

Milestones Area Agency on Aging PSA #5

SFY 2026 - 2029 Area Plan on Aging



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

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Executive Summary

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

The previous four-year plan was written and adopted in 2021, a time in which significant additional emergency funding had been allocated to expand services in response to increased consumer needs during the pandemic. By the end of SFY 2023, MAAA's additional one-time funds were fully expended. In preparation, Milestones cut services back in the effort to balance costs with the diminished budget. "Right-sizing" service delivery included closing all Iowa Cafés, initiating a wait list for home-delivered meals, and initiating a prioritization process to ensure services are targeted to those with the greatest economic or social need, or at risk of institutionalization. These efforts, however, proved insufficient for a number of reasons, including length of time necessary to implement reductions and significantly increased food, service, and general operational costs.

Throughout FY25, Milestones has implemented significant reductions and worked through financial difficulties to regain budgetary balance. As we enter this plan period, we do so with reduced staffing, reduced operational capacity, and continued high consumer need. It is a time with great potential for reimagining operations, but there is also unusually high uncertainty surrounding the aging network's federal and state funding agencies.

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

Plan Objectives, Strategies, and Activities

Goal 1: Maximize Independence –

Objective #1 seeks to increase care coordination to diverse and underserved individuals, targeting consumers in Jefferson, Monroe, and Wapello counties. This includes a project involving partnerships with RSVP and Samaritans Feet Senior program.

Objective #2 will focus on care coordination and assisting consumers transition successfully from the hospital or other care institution back to their home of choice. It will involve person-centered services and a trauma-informed care approach.

Objective #3 targets expanding ADRC partnerships to improve coordination of services for those 60+ and people with disabilities. It includes outreach to those of minority status, a demographic shows low use of these services.

Goal 2 – Improve Health and Wellness

Objective #1 involves a continued review of low-attendance congregate meal sites and expanding access to nutrition services through Iowa Café-style restaurant partnerships. Objective #2 targets those at risk for malnutrition, and places emphasis on identification and intervention, including the development of a screening tool, staff training, and nutrition counseling.

Objective #3 prioritizes reducing the risk of falls through education, awareness, and prevention. Activities include small group classes and, in rural areas where classes are not feasible, provide HARP, a personalized in-home falls prevention and home modification evidence-based program. Nutrition services and health promotion would also be provided.

Goal 3 – Improve Safety and Quality of Life

Objective #1 is to increase awareness, prevention, and reporting of elder abuse and dependent adult abuse, particularly in at risk areas with low reporting history. Increasing partner referrals and educational presentations are among the activities.

Objective #2 provides access to legal assistance, and focuses on increasing referrals through strengthened partnerships and educating staff so they can improve Legal Aid referrals.

Objective #3 strengthens emergency preparedness for care recipients and caregivers through a partnership with the Disaster PrepWise program through the University of Iowa College of Public Health.

Goal 4 – Stay Engaged and Supported

Objective #1 targets caregivers at risk for stress, depression, and financial troubles due to caregiver role through the development of community-level workgroups.

Objective #2 addresses those at risk of social isolation by piloting a new program, CircleTalk, and a program in development through Iowa State University called Virtual Singing, which uses music activity to improve brain health and motor symptoms for those living with Parkinson's Disease and is currently being tested for effectiveness for general aging population.

Objective #3 focuses on implementing strategies to ensure informal caregivers in underserved areas are aware of, and are receiving as requested, services and supports.

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

Context

The Milestones Area Agency on Aging Planning and Service Area (PSA) is comprised of seventeen counties in Eastern and Southeastern Iowa: Appanoose, Clinton, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Monroe, Muscatine, Scott, Van Buren, Wapello and Wayne. The PSA is primarily rural, with Scott County as the exception qualifying as “urban”. The PSA total 60+, non-institutionalized population is 132,741; 31.7% of this population (42,018) reside in Scott County. Following Scott County in population are Clinton (13,103), Des Moines (10,954), Muscatine (10,571), and Lee (9,731) counties. The remaining twelve counties identify 60+ non-institutionalized populations ranging from 8,943 (Wapello) to 1,945 (Wayne).

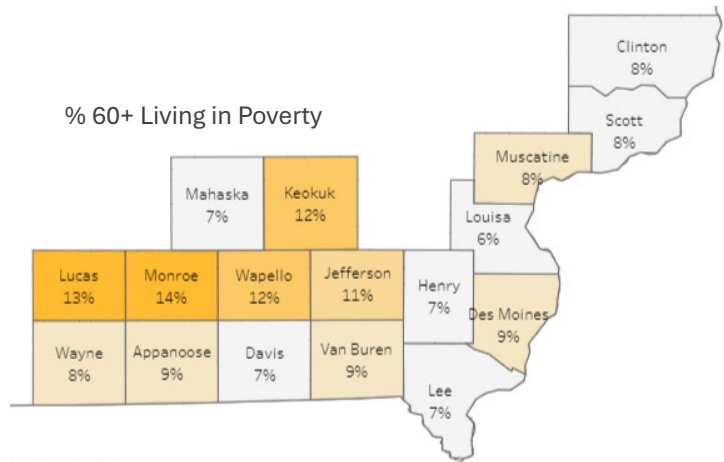
Regarding racial/ethnic composition, the PSA is 95.4% white, with the largest minority 60+ non-institutionalized population residing in Scott County (3,881). This is followed by Muscatine (1,115), Des Moines (611), Wapello (568), Lee (515) and Clinton (485); the remaining twelve counties identify minority 60+ non-institutionalized populations ranging from 275 (Louisa) to 36 (Van Buren).

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

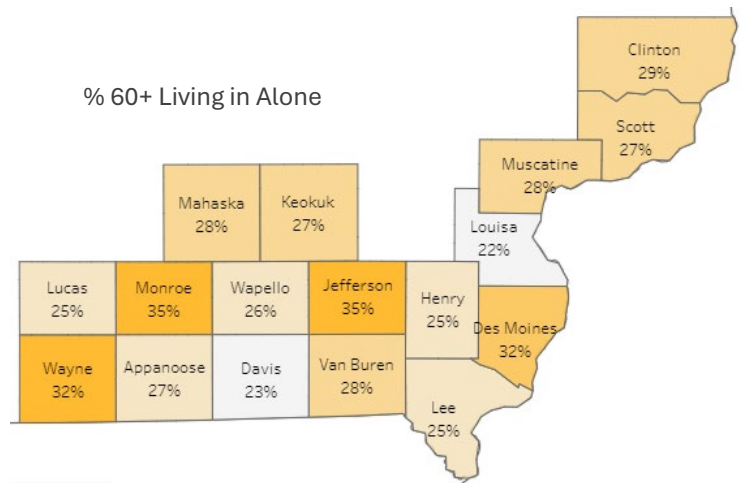
- Rural populations:** As mentioned, sixteen of the counties in the Milestones PSA are identified as “rural”, with Scott County representing the only “urban” exception.

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

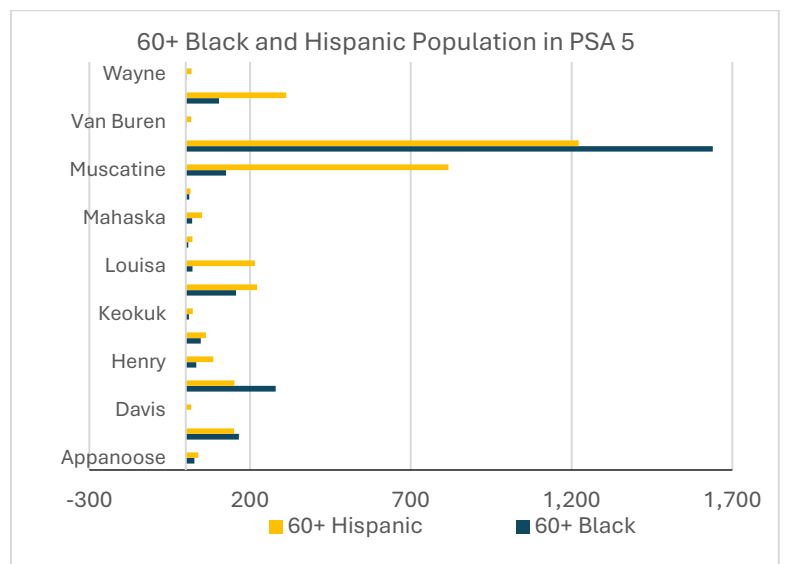
- Economically Disadvantaged 60+ populations:** The 2022 data from the ACL shows that 8.6% of adults aged 60+ live below the poverty line in our service area.



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



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



especially for older consumers.

For this reason, Milestones's partners trusted in the community are invaluable.

Methods used for needs assessment activities-

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

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

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

Section 1: Goals, Objectives, Strategies & Measures

Goal 1: Maximize Independence

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

Agency Programs, Services, & Initiatives

Data indicate that consumers in some of the most rural and economically disadvantaged communities within our PSA could benefit from increasing knowledge about services available to support them in maximizing independence and self-sufficiency within their

communities and maximizing quality of life. Options Counseling and/or Case Management services can be the link to educate and support those who are in need of services of which they are unaware or have been unable to access. By establishing partnerships with other agencies, Milestones’ social services programs can connect with new consumers. In SFY24, Milestones served a total of 288 consumers 1,108 units of Options Counseling/Case Management. In 2023, 323 people were served with 1,366 units of service. Some of the most rural counties in our PSA, served relatively few individuals in Options Counseling/Case Management. Please see the table below for information regarding the three counties where efforts will be focused. They are some of the most rural, while the most populated of the three, Wapello County, only has a total population of 35,043. We will engage in partnerships with Samaritan's Feet Seniors, RSVP, local public health departments and Milestones Nutrition programs to expand Options Counseling/Case Management awareness and accessibility to these areas. These three counties are also served by the participating RSVP. By partnering with these agencies/programs, Milestones will be able to reach more of the target populations to assess those in need, make appropriate referrals, coordinate services that include new, well-fitting shoes through Samaritan's Feet Seniors, vaccines from public health departments as well as socialization and nutrition education at our local nutrition sites or other community locations as needed.

Year	County	Number of Persons served in OC/CM	Units Provided
SFY24	Jefferson	7	51
	Monroe	0	0
	Wapello	34	103
SFY23	Jefferson	7	38
	Monroe	2	39
	Wapello	27	72
SFY22	Jefferson	11	94
	Monroe	2	9
	Wapello	34	292
SFY21	Jefferson	6	25
	Monroe	3	20
	Wapello	15	65
SFY20	Jefferson	12	102
	Monroe	4	17
	Wapello	22	116

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

As noted in the table above, consumers located in the targeted counties have not accessed services that can support them in maximizing independence in their communities of choice at a suitable level. The targeted counties were identified for this project due to the rural geographic location of the individuals living in these areas, which are also contiguous to our Ottumwa (Wapello County) office. Based on the information provided in the table above, in 2024 only 14% of the persons served and units provided of Options Counseling/Case Management were provided in the identified counties. In 2023, the numbers were even lower. Only 11% of individuals and 8% of units were provided in these locations. Milestones must improve visibility in these areas to make consumers aware of the services available to them and assist with appropriate referrals. Public relations have been limited to traditional sources including requested presentations to community groups and Facebook postings. It is believed that, by partnering with other agencies that can add value to Milestones' offerings, we can reach the targeted audience of those age 60+ who identify as living in rural and underserved areas, as well as living in poverty. The county seat, Wapello County, is among the highest in our PSA for those 60+ living in poverty at 12%, per Tableau.

Collaboration with Samaritan's Feet Seniors will offer new, well-fitting shoes to lessen the chances of falls, which can lead to hospitalizations and sometimes long-term care, or even death. According to Samaritan's Feet, over 80,000 Iowans age 65+ experienced a fall in 2021. Deaths increased as age increased. Milestones will work with Samaritan's Feet to raise funds and get sponsorships from local businesses to purchase the shoes and other items in the Hope Tote (includes socks, hygiene items and health information). Total cost per pair of shoes and tote is \$40 and will be made available to older Iowans meeting AAA criteria without cost. As part of this Value-Added project, Milestones will need to partner with local businesses and agencies to request funding to purchase the shoes and other Hope Tote items which are given to prospective consumers at no cost to them. This will heighten awareness in the local and surrounding communities. Additionally, such funding will also be used to increase awareness through local news outlets and sponsorships.

The Mission of Samaritan's Feet Seniors is "to serve and inspire hope and dignity in our aging population by providing shoes as the foundation to a spiritual and healthy life". In an extended effort to increase value and collaboration with community partners, Samaritan's Feet Seniors promotes an initiative titled "Shoes & Shots" which is "designed to provide holistic support for communities in need" by partnering with local health agencies and organizations to provide essential vaccines at the same time shoes and shoe accessories are provided. Milestones will work in collaboration to secure public health departments or private healthcare agencies to make vaccines available, thereby also expanding our reach to targeted populations. These services can be provided at Milestones' congregate sites where available, making a nutritious meal, nutrition counseling and socialization available, as well. Through these partnerships, we expect to reach those age 60+ who may have not been previously well informed about Milestones or the needed services that are available to them.

What we are doing...

Strategy: 1.4b - Provide Case Management to provide Options Counseling to increase the capacity of individuals to live independently within their community of choice.

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

Activities:

Milestones will utilize volunteers and will work to partner with other agencies to assist in identifying individuals who may need support or services within their own communities. Milestones will seek partnership with RSVP (Retired and Senior Volunteer Program) and public health agencies in the three-county area with the Samaritan's Feet Seniors program as a way to persuade attendance to learn more about the options available to support them. This program works to provide well-fitting shoes to older adults to support "health and well-being, the ability to live independently, community involvement, and economic stability." In collaboration with RSVP, Public Health, Milestones' Nutrition Program and others as needed, Milestones Social Services will work with Samaritan's Feet to make proper fitting shoes, vaccines and Options Counseling/Case Management available to those in rural areas. We will focus on Wapello, Jefferson, and Monroe counties, which indicated low utilization of these services as related to other counties in our PSA throughout 2020-2024 and where we have an established partnership with RSVP to assist with volunteers and other tasks.

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

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

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

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

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

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

Area(s) of Focus:

For purposes of this program, we will primarily focus on Wapello, Jefferson, and Monroe counties, which indicate low utilization of Options Counseling/Case Management in SFY23 and SFY24. Support from the Wapello County RSVP is expected after an open conversation with partner staff. These also make up some of our most rural and economically disadvantaged counties.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	<p>#1: 1.4 - #/% of populations/area in greatest need consumers referred to Case Management.</p> <p>#2: 1.4 - Total # of consumers referred to Case Management.</p> <p>#3: 1.4 - Other (Please explain.)</p>	<p>#1: 1.4 - #/% of populations/areas in greatest need enrolled in Case Management services for at least a year or longer.</p> <p>#2: 1.4 - Total # of consumers enrolled in Case Management services for at least a year or longer.</p> <p>#3: [Choose an item.]</p>	<p>#1: 1.4 - #/% of populations/areas in greatest need who are enrolled in community-based services.</p> <p>#2: 1.4 - Total # of consumers who are enrolled in community-based services.</p> <p>#3: [Choose an item.]</p>
SFY 2026 Targets	<p>#1: 15 consumers</p> <p>#2: 4 consumers</p> <p>#3: Click or tap here to enter text.</p>	<p>#1: 4 consumers</p> <p>#2: 7 consumers</p> <p>#3: Click or tap here to enter text.</p>	<p>#1: 4 consumers</p> <p>#2: 4 consumers</p> <p>#3: Click or tap here to enter text.</p>

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

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

Why it matters...

According to an AARP survey, 77% of adults 50 and older want to stay in their homes as they age for multiple reasons, including financial security, attachment to home/neighborhood, having support. Medicare.gov encourages those in long term care who wish to return to their home and community of choice to look into the care and services needed and available resources.

Various care managers, including Options Counselors, Case managers, and Family Caregiver Specialists, will work together to assist those in long-term care settings and/or hospital stays to safely return or relocate to their communities with the supports they need in place.

What we are doing...

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

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

Activities:

Milestones Options Counselors, Case Managers and other program specialists (Family Caregiver, Elder Abuse and Prevention) will participate in continuous quality improvement to increase knowledge and to better learn the benefits available to the targeted individuals. To deliver the highest quality of person-centered services, those services will be-trauma informed and culturally sensitive across the social services spectrum.

Knowledge on trauma-informed care will be transferred to all MAAA Care Managers through the resources offered at “Trauma-Informed Care: Implementation Resource Center” by the Center for Health Care Strategies (<https://www.traumainformedcare.chcs.org/>). Team members will initially learn the principles (safety, trustworthiness + transparency, peer support, collaboration, empowerment and humility + responsiveness) and basics, such as “Understanding the Effects of Trauma on Health”, “10 Key Ingredients for Trauma-Informed Care”, Laying the Groundwork for Trauma-Informed Care” and “What is Trauma-Informed Care?”. This information will be provided monthly at Social Services department meetings and

may be presented through a Zoom or Microsoft Teams link. The team will discuss each topic and examples of how trauma-informed care has been or will be used in past or current cases. New Social Services team members will be provided with information on the principles and basics as part of orientation. Along the same lines, the Social Services department team will be required to complete the “Improving Cultural Competency for Behavioral Health Professionals” course through HHS.gov (“Think Cultural Health”) and receive a Statement of Participation. The course requires 4-5.5 contact hours. Team members will complete the course electronically and provide the afore-mentioned statement of participation to their supervisor and HR. It is expected that these requirements will be met by all team members within the first fiscal year of the Area Plan, and subsequent refresher courses will be assigned and reviewed by the Social Services Director. These activities will provide knowledge transfer that are high quality and effective in providing MAC allowable assistance to those who are applying for state and/or other benefits to prevent institutionalization by allowing older lowans to stay in their homes and communities of choice.

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

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

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

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

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

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

Area(s) of Focus:

For this objective, MAAA will focus on Scott, Clinton, and Muscatine counties—our three largest counties—to reach the highest number of those in need. Scott County has the largest population with a total of 173,924, while Clinton County has 46,344 and Muscatine County’s population is 42,377 per the 2020 census. These three counties make up 53% of the total population of all 17 counties served in our PSA.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 1.3 - #/% of AAA staff who are able to claim MAC allowable activities. #2: [Choose an item.] #3: [Choose an item.]	#1: 1.3 - Agency achieves a MAC rate of at least 25%. #2: [Choose an item.] #3: [Choose an item.]	#1: 1.3 - Total # of consumers who received application assistance who are now receiving state benefits. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 5 staff members #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 2 quarters per fiscal year #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 6 consumers #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure(s) (if selected):
Click or tap here to enter text.
- Explanation of logic used to develop SFY 2026 targets:
Milestones had an average MAC rate of 24% for FY24 and is at 22% for the first two quarters of FY25, based on Tableau. Once staffing is stabilized and with more aggressive attention, we believe that 25% can be accomplished. With a focus on completion of applications, at least two per county with a total of 6 consumers who are assisted with applications could receive needed benefits.

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

Why it matters...

Milestones will develop and strengthen partnerships within our PSA to make available services better known to older adults of minority status. Though only 10.4% of Iowans are estimated to be minorities (U.S. Census Bureau QuickFacts), and 5.7% of older Iowans identify as minority status (grantsforseniors.org), it is a segment of the population that is not as easily accessible to information, especially if there are language or other barriers, when support services are publicly promoted. Milestones will get more connected to other agencies that focus services on minority populations. According to the U.S. Census Bureau, 4.5% of the minority population in Iowa is black while those of Hispanic or Latino ethnicity make up 7.4% of the population based on estimates dated July 1, 2024.

What we are doing...

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

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

Activities:

The Social Services team at Milestones will reach out to agencies that are identified as working or socializing with those of minority status to offer and present information about services available to them. This will include all team members who will promote their individual services, including Information and Assistance, Options Counseling, Case Management, Family Caregiver, and Elder Abuse Prevention and Awareness, and will include the Social Services Program Director, as well, as appropriate.

Partnership invitations will be extended to organizations such as the Diversity Center in Muscatine County, TBMC at the Lincoln Resource Center, the QC Empowerment Network, One Human Family QCA in Scott County and the Community & Economic Development Extension through Iowa State University (Himar Hernandez) in Wapello County. Additionally, we will reach out to various ethnic churches, LULAC (League of United Latin American Citizens) clubs and/or other appropriate settings. Milestones staff will setup and staff booths at various community events tailored to minorities such as Juneteenth, Martin Luther King Day Festival, Mexican Independence Day, Viva Ottumwa International Festival and others

The services and referral sources will be outlined, including but not limited to legal services, homemaker and chore services, personal emergency response systems, caregiver counseling, respite care, behavioral health supports and transportation.

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

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

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

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

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

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

Area(s) of Focus:

Though we will maintain or expand No Wrong Door Access in all counties in the PSA, special emphasis will be placed on the counties with the highest percentage of 60+ Minority population according to information from HHS in Tableau. Muscatine County at 10%, Scott County at 9%, Louisa County at 8% and Wapello County at 6% are the four counties within the PSA that will be the areas of focus.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 1.1 - #/% of populations/area(s) in greatest need consumers receiving Information and Assistance. #2: 1.1 - Total # of consumers receiving Information and Assistance. #3: [Choose an item.]	#1: 1.1 - #/% of populations/areas in greatest need consumers who indicate they received the information they were seeking. #2: 1.1 - Total # of consumers who indicate they received the information they were seeking. #3: [Choose an item.]	#1: 1.1 - #/% of populations/areas in greatest need who received Information and Assistance and are also enrolled in at least one additional OAA service. #2: 1.1 - Total # of consumers who received Information and Assistance and are also enrolled in at least one additional OAA

	What We Do	How Well We Do It	Is Anyone Better Off?
			service. #3: [Choose an item.]
SFY 2026 Targets	#1: 30 consumers #2: 50 consumers #3: Click or tap here to enter text.	#1: 28 consumers #2: 48 consumers #3: Click or tap here to enter text.	#1: 10 consumers #2: 10 consumers #3: Click or tap here to enter text.

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

Statewide Performance Measures

Measure	Purpose	SFY 2025 Target	SFY 2025 Results as of 3/31/2025	SFY 2026 Target
#/% of Information and Assistance callers indicating they received the information they were seeking.	To assess and provide information appropriate to the caller's need (from caller's perspective).	Number: n/a Percentage: 95%	Number: 2130 consumers Percentage: 99%	Number: Click or tap here to enter text. Percentage: 95%
#/% of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need.	To evaluate the success of the service to assist individuals to make informed choices about long-term services and supports.	Number: n/a Percentage: 90%	Number: 72 consumers Percentage: 100%	Number: Click or tap here to enter text. Percentage: 90%
#/% of Case Management cases closed because Case	To determine whether Case Management consumers	Number: n/a Percentage:	Number: 2 cases Percentage:	Number: Click or tap here to enter text.

Measure	Purpose	SFY 2025 Target	SFY 2025 Results as of 3/31/2025	SFY 2026 Target
Management service was no longer needed.	receive supports and services for as long as they need or desire them in order to remain in their residence of choice.	80%	100%	Percentage: 90%
Average number of months a Case Management consumer experiencing independent living impairments is able to remain safely at home prior to transitioning to facility.	To determine whether Case Management consumers receive supports and services for as long as they need or desire them in order to remain in their residence of choice.	Number of months: 20 months	Number of months: 30 months	Number of months: 17 months

Goal 2: Improve Health and Wellness

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

Agency Programs, Services, & Initiatives

Milestones provides nutrition services throughout the 17-county service area that support health and wellness. Meals are offered both as home delivered for homebound older adults and in congregate settings. In 2021, a new program that partners with restaurants, called Iowa Café, was initiated. While most of these partnerships ended due to funding restraints, this service model will be revisited with increased guidelines to ensure that services reach those with the greatest need. In addition to meals, the Milestones nutrition program offers nutrition education and nutrition counseling to provide information services to older adults that support healthy aging.

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

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

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

Why it matters...

Senior nutrition services are well documented to aid in lowering risk of institutionalization. A 2024 study published by the WellSky Foundation found that receiving home delivered meals reduced hospitalization rates for older adults by 85%. Meals provide 1/3 the daily recommended nutrients established by the FDA for older adults and provide social connection both directly in the case of congregate meals, but also with interactions with the delivery staff for home delivered meals. 93% of home delivered meal participants surveyed in 2024 said that they ate healthier due to receiving the meals. 95% said they felt a greater sense of social connection as a result of volunteers delivering meals.

What we are doing...

Strategy: 2.2h - Other (Please explain.)

- Explanation of Other Strategy (if selected):
Adjust service offerings to address barriers and/or meet consumer needs, including the use of restaurants as providers.

Activities:

In areas where participation at traditional sites has declined, the Iowa Café model shows promise as an alternative method for providing vital nutrition to older adults. These restaurant partnerships address common barriers to participation including - limited serving times, stigma of participating in perceived charity services, and menu choice/meal acceptance rate. The choice in menu can also allow older adults to choose menu items that meet their dietary needs, for example low-carb, low-fat, or vegetarian. The agency will review the PSA for meal sites with fewer than 10 regular attendees and evaluate for possibility of Iowa Café as an alternative and review the viability of restaurants for partnership.

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

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

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

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

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

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

Area(s) of Focus:

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

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 2.2 - Total # of consumers who received meals through the congregate nutrition program. #2: [Choose an item.] #3: [Choose an item.]	#1: 2.2 - #/% of congregate nutrition consumers served who indicate during intake they are at higher nutrition risk. #2: [Choose an item.] #3: [Choose an item.]	#1: 2.2 - #/% home delivered nutrition consumers served who indicate during intake they are food insecure. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 1000 consumers #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 20% #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 20% #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
Click or tap here to enter text.
- Explanation of logic used to develop SFY 2026 targets:
Targets were set utilizing demographic data provided by Iowa HHS through Tableau which show living alone and poverty as widespread concerns in the Milestones PSA

and through FY24 and partial FY25 service delivery for feasibility with current resources.

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

Why it matters...

Older adults are at higher risk of malnutrition which puts them at higher risk of hospitalization, frailty, and loss of independence. Identifying those who are at risk of malnutrition is the first step in connecting them with resources that can reduce these risks.

What we are doing...

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

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

Activities:

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

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

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

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

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

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

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

Area(s) of Focus:

Malnutrition is a risk for older adults across the PSA, however, fewer alternative resources are available in the most rural counties including Keokuk, Lucas, Monroe, Wayne, Appanoose, Davis, Van Buren, Jefferson, Henry, Lee, and Louisa. Most rural counties identified as those with no population centers of 20,000 or more.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 2.3 - Total # of nutrition consumers who are receiving OAA Nutrition Counseling. #2: [Choose an item.] #3: [Choose an item.]	#1: 2.3 - #/% of consumers who screen "more at-risk" for malnutrition and/or high nutrition risk score within initial intake to enroll within OAA nutrition services. #2: [Choose an item.] #3: [Choose an item.]	#1: 2.3 - #/% home delivered nutrition consumers served who indicate during intake they are at higher nutrition risk of food insecurity or malnutrition. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 12 consumers #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 100 consumers / 40% #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 200 consumers / 35% #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):

Click or tap here to enter text.

- Explanation of logic used to develop SFY 2026 targets:
For targets measured in past reporting years, the previous service deliveries were used. For targets not previously measured, the target is set at 0 until the baseline is established.

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

Why it matters...

Milestones EBP are in alignment with falls data. Falls are the leading cause of injury for adults ages 65 years and older, and a significant concern for Iowans, especially with Iowa's aging population. Falls are the second leading cause of injury deaths in Iowa for all ages. They're also the leading cause of injury hospitalizations and emergency visits in the State. One out of 10 falls results in an injury that causes the older adult to restrict their activities for a day or more or to seek attention from the healthcare system. Age-related changes like muscle weakness, decreased bone density, and impaired balance make older adults more susceptible to severe injuries from falls, especially hip fractures which can require extensive recovery. And falls are the most common cause of traumatic brain injuries. Falls are a threat to the health of older Iowans and can reduce their ability to remain independent. However, many falls can be prevented. Education and prevention efforts can save money and lives. Prevention services help people recognize and manage health problems early, when treatment is most effective. Barriers to utilizing services include lack of awareness about the availability and importance of prevention programs, both by healthcare and older adults; financial constraints, transportation, and required restrictions on how licensed programs are delivered. As an area with both urban and rural/remote communities, the focus for Milestones is on reaching underserved communities where there are fewer resources such as trained facilitators and qualified community partners. Evidence-based programs are a mandated services for their proven effectiveness and documented outcomes for participants.

What we are doing...

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

- Explanation of Other Strategy (if selected):

Click or tap here to enter text.

Activities:

Offering a variety of EBP for falls prevention and health promotion is intentional strategy to increase participation in effective interventions. The Milestones website: <https://www.milestonesaaa.org/wellness-programs/> is a resource for what is currently offered and to pre-enroll, as well as inquire for person-centered outreach about a program of interest and/or suitability. To address barriers to accessibility for EBP, activities also include identifying and supporting potential community partners in prioritized counties to obtain training to provide EBP in locations underserved by Milestones through voluntary or contracted partnerships with Public Health, Extension Service, qualified Community Volunteers, or Clinicians (where/if required). We contract with community-based occupational therapy to deliver person-centered multi-disciplinary Home Hazard Removal Program (HARP) for older lowans in remote and rural communities where class series are not practical or feasible due to enrollment requirements, staffing, and travel requirements. HARP is also provided for referred Iowa Total Care beneficiaries with pilot grant funding from ITC. Increased options for evidence-based programs include focusing on new (not previously offered) shorter interventions to address barrier(s) expressed by participants to enrollment. Interest, demand, and commitment is declining to long class series. Expansion includes identifying and supporting Spanish-speaking Leaders to be trained for Stepping On program (funded by University of Iowa Healthcare grant) to reach OAA prioritized population in Muscatine County. In tandem, supplemental health promotion programs are offered such as health screenings utilizing clinical partners. Health promotion information relevant to OAA prioritized populations is distributed, with priority to those receiving home-delivered nutrition services. To ensure quality of all supplemental programs (non-evidence based) to address social isolation, increase physical activity, and improve wellness to reduce negative health outcomes, Milestones seeks and supports partnerships with research-based entities such as (but not limited to) University of Iowa Healthcare, Iowa State University, St. Ambrose University, Iowa Total Care, Telligen to name a few. We connect older adults seeking programs not offered by Milestones to networked providers via Iowa HUB, Iowa State Extension, Public Health, other AAAs, etc.

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

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

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

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

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

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

Area(s) of Focus:

Spanish-speaking falls prevention in Muscatine County zip codes 52761, 52776 plus Louisa County zip code 52738. Falls prevention HSOA program for the following counties: Lee, Van Buren, Davis, Appanoose, Mahaska, Keokuk, Jefferson, Louisa, Muscatine. HARP for all counties from Iowa Total Care funded referrals with additional priority given to rural older lowans in Lucas, Mahaska, Wayne, Davis, Monroe, Appanoose, Keokuk, Jefferson, Van Buren. MOB program for the following counties: Clinton, Scott, Muscatine. TCA for the following counties: Clinton, Scott, Muscatine, Des Moines.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 2.4 - Total # of OAA consumers who are referred to evidence-based falls prevention programming. #2: [Choose an item.] #3: [Choose an item.]	#1: 2.4 - #/% of populations/areas in greatest need consumers who enroll in evidence-based falls prevention programming. #2: [Choose an item.] #3: [Choose an item.]	#1: 2.4 - Total # of consumers who complete evidence-based falls prevention programming. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 100 consumers enrolled #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 100 consumers enrolled #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 70% overall completion rate #2: Click or tap here to enter text. #3: Click or tap here to enter text.

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

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

Statewide Performance Measures

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

Goal 3: Improve Safety and Quality of Life

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

Agency Programs, Services, & Initiatives

Milestones' EAPA program takes opportunities to educate the public in elder abuse protection and awareness in events. EAPA staff continue to participate in the monthly MDT (Multi-Disciplinary Team) meetings, which is comprised of representatives from social services and law enforcement agencies to find solutions for difficult cases of alleged abuse, self-neglect and homelessness. In FY24 the EAPA program assisted a total of 86 consumers, of which 47 were cases of self-neglect primarily in the form of unsuitable housing, loss of utilities, or evictions. Most of these were in our most populated area, Scott County. We see a need to reach out to the more rural areas to ensure that understanding of issues and options are further wide-spread. The NSA Rural LE Resource Guide ("Elder Abuse: The Rural Response" Law Enforcement Handbook, 2018) reports that the challenges for rural service providers include staff shortages, geographic distances, inability to attract strong talent, professional isolation, terrain and weather conditions, and ethics and confidentiality.

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

Why it matters...

The EAPA program has served an increasing number of consumers from 2022 to 2024. In SFY24, there were 165 consumers served across the PSA, up from 155 in FY23 and 109 in FY22. These numbers are reflective of the utilization of Covid funds in FY21-23, which resulted in serving the need. The goal is to reach more individuals experiencing abuse in areas that have not previously reported incidents, despite the likelihood that abuse can be expected to have occurred.

What we are doing...

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

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

Activities:

Milestones will develop partnerships with local community agencies in some of our most rural areas, including Davis, Lucas and Wayne counties, indicating gaps. None of these counties reported any elder abuse cases to Milestones in FY18-24. Additionally, we will target Scott County, which has reported the majority of cases in the PSA. Educational information and presentations will be provided in these counties in coordination with partners, such as local community action agencies, churches, nutrition sites, housing coalitions, among others.

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

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

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

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

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

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

Area(s) of Focus:

For this strategy, we will focus on Scott County where the majority of cases are reported, and on Davis, Lucas and Wayne counties where data indicates very few reports of elder abuse, possibly due to a lack of awareness of resources. According to the Institute for Community Alliances, Scott County has the second highest number of people experiencing homelessness in the state, so efforts will be focused here. Though these numbers are not specific to those age 60+, research shows that “while the population in the United States is aging overall, the population experiencing homelessness is aging at a significantly higher rate than the population as a whole (“Aging Homeless: Shifting demographics of lowans experiencing homelessness”, Ehren Stover-Wright, PhD, Institute

for Community Alliance, 2022). Specific to Milestones, we saw 47 such cases just in FY24 reported as self-neglect.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 3.1 - Total # of consumers provided with EAPA Consultation. #2: 3.1 - #/% of populations/areas in greatest need consumers provided with EAPA Consultation. #3: [Choose an item.]	#1: 3.1 - # of and type of public education trainings to identify and prevent abuse of older individuals. #2: 3.1 - #/% of referrals made to EAPA program by referral source. #3: [Choose an item.]	#1: 3.1 - #/% of EAPA consumers report they feel safe from abuse. #2: 3.1 - #/% of EAPA consumers who report their quality of life has improved. #3: [Choose an item.]
SFY 2026 Targets	#1: 10 consumers #2: 4 consumers #3: Click or tap here to enter text.	#1: 8 consumers #2: 3 consumers #3: Click or tap here to enter text.	#1: 8 consumers #2: 6 consumers #3: Click or tap here to enter text.

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

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

Why it matters...

Legal aid is important to older adults in Iowa for various reasons, including shelter (questions about where to live), food (questions about adequate food), services available to them, public benefits, independence (questions about how to maintain their independence), incapacity (questions about how to exercise legal rights if they become incapacitated), abuse (how to respond to abuse), eligibility (for long term care or Medicare) and property (tax credits or powers of attorney), for example. (State Library of Iowa).

What we are doing...

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

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

Activities:

A representative from Iowa Legal Aid will be asked to present information and strategies to Milestones Care Managers to assist in their understanding of legal issues faced by persons served on an annual basis. Care Managers will review issues with persons served and make appropriate referrals to Iowa Legal Aid or other legal representatives as appropriate. Care Managers will also partner with others in the community to promote awareness to improve knowledge on legal issues such as such as evictions, tenant rights, powers of attorney (POW's), guardianships, citizenship and other legal rights. Partnerships with agencies such as the Diversity Center, community action organizations, community health centers, county public health agencies and retirement homes.

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

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

Populations in Greatest Social Need: Persons 60+ with language barriers

- Explanation of Other or Sub Population (if selected.):

Click or tap here to enter text.

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

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

Area(s) of Focus:

For purposes of reaching the target population of those with language barriers, Louisa and Muscatine will be the focus areas for this objective. Per Tableau, these counties have the highest populations of those 60+ with limited English proficiency. Though only estimated at 4% and 2% respectively, it is important that better understanding of legal issues is made available as they work to understand their rights.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 3.2 - Total # of consumers referred to OAA legal assistance. #2: 3.2 - #/% of populations/areas in greatest need consumers referred to OAA legal assistance. #3: [Choose an item.]	#1: 3.2 - Total # of consumers who received OAA legal assistance. #2: 3.2 - #/% of populations/areas in greatest need consumers who received OAA legal assistance. #3: [Choose an item.]	#1: 3.2 - Total # of consumers who indicate a change in knowledge, skills, and/or behaviors after receiving education on legal issues. #2: 3.2 - #/% of populations/areas in greatest need consumers who indicate a change in knowledge, skills, and/or behaviors after receiving education on legal issues. #3: [Choose an item.]
SFY 2026 Targets	#1: 7 consumers #2: 5 consumers #3: Click or tap here to enter text.	#1: 5 consumers #2: 4 consumers #3: Click or tap here to enter text.	#1: 5 consumers #2: 4 consumers #3: Click or tap here to enter text.

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

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

Why it matters...

Many individuals that we serve have limited means, often live alone and may have cognitive issues or be susceptible to anxious concern when confronted with emergency situations. Extended family often does not live close at hand, or they may have no family at all upon whom to call. Some have been reliant on others, especially women of a certain generation, who have taken care of others but have had little experience – or now have reduced capacity - to manage natural disasters or emergency situations alone. Our goal is help give our consumers the tools and confidence to be prepared in case of emergency or natural disaster.

What we are doing...

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

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

Activities:

Milestones will continue in partnership with the Disaster PrepWise program and ensure that Options Counselors are trained on the materials and know how to make referrals as needed to program representatives. We will also arrange for a training for OC/CM staff with the Disaster PrepWise representatives to ensure that they fully understand the program and its components, and that they are supplied with the most up-to-date Disaster PrepWise toolkit. The goal will be for staff to confidently explain the program and its benefits, assist consumers themselves, or make referrals to Disaster PrepWise staff, depending upon the circumstance.

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

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

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

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

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

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

Area(s) of Focus:

All counties served throughout Milestones' 17-county PSA.

How we measure impact...

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

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

Statewide Performance Measures

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

Goal 4: Stay Engaged and Supported

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

Agency Programs, Services, & Initiatives

“Limited social connectedness in older adults is a risk factor for poor physical and mental health”, according to the National Library of Medicine. “Older adults who are socially isolated, lonely and disconnected have a higher risk of chronic illness, depression and premature death. Current literature suggests that improved social connectedness reduces these risks.” SeniorNavigator offers twelve ideas for older adults to stay socially connected,

Milestones served 465 consumers in Caregiver Services in FY2024 and sees a continuing need. Respite services to allow for time away from the individual needing care have proven to be a successful way to give caregivers time to rejuvenate and focus on self-care. Support groups offer a way for them to express their frustrations and get insight from others who share their situation. Mayo Clinic offers information on their website that discusses caregiver stress and ways to take care of oneself. They report that about 1 in 3 adults in the U.S. is an informal or family caregiver, and that caregivers report a higher level of stress than those who are not responsible for caring for another. Support groups, social support, and getting connected are some of the suggestions made. Caregivers must take care of themselves in order to be able to take care of their loved one/family member.

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

Why it matters...

The long-term stress of caregiving can lead to serious health problems, as outlined by the U.S. Department of Health and Human Services Office on Women’s Health. Some examples are depression and anxiety, a weak immune system, obesity, higher risk of chronic diseases and problems with short-term memory. Caregivers’ own health not withstanding it is important for a caregiver to manage their own mental, emotional and physical health so they can provide better care to the recipient for a longer amount of time.

What we are doing...

Strategy: 4.3h - Develop community-level workgroups to address stress, depression, and financial cost burden for caregivers.

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

Activities:

Milestones staff will initiate and develop collaboration and partnerships with identified community members and organizations to establish workgroups to specifically address stress, depression and financial cost burden to caregivers. We will establish partnerships with other community resources including churches, retirement homes, employment services, banks and other financial institutions, behavioral health and home health agencies, and/or other providers of aging services. Milestones staff will assemble the workgroups in each area and prepare agendas to keep the groups on task by developing Action Plans. Family caregivers will be included in each workgroup. These groups will be established within the first two fiscal years of the Area Plan and expand as needed thereafter.

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

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

Populations in Greatest Social Need: Persons 60+ living with chronic health conditions

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

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

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

Area(s) of Focus:

For this strategy, we will focus on Scott, Des Moines and Wapello Counties where we already have a greater presence and more networking opportunities. We will seek partnerships with organizations and people within our multi-disciplinary groups, churches and other community-minded businesses.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 4.4 - Other (Please explain.) #2: [Choose an item.] #3: [Choose an item.]	#1: 4.4 - Other (Please explain.) Number of workgroups that establish a plan to address caregiver issues #2: [Choose an item.] #3: [Choose an item.]	#1: 4.4 - Other (Please explain.) Number of initiatives from completed workgroup Action Plans. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 9 organizations #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 1 workgroup #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 3 initiatives #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
of support organizations who agree to partner in workgroup project.
- Explanation of logic used to develop SFY 2026 targets:
Initial target of 3 partner organizations per MAAA office area (Burlington, Davenport, Ottumwa).

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

Why it matters...

The U.S. Surgeon General report released in 2023 identified loneliness and social isolation as not just emotional issues but also contributes to serious health problems, including increased risk of heart disease, stroke, dementia, and premature death. Researchers compare the physical health impact of isolation to that of smoking 15 cigarettes a day. The impact of isolation and loneliness can increase cognitive impairment as well. Documented

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

What we are doing...

Strategy: 4.1e - Pilot a new or emerging program that will address social isolation within evidence-based health programs and/or congregate nutrition services.

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

Activities:

CircleTalk is a research supported, field-tested social engagement program from Telligen that disrupts isolation and loneliness. It is relationship focused and facilitated by trained leaders and structured to be submitted for OAA funded evidence-based approval. An additional activity is in partnership with Iowa State University faculty in music therapy and neuroscience. We have access to a program involving singing to benefit brain health and motor symptoms like tremor and gait for older adults.. The Music activity was developed for persons living with Parkinson’s Disease and is being pilot tested for effectiveness in the general aging population.

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

- Explanation of Other or Sub Population (if selected.):
Older adults age 60+ who experience loneliness and/or social isolation.

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

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

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

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

Area(s) of Focus:

17 counties in PSA 5

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 4.4 - Other (Please explain.) #2: [Choose an item.] #3: [Choose an item.]	#1: 4.1 - # of health promotion evidence- based classes delivered. #2: [Choose an item.] #3: [Choose an item.]	#1: 4.1 - #/% of populations/areas of greatest need consumers who completed evidence- based health promotion programming. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 5 social engagement programs scheduled/offered. #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 5 class series delivered #2: Click or tap here to enter text. #3: Click or tap here to enter text.	#1: 30 consumers enrolled #2: Click or tap here to enter text. #3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
Older adults age 60+ who live in rural remote communities and at risk for social isolation, loneliness based on intake data.
- Explanation of logic used to develop SFY 2026 targets:
Service targets are based on data from past performance, feedback from consumers, limited staffing based on funding, fidelity requirements for licensed program, restricted funding sources and collaboration commitments, and overall cost-effectiveness of program delivery.

Objective #3: 4.2: Ensure services and supports are available to informal caregivers in underserved areas.

Why it matters...

Limited awareness, geographic barriers, language barriers, cultural considerations and financial constraints can all make it difficult for caregivers to find support in underserved communities. An article from The NIH National Library of Medicine states “The community can [also] play an important role in terms of providing support and services to ‘hard to reach’ caregivers, such as those who live in rural locations, ethnic/racial minorities, or those who have no other source of support for the care recipient and are often unaware of or have difficulty accessing available resources and sources of caregiver support.” Milestones has seen some success in improving an understanding of dementia and respect for those with dementia in order to better support older lowans with dementia and their caregivers.

What we are doing...

Strategy: 4.2c - Train external key community partners to increase referrals of populations/areas in greatest need to Caregiver/ORC services.

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

Activities:

Milestones has had some involvement with Dementia Friends and values the principles in utilizing this education and information in supporting those with dementia and their caregivers. The Social Services department currently has one Dementia Friends Champion who provides 5-6 presentations per year. Most staff members are trained to be Dementia Friends. The University of Iowa states on their Iowa Geriatric Education Center website that “Dementia Friendly Iowa promotes change and education in communities across Iowa to create a more informed, safe, and respectful place for people living with dementia and their caregivers. As the number of people living with dementia in our state increases, so must public awareness and ability to serve this population in the state of Iowa.” Milestones will increase the number of Dementia Friends Champions to at least three- one in each office location who will be expected to provide Dementia Friends training in underserved communities at least quarterly.

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

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

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

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

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

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

Area(s) of Focus:

Henry County and Louisa County will be the focus of the Dementia Friends Champion out of the Burlington office, Muscatine and Clinton Counties will be the focus of the Dementia Friends Champion in the Davenport office, and Jefferson and Van Buren Counties will be the focus of the Dementia Friends Champion in the Ottumwa office. These counties all show lower number of consumers and units provided of caregiver services in SFY24.

How we measure impact...

	What We Do	How Well We Do It	Is Anyone Better Off?
Measures	#1: 4.4 - #/% of caregivers who are caring for someone with Alzheimer's disease or related disorders with neurological or organic brain dysfunction and referred for Caregiver/ORC services. #2: [Choose an item.] #3: [Choose an item.]	#1: 4.4 - #/% of caregivers who have received information on how to care for someone with Alzheimer's disease or related disorders with neurological or organic brain dysfunction. #2: [Choose an item.] #3: [Choose an item.]	#1: 4.4 - #/% of caregivers with care recipients who live with Alz. Disease and related disorders with neurological and organic brain dysfunction that are enrolled in at least one or more OAA services. #2: [Choose an item.] #3: [Choose an item.]
SFY 2026 Targets	#1: 12 caregivers #2: Click or tap here to enter text.	#1: 50 caregivers #2: Click or tap here to enter text.	#1: 6 caregivers #2: Click or tap here to enter text.

	What We Do	How Well We Do It	Is Anyone Better Off?
	#3: Click or tap here to enter text.	#3: Click or tap here to enter text.	#3: Click or tap here to enter text.

- Explanation of Other Measure (if selected):
Click or tap here to enter text.
- Explanation of logic used to develop SFY 2026 targets:
The number of consumers reached by congregate and home delivered services as well as the number of units per consumer served is projected to decrease as limited agency funding is prioritized to those in greatest social and economic need.

Statewide Performance Measures

Measure	Purpose	FY2025 Target	FY2025 Results as of [Ender Date]	FY2026 Target
#/% of congregate nutrition consumers who score 6 or higher for being at-risk for social isolation during intake.	To determine whether congregate meal consumers who may be socially isolated have the opportunity to socialize in their community.	Number: N/A Percentage: N/A	Number: N/A consumers Percentage: N/A	Number: 60 consumers Percentage: 10%
#/% of home delivered nutrition consumers who score 6 or higher for being at-risk for social isolation during intake.	To determine whether home delivered meal consumers who may be socially isolated receive regular contact with a meal delivery person.	Number: N/A Percentage: N/A	Number: N/A consumers Percentage: N/A	Number: 80 consumers Percentage: 20%
#/% of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role.	To determine whether case management and respite services provide caregivers the supports and services they need to continue to provide informal care to care recipients.	Number: n/a Percentage: 97%	Number: 43 consumers Percentage: 100%	Number: 45 Percentage: 97%

Section 2: Service Projections

SFY 2026 Projected Consumers and Service Units

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

Service		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
1: Personal Care	Gen. Aging	1200	35				
2: Homemaker	Gen. Aging	1500	50				
3: Chore	Gen. Aging	30	10				
4: 60+ Home Delivered Nutrition	Gen. Aging	87000	986				
5: Adult Daycare/Health	Gen. Aging	214	9				
6: 60+ Case Management	Gen. Aging	500	55				
7: 60+ Congregate Nutrition	Gen. Aging	46817	1,037				
8: Nutrition Counseling	Gen. Aging	1	1				
9: Assistive Transportation	Gen. Aging						
10: Transportation	Gen. Aging	11500	389				
11: Legal Assistance	Gen. Aging	600	297				
12: Nutrition Ed.	Gen. Aging	9847	1,475				
13: 60+ Information & Assistance	Gen. Aging	2400	1,379				
14: Outreach	Gen. Aging	322	282				
B02: Health Promotion: Non-Evidence	Gen. Aging	1603	282				
B04: 60+ Emergency Response System	Gen. Aging	200	40				
B05: Behavioral Health Supports	Gen. Aging	0	0				
B07: Health Promo: Evidence Based	Gen. Aging	64	64				
C07: EAPA Consultation	Gen. Aging	44	44				
C08: EAPA Assess & Intervention	Gen. Aging	274	63				
C09: EAPA Training & Education	Gen. Aging	14	2000				
D01: Training & Education	Gen. Aging	112	24335				
E05: 60+ Options Counseling	Gen. Aging	458	187				
A01: 60+ Material Aid: Home Mod./Repairs	Gen. Aging	25	25				
F06: 60+ Material Aid: Asst. Tech./Durable Med. Equip.	Gen. Aging	1	1				
F07: 60+ Material Aid: Consumable Supplies	Gen. Aging	5	5				
F08: 60+ Material Aid: Other	Gen. Aging	18	13				
CG3: FC Counseling	Caregiving	5	5				
CG4: FC Information Services	Caregiving	800	112				
CG7: FC Home Delivered Nutri.	Caregiving	200	5				
CG8: FC Options Counseling	Caregiving	85	60				
CG9: FC Case Management	Caregiving	12	3				
CG10: FC Information & Assistance	Caregiving	50	40				
CG11: FC Support Groups	Caregiving	90	35				
CG12: FC Training	Caregiving	7	7				
CG13: FC Congregate Nutri.	Caregiving						
CG14: FC Emergency Resp. Sys.	Caregiving						
CG27: FC Supplemental Services: Asst. Tech./Durable Med. Equipment	Caregiving						
CG15: FC Supplemental Services:	Caregiving	5	5				

Service		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
Consumable Supplies							
CG22: FC Supplemental Services: Other	Caregiving	0	0				
CG23: FC Respite Care: In Home	Caregiving	210	18				
CG24: FC Respite Care: Out-of-Home (Day)	Caregiving	15	3				
CG25: FC Respite Care: Out-of-Home (Overnight)	Caregiving	8	3				
CG26: FC Respite: Other	Caregiving	1	1				
GO3: ORC Counseling	Caregiving						
GO4: ORC Information Services	Caregiving						
GO7: ORC Home Delivered Nutrition	Caregiving						
GO8: ORC Options Counseling	Caregiving						
GO9: ORC Case Management	Caregiving						
GO10: ORC Information & Assistance	Caregiving						
GO11: ORC Support Groups	Caregiving	163	20				
GO12: ORC Training	Caregiving						
GO13: ORC Congregate Nutrition	Caregiving						
GO14: ORC Emergency Response System	Caregiving						
GO27: ORC Supplemental Services: Asst Tech/Durable Med Equipment	Caregiving						
GO15: ORC Supplemental Services: Consumable Supplies	Caregiving						
GO22: ORC Supplemental Services: Other	Caregiving						
GO23: ORC Respite Care: In-Home	Caregiving						
GO24: ORC Respite Care: Out-of-home (Day)	Caregiving						
GO25: ORC Respite Care: Out-of-home (Overnight)	Caregiving						
GO26: ORC Respite Care: Other	Caregiving						

SFY 2026 Service Coverage

Information & Service Assistance Services

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

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

Nutrition & Health Promotion Services

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

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

Services to Promote Independence

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

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

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

Self-Direction Service Delivery

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

OR

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

Services eligible for self-directed service: Homemaker, Personal Care, Chore, Respite

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

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

Caregiver Respite Voucher

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

OR

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

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

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

Evidence-Based Programming (EBP)

EBP Definition

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

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

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

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

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

Name of Program	Description of location(s) where program will be offered.	Method(s) for Service Delivery
Matter of Balance	Community locations such as churches, senior center, library, congregate nutrition site, healthcare facility, Milestones offices	<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 & Pisando Fuerte (Spanish version)	Same as above	<input checked="" type="checkbox"/> Virtual <i>available</i> <input checked="" type="checkbox"/> In-Person
Walk With Ease	Same as above	<input checked="" type="checkbox"/> Virtual <i>available</i> <input checked="" type="checkbox"/> In-Person
Healthy Steps for Older Adults	Same as above; focus on rural counties	<input type="checkbox"/> Virtual <input checked="" type="checkbox"/> In-Person
Home Hazard Removal Program	Consumer specific location (home)	<input type="checkbox"/> Virtual <input checked="" type="checkbox"/> In-Person

Area Plan Service Waiting List

Agency **does not** anticipate a waiting list for any services in SFY 2026.

OR

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

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

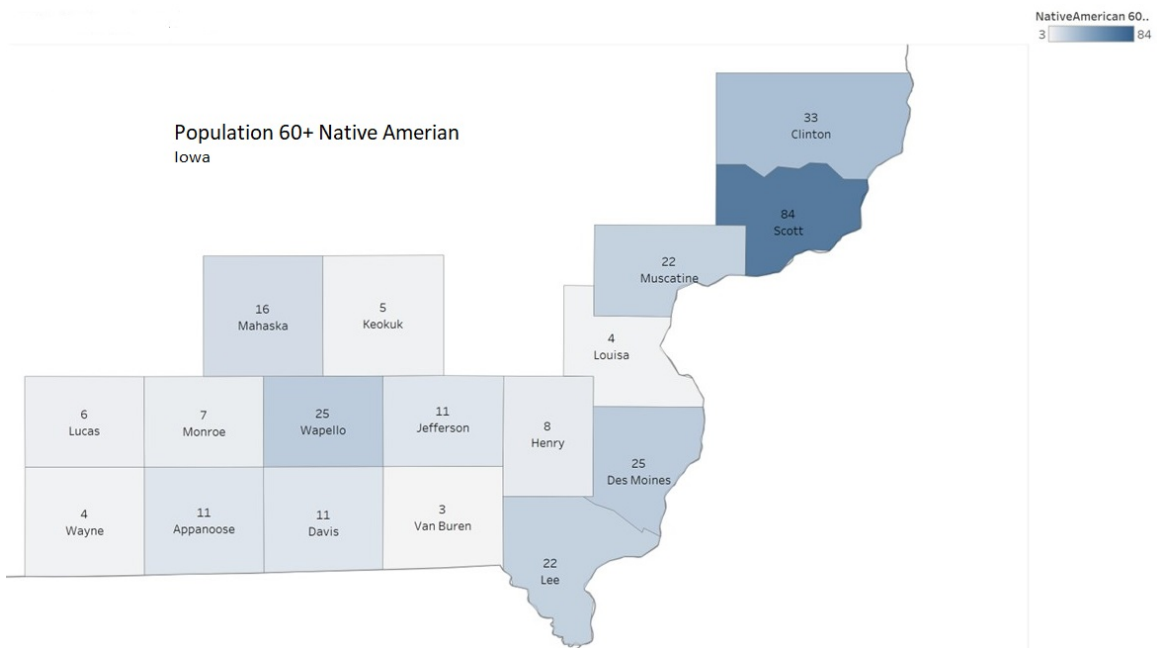
Please refer to the SFY 2026 Reporting Manual for instructions on how to document and notify ADS when implementing a waiting list.

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

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

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

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



Section 3: Quality Management

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

- **Nutrition Program -**
 - *Data collection to assess ongoing program implementation:*
 - Percentage of nutrition intakes completed is monitored throughout the year using WellSky.
 - Only nutrition staff and the Data Administrative Specialist input nutrition data; they are supervised by nutrition management and can be trained and monitored for accuracy.
 - Health Promotion and Evidence-based program data is entered by the HP Director or Davenport Office Manager.
 - *Remediation of problem areas:*
 - Monthly meetings held virtually with all nutrition Area Program Coordinators. This enhances uniformity and helps to identify risk management areas in need of attention.
 - Maintain a Code of Conduct to address disruptive consumer behaviors to void/reduce serious outcomes.
 - Work with health inspectors to address any identified problem areas noted in inspections.
 - Nutrition Supervisors and other key nutrition management staff participate in monthly agencywide WellSky training sessions to increase accuracy and proficiency, and to promote consistent input protocols in using the WellSky system.
 - *Continuous improvement:*
 - Weekly meetings with the Nutrition Supervisors.
 - Nutrition service surveys are completed at least once during the area plan period for both HDMs and Congregate meals for both contracted and direct service providers.
 - Completed update of the Nutrition policies and procedures manual in the next FY
 - Serv-safe and dependent adult abuse training of staff where required.
 - Evaluation of volunteer training and knowledge.
 - Regular participation in I4A nutrition directors' meetings.
 - Contracted meal providers are surveyed annually.
 - Management conducts annual meal site visits and six-month self-evaluations on each site.

- Consumers are offered the opportunity to provide feedback via evaluation for HP at end of each program, and nutrition offers annual (at minimum) consumer satisfaction surveys and on-site comment cards.

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

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

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

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

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

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

Section 4: Public Input

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

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

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

Public Hearing Information

A. Text copy of public hearing notice:

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

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

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

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

To Join Zoom Meeting

<https://us06web.zoom.us/j/89229629581?pwd=cHGIPA23RFpYKNej93RsxGysfjpKfi.1>

Meeting ID: 892 2962 9581

Passcode: 603735

If you prefer to participate in person at either the Ottumwa, Burlington, or Davenport Milestones office, please notify the appropriate contact: Ottumwa office call 641-684-1001; Burlington office call 319-758-5083; Davenport office contact is 563-723-5960.

Agenda:

1. Call to order
2. Purpose of hearing
3. Public Comments on Priority Services

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

- a) Written comments
- b) Other comments

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

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

6. Adjournment

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

B. List of publications in which notice was published:

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

C. List of people present at the hearing:

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

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

D. Summary of Public Hearing:

On March 20, a presentation was given to the Milestones Advisory Council detailing the SFY26 – SFY29 Area Plan following the public hearing agenda. Members had been provided a copy of the plan narrative a week in advance of the meeting and an area plan narrative

summary outline was provided for participant convenience. Summarized from the meeting minutes: Becky talked about the direct services waiver and services for which waivers were being requested. She also explained what was meant by the terms “goals”, “objectives”, “strategies”, and “activities”. Then she went through the agenda items, discussing priority services, direct waiver services, and reviewed objectives and highlighted activities.

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

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

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

Public Hearing Milestones AAA

Notice ID: XqnmwRchZuPeypKavOzDg

Edit

Quick Actions

Newspaper
Fort Madison Daily Democrat

VIEW PROOF

Confirmation Status
Awaiting Review

VIEW INVOICE

Publication Date
Mar 14, 2025

PAY INVOICE

Status
Awaiting Invoice Creation

CANCEL NOTICE

Invoice Due
Awaiting Invoice Creation

Preview

Activity

First Published

Public Notice: Area Plan Public Hearing and Com-ments NOTICE OF PUBLIC HEARING ON MULTI-YEAR AREA PLAN FOR APPANOOSE, CLINTON, DAVIS, DES MOINES, HENRY, JEFFERSON, KEOKUK, LEE LOUISA, LUCAS, MAHASKA, MONROE, MUS-CATINE, SCOTT, VAN BUREN, WAPELLO, and WAYNE COUNTIES

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

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

LINER AD

869 Words - 138 Lines - 30.86 Total Column Inches

Handwritten notes: Poot, Ft. Madison, P.H.

Public Hearing Milestones AAA

Notice ID: H4CUC66P6rV1U0bUBVip

Proof - Ottumwa Courier
P.H.

- Newspaper
Ottumwa Courier
- Confirmation Status
Awaiting Review
- Publication Date
Mar 14, 2025
- Status
Awaiting Invoice Creation
- Invoice Due
Awaiting Invoice Creation

Quick Actions

VIEW PROOF

VIEW INVOICE

PAY INVOICE

CANCEL NOTICE

Preview Activity

First Published

Public Notice: Area Plan Public Hearing and Comments NOTICE OF PUBLIC HEARING ON MULTI-YEAR AREA PLAN FOR APPANOOSE, CLINTON, DAVIS, DES MOINES, HENRY, JEFFERSON, KEOKUK, LEE, LOUISA, LUCAS, MAHASKA, MONROE, MUSCATINE, SCOTT, VAN BUREN, WAPPELLO, and WAYNE COUNTIES

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

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

The purpose of the public hearings are to gather input and comments from interested parties, including priority services. Public hearings will be conducted on

LINER AD
869 Words - 138 Lines - 30.86 Total Column Inches

Public Hearing Milestones AAA

Notice ID: ohtfK0q7910xoQF10A1qg

Edit

Preview Activity

Quick Actions

VIEW PROOF

VIEW INVOICE

Newspaper

The Quad-City Times

Confirmation Status

Confirmed

Publication Date

Mar 20, 2025

Status

Awaiting Invoice Payment

Invoice Due

Apr 14

PAY INVOICE

CANCEL NOTICE

QC Times
Proof
P. H.

Public Notice: Area Plan Public Hearing and Comments NOTICE OF PUBLIC HEARING ON MULTI-YEAR AREA PLAN FOR APPANOOSE, CLINTON, DAVIS, DES MOINES, HENRY, JEFFERSON, KEOKUK, LEE, LOUISA, LUCAS, MAHASKA, MONROE, MUSCATINE, SCOTT, VAN BUREN, WAPELL, O and WAYNE COUNTIES

To older persons, public officials and other interested parties, pursuant to Iowa Administrative Code Chapter 17 -- 6.27(a)(2).

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

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

https://us05swet.zoom.us/j/99229629581?pwd=chG1PAZ9RFRyKXVj93RexGy5lp-Kt.1

Meeting ID: 892 2962 9581 Passcode: 603735

If you prefer to participate in person at either the Ottumwa, Burlington, or Davenport Milestones office, please notify the appropriate contact: Ottumwa office call 641-694-1001; Burlington office call 319-758-5083; Davenport office contact is 563-723-5960.

Agenda:

1. Call to order
2. Purpose of hearing
3. Public Comments on Priority Services

This title is Priority Services and is located within the entire calendar of Area in.

LINER AD
867 Words - 97 Lines - 16.47 Total Column Inches

Governing Body

Governing Body for: Milestones Area Agency on Aging

Updated On: March 5, 2025

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Terry Wilson	1941 Walling Ct.	Davenport 52803	Scott	309-764-2400 x65030 Td-wilson2@wiu.edu	June 2030

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Peggy Fisher	1708 Old Farm Rd.	Fairfield 52556	Jefferson	641-919-7664 p.fisher@wapellocouw.org	June 2030

Secretary/Secretary-Treasurer

Name	Address	City & Zip	County	Phone & Email	Term Expires
Stephen Swisher	3324 Forest Road	Davenport 52807	Scott	563-359-3289 Swisher62169@gmail.com	June 2025

Other Members

Name	Address	City & Zip	County	Phone & Email	Term Expires
Julie Schilling	815 Canterbury Drive	Burlington	Des Moines	319-759-5267 jschillingrn@aol.com	June 2025
Sheri Wilson	2621 S. 14 th Street	Burlington 52601	Des Moines	319-753-0193 sheri.wilson@caofseia.org	June 2028
Susan Leuthauser	3237 Remington Road	Bettendorf 52722	Scott	563-940-7264 swleuthauser@gmail.com	June 2032
Carol Earnhardt	7051 Grove Crossing	Bettendorf 52722	Scott	563-468-9601 CarolEarnhardt@msn.com	June 2032

Advisory Council

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

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

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

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

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

All composition criteria are satisfied.

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

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Susan Leuthauser	3237 Remington Road	Bettendorf 52722	Scott	563-940-7264 swleuthauser@gmail.com	June 2032	1, 2, 4, 5, 6, 8

Vice Chair

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

Other Members:

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Dawn Dunnegan	127 North Main Street	Mt. Pleasant 52641	Henry	319-217-9474 dunnegan@iastate.edu	June 2033	3, 4, 5, 6
Cyndi Mears	503 Franklin Street Ste. 1	Wapello 52653	Louisa	319-523-5125 cmears@louisacountyia.gov	June 2033	3, 4, 5, 6
Liz Sherwin	P.O. Box 6156	Rock Island 61204	Scott	309-793-2942 liz@iicil.com	June 2025	1, 2, 4, 5, 6
Todd Wilson	1228 Kirkwood Road	Humeston 50123	Wayne	twilson@waynecountyia.org	June 2033	1, 2, 5, 6, 7
Pat Swartzlander	2132 Payton Rd.	Corydon 50060	Wayne	Prswartz@grm.net	June 2033	1, 2, 4, 5, 6, 8
Brian Teeter	7008 Byers	Albia	Monroe	641-777-2931	June	3, 4, 5, 6, 7

	Street	52531		bteeter1@hotmail.com	2033	
Ryanne Wood	PO Box 937 – 307 Bank St.	Keokuk 52632	Lee	rwood@southeastiowali nk.com	June 2033	4, 5, 6

ATTACHMENTS

Authorized Signatures

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

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

Authorized Signatories for Funding Applications and Contracts

1. Becky J. Passman, CEO
2. Terry Wilson, Board of Directors Chair

Authorized Signatories for Fiscal Reports

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

Authorized Signatories for Program Reports

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

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

Grievance Procedures

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

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

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

Staffing and Volunteer Information

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

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

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

Nutrition Services

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

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

Service Providers of OAA Services

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

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

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

Senior Centers and Focal Points

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

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

OR

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

Selecting Senior Centers and Focal Points

OAA definitions:

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

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

Milestones “Focal Point Designation” Policy:

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

County	Address	City	Serving Days	Hours of Operation	Serving Time
Appanoose					
Cornerstone Coffee & Creations	214 N 12th St	Centerville, IA 52544	We - Sa	8:00-4:00	8am-1pm
Clinton					
Park Tower Apts	329 6 th Ave. South	Clinton, IA 52732	M-Th	8:30-2:00	11:30
Davis					
Senior Center	109 E. Franklin	Bloomfield, IA 52537	M-Th	8:00-2:00	11:30
Des Moines					
Autumn Heights	2830 Winegard Dr.	Burlington, IA 52601	M-F	9:00-12:30	11:30
Henry					
Salem Community Cntr	201 S. Main St.	Salem, IA 52649	M-Th	9:30 - 1:30	12:00
Jefferson					
Red Lunchbox	101 S Broadway	Lockridge, IA	Tu-Sa	8am-8pm	8am-8pm
Keokuk					
Senior Center	214 S. Main	Sigourney, IA 52591	M-F	8:00-2:00	11:30
Lee					
Newberry Center	728 Ave. G	Fort Madison. IA 52627	M-F	9:30-1:30	12:00
Heritage Center	508 Main St.	Keokuk, IA 52632	M-F	7:00 - 2:30	12:00
Louisa					
Columbus Community Sr Cntr	125 E. Walnut	Columbus Junction, IA 52738	M-Th	10:00-1:30	11:30
Lucas					
Senior Center	117 S. Grand	Chariton, IA 50049	M-F	8:00-2:00	11:30

Mashaska

St. Paul Church of Christ	501 High Ave E	Oskaloosa, IA 52577	M-Th	8:00-1:30	11:00
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Monroe

(Albia) Leisure Lounge	17 N. Clinton	Albia, IA 52531	M-Th	9:30-1:30	11:30
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Muscatine

Community Center/City Hall	104 Sand Run Rd.	Fruitland, IA 52749	Th	10:00-12:30	11:30
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Clark House Apts - WIMS	117 West 3 rd St.	Muscatine, IA 52761	M-F	8:30-12:30	11:30
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Diversity Center - DSCI	1001 Oregon St.	Muscatine, IA 52761	1&3 Tu	ofc hrs	11:00
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Towers Apartments	106 East 6th St.	Muscatine, IA 52761	M-Th	9:00-12:30	11:15
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Scott

Luther Manor	3118 Devil's Glen Rd.	Bettendorf, IA 52722	M-Th		11:30
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CASI	1035 W. Kimberly Rd.	Davenport, IA 52806	M-F		11:30
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Edgewater on Third	401 West 3 rd St.	Davenport, IA 52801	M-Th		11:30
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Spring Village	3320 Spring St.	Davenport, IA 52807	M-Th		11:30
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Van Buren

Keosauqua Senior Center	801 Front St.	Keosauqua, IA 52565	M-Th	7:00-2:00	11:30
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Wapello

Penn Ave Free Methodist Church	820 E. Pennsylvania Ave	Ottumwa, IA 52501	M-Th	8:00-2:00	11:30
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Emergency Plan and Plan Development Summary

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

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

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

On an individual consumer level, Milestones also is on the Disaster Prepwise Stakeholder Advisory Board, a program developed by, and carried out through, the University of Iowa

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

Direct Service Requests

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

Cost Allocation Plan

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

SFY2026 Estimated Funds Distribution to Prioritized Populations

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

Goal 1: Maximize Independence

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

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

Goal 2: Improve Health and Wellness

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

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

Goal 3: Improve Safety and Quality of Life

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

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

Goal 4: Stay Engaged and Supported

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

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

Funds Transfer Request

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

Click or tap here to enter text.

“Grab and Go” Meals

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

OR

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

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.