests

X The request to provide direct service(s) submitted with the SFY 2022 – 2025 Area Plan on Aging are **current**. (No additional information is required.)

## **Cost Allocation Plan**

X The Cost Allocation Plan dated March 2018 will continue to be used for SFY 2024. (No further action is needed.)

## Signed Verification of Agency Intent and Compliance

Agency Name:

(AAA) accepts full authority and responsibility to develop and administer the SFY 2024 Update to the SFY 2022 - 2025 Area Plan on Aging in accordance with all requirements of the Older Americans Act as amended through P.L. 116-131 (2020), state laws, rules, and procedures. The Parties agree that Area Plan is incorporated herein by this reference as if fully set forth in this Agreement. The AAA verifies that the following conditions are and will continue to be met:

1. The AAA agrees it will comply with the Area Plan Assurances. These assurances are available at <https://iowaaging.gov/about/area-agency-aging-professionals>. The Parties agree that Area Plan Assurances are incorporated herein by this reference as if fully set forth in this Agreement.
2. The AAA agrees it will comply with the Procurement Terms and Conditions for Services as set forth by the Iowa Department of Administrative Services. These Procurement Terms and Conditions for Services are available at <https://das.iowa.gov/procurement/terms-and-conditions>. The Parties agree that Procurement Terms and Conditions for Services are incorporated herein by this reference as if fully set forth in this Agreement.
3. The AAA agrees it will comply with the Department of Health and Human Services Standard Terms and Conditions related to Federal Financial Assistance. These Standard Terms and Conditions related to Federal Financial Assistance are <https://iowaaging.gov/about/area-agency-aging-professionals>. References to "agency" in the Standard Terms and Conditions means the Iowa Department on Aging. The Parties agree that Standard Terms and Conditions related to Federal Financial Assistance are incorporated herein by this reference as if fully set forth in this Agreement.
4. The AAA agrees it will comply with the requirements of Iowa code chapter 8F. These Terms are available at <https://iowaaging.gov/about/area-agency-aging-professionals>. The Parties agree that 8F Terms and Conditions related to Federal Financial Assistance are incorporated herein by this reference as if fully set forth in this Agreement.
5. The AAA agrees it will comply with the process and procedures described in the reporting manual. The Reporting Manual is available <https://iowaaging.gov/about/area-agency-aging-professionals>. The Parties agree the Reporting Manual is incorporated herein by this reference as if fully set forth in this Agreement.

By accepting this authority and responsibility, the area agency agrees to develop and administer the Area Plan for a comprehensive and coordinated system of service and to serve as the advocate and focal point for all Iowans 60+ years of age in the area agency's planning and service area. The Area Plan on Aging reflects input from a cross section of service providers, consumers, and caregivers that are representative of all areas and culturally diverse populations in the planning and service area; its contents are true, accurate, and incorporate the comments and recommendations of the Area Agency's Advisory Council and has been reviewed and approved by the Area Agency's Governing Body. It is acknowledged that intentional misrepresentation or falsification may result in the termination of financial assistance.



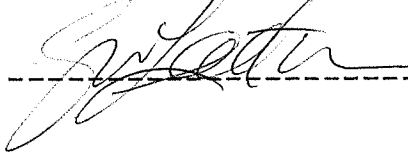
## Signed Verification of Agency Intent and Compliance

The **Advisory Council** has reviewed and commented on the SFY 2024 Update to the SFY 2022 - 2025 Area Plan on Aging, and hereby submits the SFY 2024 Area Plan Update to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

NAME OF ADVISORY COUNCIL SIGNER

Susan Leuthauser

ADVISORY COUNCIL SIGNATURE

X  4/20/2023

The **Governing Body** has reviewed and approved the SFY 2024 Update to the SFY 2022 - 2025 Area Plan on Aging, and hereby submits the SFY 2024 Area Plan Update to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

NAME OF GOVERNING BODY SIGNER

Julie Schilling

GOVERNING BODY SIGNATURE

X  4/20/23

The **Executive Director** has reviewed and approved the SFY 2024 Update to the SFY 2022 - 2025 Area Plan on Aging, and hereby submits the SFY 2024 Area Plan Update to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

NAME OF EXECUTIVE DIRECTOR

Becky J. Passman

EXECUTIVE DIRECTOR SIGNATURE

X 