

**Milestones Area Agency on Aging
PSA #5**

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



Effective Dates: July 1, 2022-June 30, 2025

CONTENTS

Executive Summary	4
Context	6
Section 1: 2022-2025 Goals and Strategies	8
Goal 1: Iowa Aging Network will work with older Iowans, Iowans with disabilities, and caregivers as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being, and health.	8
Agency programs and services that address goal 1	8
Strategies to Address Service Gaps	9
Indicators, Performance Measures, & Fiscal Year Targets	11
Indicators & Targets	11
Outcome Measures	12
Goal 2: Iowa Aging Network will enable Older Iowans to remain in their own residence and community of choice.	13
Agency programs and services that address goal 2.	13
Strategies to Address Service Gaps	15
Indicators, Performance Measures & Fiscal Year Targets	17
Indicators & Targets	17
Outcome Measures	19
Goal 3: Iowa Aging Network will protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older Iowans.	20
Agency programs and services that address goal 3.	20
Strategies to Address Service Gaps	20
Indicators, Performance Measures & Fiscal Year Targets	22
Indicators & Targets	22
Outcome Measures	23
Section 2: Service Projections	24
FY 2022 Projected Older Americans Act Consumers and Service Units	24
Self-Direction Service Delivery	27
Service Coverage & Wait List Information	29
Information & Service Assistance Services	29
Nutrition & Health Promotion Services	30
Services to Promote Independence	30

Area Plan Service Waiting List	33
Section 3: Quality Management	34
Section 4: Public Input	36
Public Hearing Information	37
Advisory Council	41
LifeLong Links Advisory Council	43
Attachments	45
Authorized Signatures	46
Authorized Signatures for Funding Applications and Contracts	46
Authorized Signatures for Fiscal Reports	46
Authorized Signatures for Program Reports	47
Grievance Procedures	48
Staffing and Volunteer Information	49
Nutrition Services, Service Providers, and Senior Center/ Focal Points	50
Nutrition Services	50
Service Providers of OAA Services	50
Senior Centers and Focal Points	50
Selecting Senior Centers & Focal Points	50
Emergency Plan and Plan Development Summary	51

Executive Summary

Area Agencies on Aging (AAAs) are established under the Older Americans Act of 1965 (amended and reauthorized March 2020) to 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 Iowa Commission on Aging as 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 Older Americans Act, and under the direction of the Iowa Department on Aging, Milestones submits this four-year Area Plan, outlining activities to be conducted over the four-year plan period in support of the state-defined goals. For each goal, Milestones identifies gaps in service provision, creates strategies to bridge those gaps, and determines progress indicators to measure progress. Every effort has been made to provide specifics and concrete details regarding strategic execution of the activities described in this plan, however the analyses these details are based upon is preliminary. We are also including new programs in an environment that is still greatly impacted by the COVID-19 pandemic, and fluctuations in funding are expected. Program growth, therefore, is approached in a conservative fashion with sustainability in mind. Once the plan is underway, continued in-depth study informs the decision-making regarding implementation specifics. Since this is a multi-year strategic plan, an area plan update is completed annually in which progress is noted, adjustments can be made, and greater detail provided. Following is an abbreviated overview of the Goals, Gaps, and Strategies for the plan period of July SFY 2022 through June SFY 2025.

The first goal pertains to facilitating the participation of older Iowans in their communities, the ability to make informed decision, and exercise self-determination regarding their independence, well-being, and health. The first of three gaps identified relates to the lack of new participants and low minority participation at nutrition program dining sites. To address this, MAAA proposes to modernize sites, conduct staff development/training to improve hospitality and presentation skills, and revamp program activities to increase engagement. The second gap targets the feeling of unpreparedness many caregivers experience as they try to navigate their role. Milestones will offer training, from in-depth educational workshops to less intensive learning opportunities for those short on time. We will also increase the number and types of support groups, expanding to include grandparent/older relative caregivers. Finally, the third gap targets those high-risk aging Iowans who have difficulty accessing support programs, particularly in the rural areas. Milestones will further develop virtual programming, increase staff virtual programming competence, and facilitate consumer access to work toward bridging this gap.

The second goal centers on the ability of older Iowans to remain in their own residence and community of choice. Milestones identified and will address gaps in the areas of evidence-based programming, home and community-based services, care transition services, general

programming, and nutrition. As indicated for the first goal, virtual programming has become a new service delivery method which MAAA is developing from the ground up. The advantages and potential of this option – and the need for MAAA to develop its capabilities – became clear as a result of the pandemic. Since many consumers, particularly in the rural areas, lack access to programs to improve health status and reduce falls risks, this gap will be addressed through delivering virtual health promotion and increasing partnerships to better reach this demographic. Through consumer surveys, MAAA learned that the need for home and community-based services was not being met in Clinton, Scott, and Muscatine counties. To address this, MAAA will work to develop a more robust provider network in these counties. The current lack of transitional care services to support a successful return home from facility-based care is particularly sparse in rural communities. In response, Milestones will build and implement a care transition program, with rural communities being a priority. Agency-wide, the social demographics of consumers who access services is not proportional to populations in the PSA counties. To address this, staff will be trained in various cultural competencies and partnerships will be expanded to better reach more diverse older Iowans. Finally, rural and homebound consumers tend to experience greater challenges in accessing affordable nutrition. To better serve these older Iowans and facilitate their ability to remain at home, Milestones will develop/expand rural deliveries in targeted areas and create an internal resource directory of rural community food resources for referral.

The third goal pertains specifically to the Adult/Elder Abuse Prevention and Awareness Program, as it seeks to ensure that the rights of older Iowans are protected, and that abuse, neglect, and exploitation be prevented. Since abused older Iowans are at a higher risk of homelessness, and the resources and support to address this are insufficient proportional to the need, MAAA will work to better serve these consumers by developing stronger, more extensive resource networks, expand reach into community sectors to assist with identification and prevention of financial exploitation, and increase housing resource training for staff. Milestones has also found that there is a greater need for legal aid, specifically regarding financial, housing, and family legal issues which are not generally being resolved through current channels. Milestones plans to address this through improved tracking of current referral outcomes, exploring additional providers, seeking out virtual legal consultation opportunities, and hosting educational opportunities to better empower aging Iowans with information. Finally, it is clear the COVID-19 pandemic has worsened the already serious challenges faced by those in need of mental health resources across the state. Milestones will tackle this difficult issue by implementing a wellness call program, providing additional crisis training for staff, and by developing a program that would include contracting with a licensed mental health professional for staff consultation and referrals.

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 being the exception as the only county classified “urban”. The PSA total 60+, non-institutionalized population is 129,762; 31% of this population (40,102) reside in Scott County. Following Scott County are Clinton (12,676), Des Moines (11,000), Lee (9,610), and Wapello (8,866) counties; the remaining twelve counties identify 60+ non-institutionalized populations ranging from 5,789 (Jefferson) to 1,953 (Wayne). Regarding racial/ethnic composition, the PSA is largely white, with the largest minority 60+ non-institutionalized population residing in Scott County (2,579). This is followed by Des Moines (434), Clinton (328), Lee (298), and Muscatine (275); the remaining twelve counties identify minority 60+ non-institutionalized populations ranging from 246 (Wapello) to 23 (Van Buren).

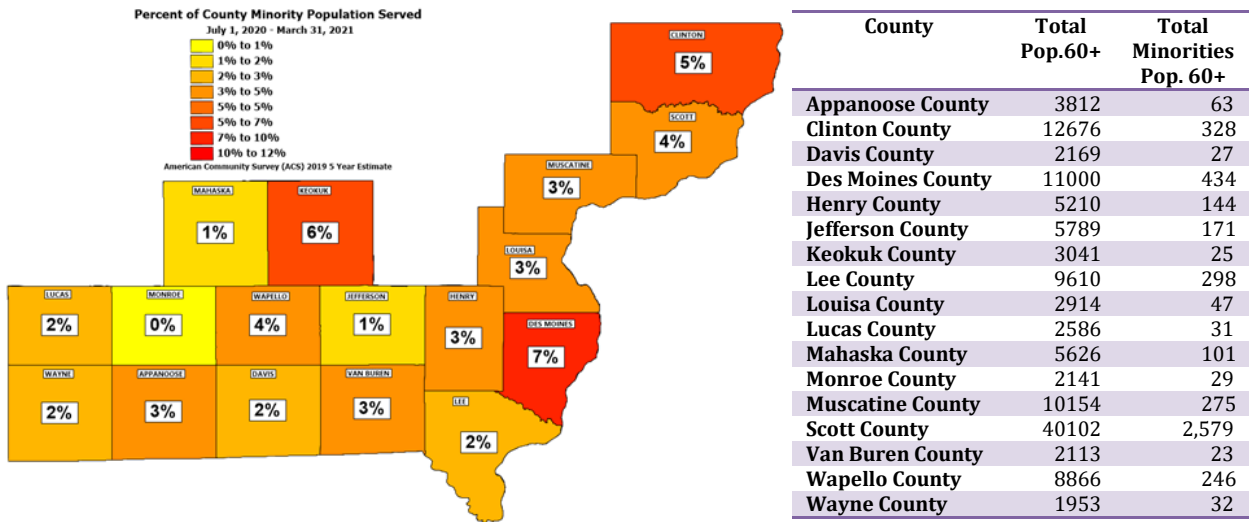
To determine the gaps, Milestones sought input from staff in the field and reviewed WellSky data. Two surveys were conducted in 2020. The first took place in February of 2020, and consisted of a survey presented to all congregate and home-delivered meal participants. The second survey addressed services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

The Milestones SFY 2022 – 2025 plan reflects increased efforts to target rural, minority, and new participants.

- Rural populations:** As mentioned, sixteen of the counties in the Milestones PSA are identified as “rural”, with Scott County representing the only “urban” exception. In addition to this, 2019 data from the USDA Economic Research Service shows all but one county reporting overall poverty levels of at least 10%, with two over 19% (Appanoose and Wayne); the only exception is Louisa County, which registers a population of 9.2% living at poverty rate. (<https://data.ers.usda.gov/reports.aspx?ID=17826#Pc4e09a780bbc4b3c96558fbe491f50653374iT4>) These indicators objectively confirm the high need in our service area, and validate additional efforts to reach rural populations that tend to be difficult to reach. 6

County	Total % of consumers served by county per total % of 60+ county population	(all services – least to greatest)
Scott County	2.92%	Urban
Lee County	3.01%	Rural
Des Moines County	3.25%	Rural
Clinton County	3.37%	Rural
Wapello County	3.49%	Rural
Jefferson County	3.85%	Rural
Muscatine County	3.90%	Rural
Henry County	4.71%	Rural
Louisa County	5.20%	Rural
Mahaska County	5.27%	Rural
Wayne County	5.52%	Rural
Davis County	5.53%	Rural
Lucas County	6.67%	Rural
Appanoose County	7.11%	Rural
Keokuk County	7.58%	Rural
Monroe County	9.10%	Rural
Van Buren County	16.03%	Rural

- Minority populations:** While the minority population in the Milestones PSA is relatively low (see chart), WellSky data indicates there are many consumers who could benefit from targeted efforts to increase service delivery. This is graphically depicted in the following map:



Among the tactics we will employ to reach minority populations are enhanced translation services, outreach to minority associations (such as LULAC), and ethnic meals and restaurant partnerships.

- New participants:** New service provision strategies have been implemented in response to the COVID-19 pandemic, and Milestones continues to develop and grow alternative methods and service delivery mediums. This includes virtual programming, which has been recently added as a means of reaching both new participants and extending new program options to current participants.

In keeping with the State of Iowa’s Return to Community initiative, Milestones is initiating a care transition program to assist older Iowans returning home from the hospital or a care facility, ensuring that they have the services needed to successfully make that transition without the setback of readmission.

Finally, to help address declining participation in the congregate meals program, we will also be focusing on staff development and updating program delivery. Our plan also includes developing new restaurant partnerships. The new Iowa Café program is an exciting new addition to our nutrition program, and is expected both to extend nutrition programming to areas not currently served and to offer an alternative option for those who may not be attracted to traditional meal site delivery.

Congregate meal sites were closed from the fourth quarter of FY20 through the whole of FY21 due to the pandemic. For that reason, percentage increase goals in the plan have been based on an FY20 estimate, calculated by taking the average quarterly count for the first three quarters and using this number for the fourth quarter, resulting in an extrapolated FY20 total estimate.

As Milestones continues to grapple with the new realities brought to bear by the pandemic, greatly increased needs are anticipated across service areas. As the sustained period of increased isolation begins to lessen, we anticipate finding greater degrees of need, particularly in the areas of elder rights, mental health, and homelessness. We also anticipate an increased need for legal services, as older Iowans are faced with issues more complex than may be currently addressed by general legal aid services, and transportation, particularly where related to medical issues. For this reason, the Milestones area plan includes access to expanded mental health resources, both for staff consultation and consumer referral, additional legal options, and alternative transportation assistance.

Section 1: 2022-2025 Goals and Strategies

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

Agency programs and services that address goal 1

Milestones is working to reach new older Iowans through the Iowa Café service at local restaurants in more rural areas, or in areas where lack of participation in meal service has resulted in the closing of a traditional meal site. This service option allows for increased choices in food, a more modern or “locally acceptable” meeting place, and an opportunity to target ethnic restaurants to reach diverse populations. Another deviation from the traditional community meal site is a “soup and panini” site at a corner church in a residential, low income, ethnically diverse area in a larger community. Once new participants enter the meal services we are able to share other information such as LifeLong Links services, health promotion, evidence-based programs, nutrition education and counseling.

Another initiative to draw in new participants and increase meal site attendance is to enhance the hospitality skills of staff at our traditional senior meal centers. Some of the means under consideration are seeking out university instructors/guest speakers, virtual training, or using available curriculum through our food vendors.

Finally, researching virtual options to provide more engaging nutrition education, health promotion, evidence-based programming at meal sites and other activities of interest to attract new participants and increase diversity is also a component of the area plan. Thus, looking at the wholistic picture of the facility, service/meal type options, staff skills and engaging programming summarizes the trends we seek to follow in our plan.

Caregivers, providers, and community organizations report a growing number of grandparents raising grandchildren who experience the lack of resources, knowledge, or support to do so. Many caregivers in this category are not only working full-time and providing care for their aging parents, but also caring for grandchildren. The experiences shared of daily stress of life,

lack of balance and the many challenges of this dual caregiver role suggests that more education on topics related to daily life management is needed. The evidence-based, virtual platform workshops will be structured to help those with limited time, and also offer an additional layer of support from peers and professionally trained staff.

In response to the pandemic, Milestones switched from daily hot meal delivery to less frequent multiple frozen meal delivery. This change in product, coupled with additional COVID-19 funding, enabled Milestones to expand and extend services/information to the more isolated rural consumers we had been unable to reach pre-COVID. Service growth, plus exposure to additional services/education assists these more isolated older lowans make informed decisions, and exercise control over their independence, well-being, and health.

Strategies to Address Service Gaps

1. New older lowans and minorities are not attending meal sites, thereby not accessing meal site nutrition, socialization, and educational programming that could help them make informed decisions about their independence and health. Desired strategy outcomes are to increase by 15% (based on extrapolated FY20 data) the number of older lowans and minorities attending the meal sites which provide these programs.

Strategies to address service gap.

- a. Modernize all meal sites to appeal to more consumers. Modernizing will include transitioning to or adding restaurant contracts for the Iowa Café project and re-branding all Milestones' meal sites. The number of restaurant projects has yet to be determined over the four-year plan process. By working with local senior groups, building owners, and local stake holders we can identify and prioritize current meal location building needs and options such as relocation and/or meal service preferences, menu options (traditional meals vs soup and sandwich style), technology needs such as smart TVs or large screens, kitchen equipment, bathroom upgrades, new flooring, painted walls, new dining furniture, front doors, and signage. The number of modernized locations is dependent on the projected impact of each project, community needs and resources, the type of changes, the community partnerships formed, and grants and funding available.
- b. Identify one specific staff training program annually that would help staff nurture increased participation. The training would be targeted to meal site staff across all 17 counties who work directly with seniors. Topics considered will be hospitality, cultural sensitivity, presentation skills, and communication skills. Training curriculums and or topics would be sought from possible sources such as the internet, Iowa State University, raw food service vendors, and the Iowa Restaurant Association. Knowledge gained and demonstrated by staff would translate into an increase in seniors attending meal sites agency wide.
- c. Offer at least one new wellness program to seniors in the 17-county area at all meal sites to increase the percentage of participation in wellness activities.

Nutrition Supervisors, the Wellness Program Coordinator, the Nutrition Director, National Council on Aging, meal site staff and seniors along with internet research will be sourced to identify a new wellness program. Findings could include exercise classes (evidence-based and non-evidence based) such as Bingocize or other virtual educational classes.

2. Caregivers have expressed they are unprepared for the legal, social, and financial needs of caregiving and would benefit from more rigorous intervention and practical tools to help them cope and make informed decisions in their caregiver role. The desired outcome of this strategy is to meet this need by helping to better prepare, support and provide resources and training to caregivers in their caregiver role.

Strategies to address service gap.

- a. Offer training and/or educational workshops proven to be effective, such as StressBusters, Powerful Tools, and Music & Memory. At least two programs such as these would be offered in a year, either virtually or in-person, with a goal of serving an estimated total of 15 new caregivers.
 - b. Increase caregiver and grandparent/older relative support group participation, either in-person or virtual, in a minimum of three rural counties with a goal of reaching a total of 15 new caregiver participants. Initial county targets are Clinton, Henry, and Wapello,
 - c. Offer information and educational opportunities to empower caregivers, including grandparents and older relatives, on a variety of legal rights topics. Specific areas of interest are guardianship, custody, fostering, and working with the school system to meet the educational needs of grandchildren.
3. Due to lack of mobility, geographic location, and/or health concerns and vulnerability to covid19, many high-risk aging lowans cannot access supportive programs such as nutrition and health promotion, and care coordination, particularly in rural areas. The desired outcome is to increase by 5% the percentage of seniors participating in wellness programs in rural areas, with specific counties yet to be determined.

Strategies to address service gap.

- a. Train staff on use of newly purchased computers, large screen or Smart TVs, and applications that will increase both meal site and senior's access to virtual programming at meal sites and facilitate transition of computer knowledge to older lowans through demonstration or hands-on opportunities.
- b. Create virtual content options that support the independence, well-being, and health of high-risk aging lowans. Implement use of the newly developed technology-equipped room at the head office for virtual learning classes; classes presented by local dieticians, health professionals, and staff. Information on agency programs, services, and topics of interest to seniors can be broadcast monthly to meal sites, particularly rural areas.

- c. Facilitate access to new technology, such as Grandpads or iPads, for older lowans in programs such as Options Counseling, Case Management, Evidence-Based, and nutrition programs.

Indicators, Performance Measures, & Fiscal Year Targets

Indicators & Targets

Progress Indicators	FY Target	Review Frequency
1a. i. Increase in the number percentage of older lowans seniors participating at dine-in or congregate meal sites in the service area. ii. Establish Iowa Café contracts	15% increase agencywide 6 contracts	Annually
1b. Increase in the percentage of minorities participating at dine-in or congregate meal sites in the service area.	10% increase agencywide	Annually
1c. Increase in the percentage of seniors participating in wellness activities in the service area.	8% increase agencywide	Annually
2a. Number of caregiver participants in educational workshops such as StressBusters, Powerful Tools, and Music & Memory.	15 participants total for 2 workshops	Annually
2b. Number of participants attending support groups in Clinton, Henry, and Wapello counties.	5 new participants in each county	Annually
2c. Number of learning opportunities offered one on the topic of legal rights of grandparents. Proposed presenters include a family law attorney and Area Education Agency (AEA).	2 trainings	Annually
3a. Increase in the percentage of seniors in rural areas receiving nutrition education or health promotion.	5% increase in rural areas.	Annually
3b. Number of virtual programs, classes, support groups, series, or other such content options offered for each of	1 per program area	Annually

the following program areas: Nutrition, Evidence-Based, Caregiver		
3c. Number of older lowans or caregivers provided access to new technology such as Grandpads and iPads.	15	Annually

Outcome Measures

Measure	Purpose	FY Target	Review Frequency
Percentage of LifeLong Links callers indicating they received the information they were seeking.	To assess and provide information appropriate to the caller's need (from consumer's perspective).	95%	Quarterly
Percentage of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need.	To evaluate the success of the service to assist individuals' make informed choices about long-term services and supports.	90%	Quarterly
Of all congregate meal consumers identified as high nutrition risk, percentage receiving nutrition education.	To determine whether consumers who are at risk for poor nutrition and health status receive information so that they have better health enhancing options.	52%	Quarterly
Change in consumers receiving nutrition counseling from previous FY.	To determine whether consumers who are at risk for poor nutrition and health status receive nutrition counseling so that they have the opportunity to improve their health literacy and information for optimal nutrient intake.	33% (increase of two more over last year). Goal is 8 consumers in FY22.	Quarterly

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

Agency programs and services that address goal 2.

Falls and chronic disease are significant concerns for Iowans, especially with Iowa's aging population. For Iowans age 65+, falls are the leading cause of injury deaths with the highest rate in those age 84+. The most common factors contributing to falls include reduced strength due to inactivity; use of four or more medications; poor vision and/or hearing; chronic health problems; and unsafe home conditions. In addition, more than half of Iowans age 60+ have more than one chronic health condition (53%), the top three of which are Arthritis, Heart Disease and Diabetes¹.

Evidence-based programs for falls prevention and chronic disease self-management are proven to be effective, resulting in improved skills and longer independence for participants, as well as significant cost-savings to healthcare. The estimated health care savings in Iowa, to date, is more than \$1.6 million with falls prevention programs alone². This is due to reduced use of skilled nursing, hospital/emergency room visits, and prevention or more effective management of health decline.

To improve health outcomes for these issues, Milestones AAA provides direct service and collaborates with a network of community partners to increase falls prevention and chronic disease programs within the 17-county area. Currently, the direct service network includes trained leaders (volunteers and staff) in organizations such as churches, parish nurses, a senior center, county health departments, healthcare systems, a Physical Therapy degree program, and a YMCA. In addition, special and ongoing projects are currently underway with the University of Iowa Geriatric Workforce Enhancement Program, the National Fire Protection Association Remembering When (falls/fire safety) program, as well as participation in the Iowa Falls Prevention Coalition and other regional/state networks to improve patient outcomes and falls prevention practices.

While these beneficial programs are more established in the larger community areas with resources such as healthcare and homecare, fitness organizations, and larger churches, all the counties in the Milestones service area are rural except one (Scott). To support more aging Iowans to remain in their own residence and community of choice, as well as ensure evidence-based health programs are available to those who desire to participate, it is imperative we address barriers to access. This includes innovative solutions to overcome geographic location, mobility and health concerns, and the requirements for training leaders and maintaining licensing to deliver the programs as designed for effective outcomes. Milestones will increase the availability of evidence-based health promotion by an additional 70% to achieve access to programs in all 17 counties of the PSA.

¹ Iowa Falls Prevention Programs Save Money & Lives, Iowa Falls Infographic July 2018.pdf, <https://idph.iowa.gov/Portals/1/userfiles/32/Iowa%20Falls%20Infographic%20July%202018.pdf>

² ibid

Regarding Home and community-based services, Milestones' conducted a needs survey in the Fall of 2020 which revealed a high number of consumers in the Clinton, Scott, and Muscatine County areas in need of services. This highlighted a gap, as there are currently no home care or chore services contracted with MAAA. These aging lowan respondents are low to middle income and do not qualify for Medicaid Elderly Waiver Services, so are falling into the gap for receiving services. Many clients requiring these services are in need due to an acute illness and so are not necessarily looking for long term services. Options Counseling will assess these consumers and put services in place for the short-term timeframe needed.

MAAA has also located several rural communities seeking additional support of aging residents after discharge home from a facility placement. MAAA recently launched the "Help Back Home" program with Keosauqua Care Facility in Van Buren County to assist with those residents that are returning home from the skilled facility. MAAA offers many services, including: options counseling for coordination of care; communication technology; emergency response devices; medication management; home health care; and home delivered nutrition to assist with the "back to home" transition.

Milestones PSA is largely rural and not highly diverse. As a percent total of the population, minority representation ranges from 1% (Davis, Keokuk, Lucas, Monroe, Van Buren) to 6% (Scott), with the average across the PSA being 2.4%. WellSky data, as well as field staff observation, suggests that while we do have some minority participation, it is generally not proportional to a county's demographic representation and there may be many consumers who would benefit from a greater, more focused, effort. As immigrant and ethnic populations grow and age across our PSA we believe these needs will only continue to increase, as well.

As we seek additional ways to serve our rural PSA, the Iowa Café project will not only be used to increase participation in rural areas in a congregate setting but will also help reach rural homebound seniors with home delivered meals. Currently, in many rural areas we serve, access to Older Americans Act meals on a contribution basis is limited. Targeted counties with areas fitting this description are Wayne, Clinton, Muscatine, Des Moines, Wapello, Lee, and Keokuk counties. Many rural seniors must either be eligible for Medicaid or pay privately for meals from a for-profit meal provider. A partnership with Mom's Meals will provide access to Older American Act funded meals for these consumers. Further expansion of Milestones' rural route frozen home delivered meals into remote areas provides additional opportunities to increase access to nutrition and the agency's other Older American's Act programs. To access the rural meal delivery service, participants must call the Information and Assistance line as the first point of contact and are assessed for other service needs during that process.

Strategies to Address Service Gaps

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

Strategies to address service gap.

- a. Use virtual technology and telehealth solutions to overcome barriers to access due to lack of mobility, geographic location, and/or health concerns preventing older lowans from attending in-person programs. Offer virtual versions of EBP for falls prevention and chronic disease self-management in all 17 counties of the PSA, targeting rural counties and homebound participants with outreach and technology access. Numerous tactics may be employed (i.e. federal broadband benefit, devices loaned through Easter Seals resources, Grandpads, etc.). Due to issues with broadband service access and affordability, particularly in remote/rural areas, it is difficult to project a number of persons reached until more information about the technology available to individuals is ascertained.
- b. Re-train 1 existing staff and all subprovider leaders in virtual and updated versions of existing EBP and the use of distance-learning technologies. Current subproviders are voluntary partnerships. The number of leaders re-trained will depend upon the willingness to continue providing EBP in their county area. Milestones staff will meet with all current providers to renew/assess commitments for post-pandemic and update this strategy based on results. Maintaining existing programs and leaders will preserve access to programs for older lowans who seek to effectively manage their health.
- c. Identify and support additional program leaders and suitable program hosts, targeting counties with greatest geographic isolation, barriers to healthcare access, and data indicating poor health status. Utilizing certification rosters and Information Services resources, a landscape analysis will be performed to find current trained leaders in falls prevention and/or chronic disease self-management programs for all 17 counties of the PSA. In counties with no EBP available, Milestones will identify and train new leaders (or facilitate access to required training) per licensing requirements for in-person programming, and/or directly deliver EBP in virtual format where gaps exist. Having more leaders will increase access to programs for older lowans who want them, thereby improving health status and reducing healthcare utilization and costs. Improving access will increase participation in EBP by 25%.
- d. Increase referral sources to established programs by seeking community partnerships with appropriate organizations serving age 60+ such as rural/public health, physical therapy practices, fitness centers, faith-based organizations, senior residence facilities. Referral relationships will be formed through meetings to find and form initiatives to benefit older lowans in the PSA, such as the Remembering When Fire/Falls Safety program, Telligen Community

Ambassadors regional network, Community Health Partners Community HUB initiative, Iowa Falls Prevention Coalition, and others through participation in local service networks for “seniors,” and direct meetings with potential partners.

- e. Evaluate allowable alternative programs that are cost-effective for delivery in remote counties of the service area. In areas where transportation, health condition, and/or lack of health promotion are barriers to participation, additional programs within the allowed EBP “menu” will be considered. Priority will be given to short-interventions for older lowans which are less expensive and time-intensive to maintain than established EBP, especially for critical services such as falls prevention, to increase the number of participants in EBP by 25%.
2. An FY2021 agencywide survey of aging lowans indicated the need for an increase in home and community-based services in the northern PSA 5 region. To meet this need, Milestones will increase funding up to 25% each year (pending resource availability) for delivery of home and community-based services in the targeted northern counties of Clinton, Scott, and Muscatine.

Strategies to address service gap.

- a. Milestones will seek a minimum of one homecare agency to contract homemaker services in each of the counties of Clinton, Scott, and Muscatine, with a goal to serve ten additional new consumers annually.
 - b. Milestones will seek a minimum of one chore providing agency to contract snow removal and lawn care services in each of the counties of Clinton, Scott, and Muscatine. Goal will be to serve five additional new consumers annually.
 - c. Identify alternative non-public transportation referral options, such as private pay providers and volunteer programs such as Uber, Lyft, taxis, private assisted transport companies, and RSVP programs the three targeted counties.
3. Aging lowans, particularly in rural areas, need transitional services upon discharge from facility-based care to support a successful return home and to remain living independently in their own residence and community of choice.

Strategies to address service gap.

- a. Milestones will build a minimum of one facility partnership to launch a return to community-type program within one targeted community.
- b. Milestones will provide health-related education on health conditions that most commonly afflict our target population to Options Counselors so they can best assist aging lowans in their transition back home. Potential educational topics include COPD, cardiac disease, medication management, stroke, diabetes, kidney disease, pneumonia, etc.
- c. Milestones will build a targeted service provider network in collaboration with partner facilities and providers in the targeted county to serve the person-centered needs of the consumer returning home from facility care.

Services/providers include transportation, home care services, assistive devices, nutrition, and communication needs.

4. Aging lowans are not accessing services in proportion to their population in our PSA.

Strategies to address service gap.

- a. Milestones will provide annual cultural competency training for staff based on unique demographics within PSA 5.
 - b. Milestones will build new or expand existing partnerships to connect minority aging lowans to our services (Nutrition, Information & Assistance, Options Counseling, Health Promotion) in identified locations where minorities are not currently accessing our services.
5. Many rural consumers do not currently have access to consistent nutrition due to isolated geography, physical mobility limitations, or lack of access to affordable food.

Strategies to address service gap.

- a. Develop and expand rural route deliveries to counties where needs are identified and fall within agency guidelines related to meal quantities and distance.
- b. Establish creative and cost-effective partnerships regarding meal providers (Mom’s Meals, Sister’s Homestyle Entrees, Iowa Café, etc.) in hard-to-reach areas.
- c. Develop an internal resource directory of rural community food resources (pantries, etc.) for referral purposes.

Indicators, Performance Measures & Fiscal Year Targets

Indicators & Targets

Progress Indicators	FY Target	Review Frequency
1a. Number of virtual EBP available	1 Falls Prevention 1 Chronic Disease Self-Management (CDSMP)	Annually
1b. Number of staff and/or community volunteers trained or re-trained in virtual or updated versions of EBP	2 Falls Prevention 2 CDSMP	Annually
1c. Number of rural counties with trained leaders in at least one EBP	3 new counties	Annually

1d. Number of new partners who refer aging lowans to EBP	1	Annually
1e. Number of new programs examined for cost-effective rural implementation/delivery to increase program access and EBP participation	2	Annually
2a. Number of older lowans receiving homemaker services in the targeted counties of Clinton, Scott, and Muscatine.	10 new consumers in each county	Annually
2b. Number of older lowans receiving chore services in the targeted counties of Clinton, Scott, and Muscatine.	5 new consumers in each county	Annually
2c. Number of older lowans receiving a transportation service from a non-public transportation provider in Clinton, Scott, and Muscatine counties with a choice of 2 additional transportation provider options.	5 new consumers in each county	Annually
3a. Number of older lowans who successfully transition from a facility and remain in the home after 90 days.	10 older lowans	Annually
3b. Number of health-related education trainings from on the topic of COPD, Heart Disease, Medication Management, Strokes, Diabetes, etc.	2 training topics	Annually
3c. Number of supportive home health care providers for Return to Community program	3 providers in each IRTC county where program is offered	Annually
4a. Number of training topics provided	1	Annually
4b. Number of new or expanded existing partnerships in targeted locations	1	Annually
5a. Number of rural routes established	4	Annually
5b. Number of new partnerships established to help serve meals in hard-to-reach areas	7	Annually
5c. Number of resources listed in the directory per county	3	Annually

Outcome Measures

Measure	Purpose	FY Target	Review Frequency
Percentage of Case Management cases closed because case management service was no longer needed.	To determine whether Case Management consumers receive supports and services for as long as they need or desire them in order to remain in their residence of choice.	80%	Quarterly
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.	24 months	Quarterly
Of congregate meal consumers served who may be socially isolated, percentage eating 4 meals at meal site in a month.	To determine whether congregate meal consumers who are potentially socially isolated have the opportunity to socialize in their community.	90%	Quarterly
Of home delivered meal consumers served who may be socially isolated, percentage receiving at least 8 meals in a month.	To determine whether home delivered meal consumers who are potentially socially isolated receive regular contact with a meal delivery person.	96%	Quarterly
Percentage of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role.	To determine whether [case management, and respite services] provide caregivers the supports and services they need to continue to provide informal care to care recipients.	90%	Quarterly

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

Agency programs and services that address goal 3.

The Milestones EAPA program has seen an increase of aging lowans experiencing financial exploitation. Up to 80% of referrals involve some form of exploitation, with an additional 51% relating to evictions or homelessness. MAAA is expanding and collaborating with several homeless and housing coalitions to increase awareness and assist in finding housing for vulnerable consumers facing barriers to affordable and accessible housing. Common barriers for the aging lowan include not only a limited fixed income, but also medical and mobility limitations.

Follow up contact indicates that only 10 percent of aging lowans referred by MAAA to Iowa Legal Aid have had a successful assistance outcome. Through collaborative efforts, MAAA is seeking to gain more effective outcomes to Iowa Legal Aid referrals for aging lowans' legal needs. Common referrals are landlord/tenant issues, Miller trusts, and the need for a substitute decision maker. Milestones is looking to improve the referral system so that aging lowans are receiving the legal assistance they need. For referral needs beyond the scope of Iowa Legal Aid, Milestones will seek alternative legal consultation so these additional needs can be addressed appropriately. MAAA will also increase offerings of relevant and timely Elder Rights presentations and webinars to the general population to assist preparations for future long term care planning.

Social isolation resulting from the pandemic has limited many aging lowans even more from access to families, friends, and service providers over the past year. This is now revealing greater negligence in caring for themselves and their homes. Also increasing are struggles with mental health issues, particularly in those with a history of these concerns. Using the assessment, EAPA staff will screen and evaluate those expressing signs of depression and self-neglect to ensure more frequent contact is made and additional behavioral health resources are made available to those showing symptoms of depression. MAAA is developing a behavioral health program to ensure staff have the tools and resources to recognize a mental health crisis. Through this program, aging lowans experiencing mental health concerns could consult with a qualified mental health professional for support.

Strategies to Address Service Gaps

1. Older lowans who experience abuse, poverty, and neglect are more likely to be at risk for homelessness, and face insufficient resources and support.

Strategies to address service gap.

- a. Milestones staff will collaborate with existing homeless coalitions in PSA 5 region such as Rolling Hills Coalition and the Transitions and Empowerment Programs to provide appropriate referrals for homeless aging lowans in the appropriate county of need.

- b. Milestones will develop criteria and procedures for the appropriate referrals and assistance to support the aging homeless. Examples are assistance with securing housing, assistance with budgeting for monthly utility bills and expenses, and help applying for additional assistance as appropriate.
 - c. Milestones EAPA staff will increase awareness and resources to local financial institutions and grocery stores in rural communities to identify at risk aging lowans for financial exploitation placing them at a higher risk for homelessness.
 - d. Additional training for staff on rental assistance and housing applications, and use of the various housing data bases (such as HUD, IFA, etc.).
 - e. Milestones will build partnerships with local providers such as the Rebuilding Together programs and Community Action agencies for home modifications and repairs. The goal is to help secure safe and habitable housing for older lowans whose current living conditions may be unsafe, putting them at risk for homelessness.
2. Older lowans at risk of increased public assistance need greater legal aid, specifically in the areas of financial, housing, and family legal issues.

Strategies to address service gap.

- a. Milestones will develop and implement a follow up request form for Iowa Legal Aid contract provider to track referral outcomes, specifically denials and the rationale thereof.
 - b. To address unmet need due to denial of legal aid, Milestones will explore private legal assistance providers.
 - c. Milestones will actively seek opportunities to bring virtual legal consultation to older lowans.
 - d. Milestones EAPA program will host educational opportunities on legal issues to aging lowans, offering workshops and webinars using both in person and virtual platforms.
3. Older lowans are experiencing increased rates of depression, hoarding, and self-neglect, and there are limited mental health resources available to address these needs.

Strategies to address service gap.

- a. Aging lowans expressing symptoms of depression due to social isolation will be contacted on a weekly basis by staff to provide reassurance and support.
 - b. To appropriately manage callers exhibiting mental health issues, staff will receive additional crisis training.
 - c. Implement a behavioral health program which would include contracting with a licensed mental health professional for the purposes of staff case consultation and consumer referrals.

Indicators, Performance Measures & Fiscal Year Targets

Indicators & Targets

Progress Indicators	FY Target	Review Frequency
1a. Number of partnerships formed with with homeless coalitions to provide resources for aging lowans at risk, to cover 10 high need counties in MAAA PSA region. Specific counties yet to be determined.	2	Annually
1b. List of criteria to evaluate housing assistance funding requests by consumers for items such as rental deposit or utility set up with the goal to serve 10 consumers.	10 consumers	Annually
1c. Number of communities made aware of risk factors through the delivery of staff presentations.	4 communities	Annually
1d. Number of 4-hour trainings on housing assistance through partners such as the Iowa Finance authority, HUD, and/or Rural USDA.	1	Annually
1e. Number of consumers assisted through home modification projects to reduce risk of homelessness.	5 consumers	Annually
2a. Number of consumers served using referral form focused on closing the referral gap, to be developed in collaboration with Legal Aid.	20 consumers	Annually
2b. Number of consumers served through new partnerships with appropriate and available private legal assistance providers.	10 consumers	Annually
2c. Number of consumers served on a virtual platform through new partnerships with appropriate and available private legal assistance providers.	2 consumers	Annually
2d. Number of consumers served through EAPA workshops/webinars offered on the topics of substitute decision-making and financial exploitation.	50 consumers	Annually
3a. Number of consumers expressing symptoms of depression that are contacted on a weekly basis monitoring.	10 consumers	Annually
3b. Number of 8-hour staff trainings on managing mental health crisis situations.	2	Annually

3c. Number of contracts with licensed mental health professionals	1	Annually
---	---	----------

Outcome Measures

Measure	Purpose	FY Target	Review Frequency
Percentage of EAPA Assessment & Intervention consumer cases closed with services no longer needed.	To evaluate resolution rate for a consumer's abuse, neglect, or exploitation situation.	80%	Quarterly
Percentage of EAPA Consultation consumers whose needs are met through provider referrals for Self-Advocacy.	To evaluate whether consumers are able to use information & referrals for self-advocacy in resolving abuse, neglect, or exploitation situation.	80%	Quarterly

Section 2: Service Projections

FY 2022 Projected Older Americans Act Consumers and Service Units

Service Program		Service Units Provided	Consumers Served	60+ Rural	60+ Minority	60+ Minority Below Poverty	60+ Below Poverty
01A: Administration	General Aging						
	Caregiver						
1: Personal Care	General Aging	1200	25	18	1	1	4
2: Homemaker	General Aging	10400	200	139	8	2	28
3: Chore	General Aging	1300	25	18	1	1	4
4: Home Delivered Nutrition	General Aging	280000	1925	1331	72	11	269
5: Adult Day Care / Health	General Aging	50	10	7	1	1	2
6: Case Management	General Aging	550	50	35	2	1	7
	Sen.Living Program	30	2	2	1	1	1
7: Congregate Nutrition	General Aging	110000	1650	1141	62	10	231
8: Nutrition Counseling	General Aging	8	8	6	1	1	2
9: Assisted Transportation	General Aging						
10: Transportation	General Aging	9000	300	208	12	2	42
11: Legal Assistance	General Aging	1000	500	346	19	3	70
12: Nutrition Education	General Aging	14600	1600	1106	60	10	224
13: Information & Assistance	General Aging	3200	2400	1659	90	14	335
	Sen.Living Program	32	30	21	2	1	5
14: Outreach	General Aging	1000	1000	691	38	6	140
	Sen.Living Program	6	6	5	1	1	1
A01: Material Aid: Home Mod/Repair	General Aging	60	50	35	2	1	7
B02: HealthPromo: Non Evidence-Based	General Aging	6000	880	609	33	5	123
B04: Emergency Response System	General Aging	130	15	11	1	1	3
B05: Behavioral Health Supports	General Aging	20	5	4	1	1	1
B07: Health Promotion: Evidence-Based	General Aging	60	60	42	3	1	9
C07: EAPA Consultation	General Aging	100	88	61	4	1	13
	Sen.Living Program	2	2	2	1	1	1
C08: EAPA Assessment &	General Aging	450	88	61	4	1	13

Intervention							
	Sen.Living Program	10	2	2	1	1	1
C09: EAPA Training & Education	General Aging	10	400	277	15	3	56
	Sen.Living Program						
D01: Training & Education	General Aging	598	99700	68889	3729	565	13905
	Sen.Living Program	2	300	208	12	2	42
E05: Options Counseling	General Aging	750	180	125	7	2	26
	Sen.Living Program	12	2	2	1	1	1
F06: MaterialAid: AsstTech Durable MedEquip	General Aging	20	20	14	1	1	3
F07: Material Aid: Consumable Supplies	General Aging	100	100	70	4	1	14
F08: Material Aid: Other	General Aging	40	30	21	2	1	5
CG3: CG Counseling	Caregiver	300	200	139	8	2	28
CG4: CG Information Services	Sen.Living Program	1	300	208	12	2	42
	Caregiver	120	3000	2073	113	17	419
CG7: CG Home Delivered Nutrition	Caregiver	75	5	4	1	1	1
CG8: CG Options Counseling	Sen.Living Program	5	1	1	1	1	1
	Caregiver	120	50	35	2	1	7
CG9: CG Case Management	Sen.Living Program	3	1	1	1	1	1
	Caregiver	27	3	3	1	1	1
CG10: CG Information & Assistance	Sen.Living Program	1	1	1	1	1	1
	Caregiver	700	600	415	23	4	84
CG11: CG Support Groups	Caregiver	540	45	32	2	1	7
CG12: CG Training	Caregiver	20	20	14	1	1	3
CG13: CG Congregate Nutrition	Caregiver						
CG14: CG Emergency Response System	Caregiver						
CG15: CG Supp Svcs: Consumable Supplies	Caregiver	7	7	5	1	1	1
CG22: CG Supp Svcs: Other	Caregiver	7	7	5	1	1	1
CG23: CG RespiteCare: In-Home	Caregiver	600	30	21	2	1	5
CG24: CG RespiteCare: Out-of-Home (Day)	Caregiver						
CG25: CG Respite Care: Out-of-Home (Overnight)	Caregiver	25	5	4	1	1	1
CG26: CG Respite Care: Other	Caregiver						
CG27: CG Supp Svcs: Asst Tech/Durable Med Equip	Caregiver	10	10	7	1	1	2
GO3: GO Counseling	Caregiver						
GO4: GO Information Services	Sen.Living Program						

	Caregiver						
GO7: GO Home Delivered Nutrition	Caregiver						
GO8: GO Options Counseling	Sen.Living Program						
	Caregiver						
GO9: GO Case Management	Sen.Living Program						
	Caregiver						
GO10: GO Information & Assistance	Sen.Living Program						
	Caregiver	40	30	21	2	1	5
GO11: GO Support Groups	Caregiver	540	45	32	2	1	7
GO12: GO Training	Caregiver						
GO13: GO Congregate Nutrition	Caregiver						
GO14: GO Emergency Response System	Caregiver						
GO15: GO Supp Svcs: Consumable Supplies	Caregiver						
GO22: GO Supp Svcs: Other	Caregiver						
GO23: GO RespiteCare: In-Home	Caregiver						
GO24: GO RespiteCare: Out-of-Home (Day)	Caregiver						
GO25: GO Respite Care: Out-of-Home (Overnight)	Caregiver						
GO26: GO Respite Care: Other	Caregiver						
GO27: GO Supp Svcs: Asst Tech/Durable Med Equip	Caregiver						

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

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

Services:

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	#
Projected Title IIIB Expenditure - Older Adults	Amount
Projected Other - State Expenditure - Older Adults	Amount
Projected Other - Non-State Expenditure - Older Adults	Amount
Projected Program Income Expended - Older Adults	Amount
Persons Served - Caregivers of Older Adult	#
Projected Title IIIE Expenditure - Caregivers Older Adult	Amount
Projected Other - State Expenditure -Caregivers Older Adult	Amount
Projected Other - Non-State Expenditure - Caregivers Older Adult	Amount
Projected Program Income Expended -Caregivers Older Adult	Amount
Persons Served - Older Relative Caregivers	#
Projected Title IIIE Expenditure - Older Relative Caregivers	Amount
Projected Other - State Expenditure --Older Relative Caregivers	Amount
Projected Other - Non-State Expenditure - Older Relative Caregivers	Amount
Projected Program Income Expended - Older Relative Caregivers	Amount

Caregiver Respite Voucher

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

OR

Agency utilizes 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	#
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	Y or N
Other - State Expenditure	Y or N
Other - Non-State Expenditure	Y or N
Program Income Expended	Y or N
Persons Served - Older Relative Caregivers	#
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	Y or N
Other - State Expenditure	Y or N
Other - Non-State Expenditure	Y or N
Program Income Expended	Y or N

Service Coverage & Wait List Information

Information & Service Assistance Services

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

Mandatory Services	Appanoose	Clinton	Davis	Des Moines	Henry	Jefferson	Keokuk	Lee	Louisa	Lucas	Mahaska	Monroe	Muscatine	Scott	Van Buren	Wapello	Wayne
Case Management	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
EAPA Assessment & Intervention	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
EAPA Consultation	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Information & Assistance	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
Options Counseling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Assistance: Information & Assistance (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Assistance: Case Management (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Counseling (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Options Counseling (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Optional Services	Appanoose	Clinton	Davis	Des	Henry	Jefferson	Keokuk	Lee	Louisa	Lucas	Mahaska	Monroe	Muscatine	Scott	Van Buren	Wapello	Wayne
Assistance: Information & Assistance (Older Relative Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Assistance: Case Management (Older Relative Caregiver)																	
Counseling (Older Relative Caregiver)																	
Options Counseling (Older Relative Caregiver)																	

Nutrition & Health Promotion Services

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

	Appanoose	Clinton	Davis	Des Moines	Henry	Jefferson	Keokuk	Lee	Louisa	Lucas	Mahaska	Monroe	Muscatine	Scott	Van Buren	Wapello	Wayne
Mandatory Services																	
Congregate Meals	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Evidence-Based Health Activities		X		X	X			X				X	X	X			
Health Promotion & Disease Prevention	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Home Delivered Meals	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

	Appanoose	Clinton	Davis	Des Moines	Henry	Jefferson	Keokuk	Lee	Louisa	Lucas	Mahaska	Monroe	Muscatine	Scott	Van Buren	Wapello	Wayne
Optional Services																	
Home Delivered Meal (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Home Delivered Meal (Older Relative Caregiver)																	

Services to Promote Independence

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

Optional Services	Appanoose	Clinton	Davis	Des	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
Emergency Response System	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Homemaker	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Material Aid	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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
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
Information Services (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Respite Care: <ul style="list-style-type: none"> • In-home(day) • Out-of-home (day) • Out-of-home (overnight) • Other (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Supplemental Services: <ul style="list-style-type: none"> • Assistive Technology/Durable Equip/Emergency Response • Consumable Supplies • Home Modifications/Repairs • Legal/Financial Consultation • Homemaker/Chore/Personal Care • Transportation • Nutrition Services (Congregate Meal & HDM) • Other (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Support Group (Family Caregiver)		X		X										X		X	
Training (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Information Services (Older Relative Caregiver)																	
Options Counseling (Older Relative Caregiver)																	
Respite Care (Older Relative Caregiver)																	
Supplemental Services: <ul style="list-style-type: none"> • Assistive Technology/Durable Equip/Emergency Response • Consumable Supplies • Home Modifications/Repairs • Legal/Financial Consultation • Homemaker/Chore/Personal 																	

Care <ul style="list-style-type: none"> • Transportation • Nutrition Services (Congregate Meal & HDM) • Other (Older Relative Caregiver)																		
Support Group (Older Relative Caregiver)														x				
Training (Older Relative Caregiver)																		

Area Plan Service Waiting List

Agency does **not** have a waiting list for any services.

OR

Agency has a waiting list for services as indicated in the following table.

Service with Waiting List	Typical Number of Individuals on Waiting List	Average Waiting List Time	Waiting List Prioritization Criteria

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 input nutrition data; they are supervised by nutrition staff and can be trained and monitored for accuracy.
 - *Remediation of problem areas:*
 - Monthly (at minimum) meetings held virtually with all 13 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 avoid/reduce serious outcomes.
 - Work with health inspectors to address any identified problem areas noted in inspections.
 - *Continuous improvement:*
 - Weekly meetings with the Nutrition Supervisors.
 - Nutrition service surveys will be 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.
- **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.
 - Staff are notified if they have missing data; if the staff person is not clear on the direction, then additional training is provided.
 - Weekly Team Meets for all LifeLong Links program staff are conducted to provide informational updates and new implementation of services.
 - Planning Options Counseling/Case Mgmt. services consumer surveys.

- *remediation of problem areas:*
 - For reoccurring staff data concerns, a request for additional training or clarification from IDA and or Wellsky training is requested.
- *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 include I-Smile Silver program from IDPH, Easter Seals Assistive Technology, Healthcom ERS, and Medication Mgmt.
- **Contracted Providers –**
 - *data collection to assess ongoing program implementation:*
 - Reports are submitted to the agency by each vendor on a regular basis (generally monthly) detailing number of consumers served and number of units provided.
 - Submission reviewed; providers contacted if questions or concerns.
 - Provider expenditures are monitored on a quarterly 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 site visit to review each provider's services, credentials, and practices.

Section 4: Public Input

On March 18, a presentation was given to the Milestones Advisory Council for input detailing the FY22 – FY25 Area Plan and the public hearing agenda.

Additional methods Milestones used to obtain public input include a Public Hearing via Zoom, which was promoted as follows: An Area Plan presentation link was posted on Milestones website on 3/12/21: Public Hearing: FY 2022-2025 Area Plan – Milestones (milestonesaaa.org) with an accompanying graphical link featured on home page and instruction on how to provide input; a Facebook event was created including a zoom link to area plan presentation, posted on Milestones Facebook page on 3/17/21: <https://fb.me/e/1AYFt40ag>; a press release was submitted to 19 print publications in the Milestones PSA on 3/17/21 which read as follows:

Milestones AAA to Present Area Plan on March 31

Milestones Area Agency on Aging will be holding a public hearing to receive public input and comments regarding the agency's Area Plan for State Fiscal Years 2022 – 2025. The hearing is scheduled to take place at 10:00 AM on Wednesday, March 31, 2021 via Zoom. The Zoom link can be found on the agency's website milestonesaaa.org.

Milestones is one of 6 Area Agencies on Aging in the state of Iowa and serves 17 counties in southeast Iowa. The area plan will cover program goals for fiscal years 2022-2025.

Milestones Area Agency on Aging is committed to working with communities and community-based organizations to increase awareness for aging successfully with dignity and independence.

The following publications received this notice: Moravia News, Clinton Herald, Dewitt Observer, Bloomfield Democrat, The Hawkeye (Burlington), Keokuk News, Fort Madison Daily Democrat, Oskaloosa Herald, Albia News, Quad City Times, Ottumwa Courier, Mature Focus, Mediapolis News, North Scott Press, Bettendorf News, Seymour Herald, Chariton Leader, Van Buren County Register, Southeast Iowa Union, Fairfield Weekly Reader, Wayne County Independent, and the Daily Iowegian (Centerville).

The agency also included a “Notice of Public Hearing” in the Milestones Email Newsletter on 3/10/21, and followed that up with a subsequent e-mail blast to the agency’s entire subscriber list on 3/15/21. This notification also included the zoom link to the presentation.

Public Hearing Information

A. Text copy of public hearing notice:

Opportunity for Public Comment

Milestones Area Agency on Aging will be holding a public hearing to receive public input and comments regarding the agency's Area Plan for State Fiscal Years 2022 – 2025. The hearing is scheduled to take place at 10:00 AM on Wednesday, March 31, 2021 via the Zoom virtual platform at the following link:

<https://zoom.us/j/97545430260?pwd=cGw0d1pxZTlOVtZWmVvOVZmak81Zz09>

Meeting ID: 975 4543 0260

Passcode: 338389

You can also call in using the following phone number and meeting ID:

Phone number: 1-312-626-6799

Meeting ID: 975 4543 0260

Area Plan draft narrative and public hearing login information are posted on the Milestones website at www.milestonesaaa.org

This plan pertains to services provided in Milestones' 17-county service area which includes CLINTON, SCOTT, MUSCATINE, LOUISA, DES MOINES, HENRY, LEE, VAN BUREN, JEFFERSON, KEOKUK, MAHASKA, WAPELLO, DAVIS, APPANOOSE, MONROE, LUCAS, AND WAYNE counties.

Any Iowa resident in the Milestones service area is encouraged to participate in this public hearing, 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 groups to whom the notice was sent on 3/15/2021:

Notice was posted on website and distributed as indicated previously. Milestones' subscriber list includes 485 verified addresses. Some of the groups represented on this list include: HRSA; Friendship Manor; Grand Haven Retirement; CADS; Help at Home; SunnyBrook Management; ManorCare; Coventry Apartments; Unity Point; St. Ambrose University; Centers for Independent Living; Alzheimer's Association; Friendly House; Community Action/Project Now; Hispanic Chamber of Commerce; Christian Care; Safer Foundation; Des Moines County; Appanoose County; United Healthcare; AARP; Consonus Healthcare; ADDS of SE Iowa; QC Community Foundation; Lee County Health Dept; Henry County Health Dept.; Henry County; DivvyDose; Aetna; Iowa Compass; PSA public transit systems; DHS; Alternatives; University of Iowa; Iowa State University; Bethany; Salvation Army; Mobile Nursing Services; Health Alliance; Lutheran Services; Good Samaritan; Henry County; Riverboat Authority; Delta Dental; Iowa Law; NAACP; Wells Fargo; Goodwill; Genesis Health; Family Resources; the Fellowship Cup; Homebound Health; City of Muscatine; City of Burlington; United Way; Wellmark; Keokuk Foundation; Iowa Senior Planning; Home Instead; SE Iowa Case Management; CASI; QC Elder Consortium; Golden Dreams Homecare; Wapello County; Carver Trust; Trinity hospital; and various county offices, banks, churches, real estate associations, assisted living facilities, etc.

C. Public Hearing Agenda

Milestones Area Agency on Aging public hearing to receive public input and comments regarding the agency's Area Plan for State Fiscal Years 2022 – 2025.

Date: Wednesday, March 31, 2021

Time: 10 AM

Platform: Zoom virtual platform at the following link:

<https://zoom.us/j/97545430260?pwd=cGw0d1pxZTIOVTZWMMVvOVZmak81Zz09>

Meeting ID: 975 4543 0260

Passcode: 338389

You can also call in using the following phone number and meeting ID:

Phone number: 1-312-626-6799

Meeting ID: 975 4543 0260

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 CG), Nutrition Counseling
 - b) Evidence-Based Programs
 - c) Older Relative Caregiver Services Information & Assistance (new)
 - d) Chore (new)
 - e) Caregiver support groups
5. Additional new services Milestones will be offering beginning FY2022:
 - a) Behavioral Health Supports (Mental health outreach services to an older individual provided directly by an AAA or subcontracted to a recognized behavioral health provider within the community)
 - b) Personal Care (Assistance with Activities of Daily Living and/or health-related tasks provided in a person's home or possibly other community setting)
6. Adjournment

Area Plan draft narrative and public hearing login information are posted on the Milestones website at www.milestonesaaa.org

This plan pertains to services provided in Milestones' 17-county service area which includes CLINTON, SCOTT, MUSCATINE, LOUISA, DES MOINES, HENRY, LEE, VAN BUREN, JEFFERSON, KEOKUK, MAHASKA, WAPELLO, DAVIS, APPANOOSE, MONROE, LUCAS, AND WAYNE counties.

Any Iowa resident in the Milestones service area is encouraged to participate in this public hearing, 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.

D. List of people present at the hearing:

March 18 Advisory Council meeting attendees: Ray Doser, Peggy Fisher, Jim Howell, Richard Roller, Julie Schilling, Patricia Steiner, Stephen Swisher, Bill Thom, Sheri Wilson, Becky Passman, Dawn Carstensen, Jeri Swisher, Kelly Ripperger, Maria Trevino, and Peggy Heemsbergen

March 31 Zoom Public Hearing Attendees: Annette Jones, Chad Carr, Sonita Oldfield-Carlson, Mike Mathews, Dawn Carstensen, Pam Taylor, Julie Schilling, Patricia Steiner, Megan Pederson, Becky Passman, Mariela Trevino, Bill Thom, Heather Maize, Michelle Marcove Weiser.

E. Summary of Public Hearing:

On March 18, a presentation was given to the Milestones Advisory Council detailing the FY22 – FY25 Area Plan and the public hearing agenda. Input was requested. Comment was made regarding the targets, stating that the performance indicator targets provided in the plan seemed low. It was explained that the targets stated were considered a minimum, and that we would have an opportunity each year to reevaluate. If a target could be reasonably increased, a new number could be set.

On March 31 at 10 AM, a Public Hearing was held via Zoom. Prior to the Public Hearing Agenda items being presented, a PowerPoint presentation was given in which background information was given regarding the establishment of AAAs through the Older American's Act, Milestones Area Agency on Aging, and the purpose and process of the area plan. Then a review of FY22 – 25 Area Plan Draft goals, gaps, and strategies was presented. After this background material was covered, the Public Hearing was called to order and the agenda items were addressed. Comments/input was requested. Hearing none, participants were reminded that feedback could 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. No comments were received.

Governing Body for: Milestones Area Agency on Aging
Updated On: April 19, 2021

Chair

Name	Address	City & Zip	County	Phone & Email	Board Term Expires
Julie Schilling	815 Canterbury Drive	Burlington	Des Moines	319-759-5267 jschillingrn@aol.com	June 2022

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Board Term Expires
Richard Roller	2414 18 th Street	Bettendorf 52722	Scott	563-355-8345 Richard@PearsonBollmanLaw.com	June 2028

Secretary/Secretary-Treasurer

Name	Address	City & Zip	County	Phone & Email	Board Term Expires
Stephen Swisher	3324 Forest Road	Davenport 52807	Scott	563-359-3289 Swisher62169@gmail.com	June 2022

Other Members

Name	Address	City & Zip	County	Phone & Email	Board Term Expires
Jim Howell	25827 140 th	Columbus Junction 52738	Louisa	319-728-7602 howell@louisacomm.net	June 2021
Bill Thom	2015 South 10 th	Centerville 52544	Appanoose	641-856-2505 billy9@mchsi.com	June 2023
Sheri Wilson	2621 S. 14 th Street	Burlington 52601	Des Moines	319-753-0193 sheri.wilson@caofseia.org	June 2028
Peggy Fisher	1708 Old Farm Rd.	Fairfield 52556	Jefferson	641-919-7664 p.fisher@wapellocouw.org	June 2030

Advisory Council

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

Older Americans Act Code of Regulations, Subpart C, Sec. 1321.57(b) Composition of Council.

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

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

If the agency's Advisory Council does not currently meet all 7 composition criteria listed above, provide the following information:

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

None, all composition criteria are satisfied.

Advisory Council for: Milestones Area Agency on Aging
Updated on: April 19, 2021

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Raymond Doser	P.O. Box 73	Lovilia 50150	Monroe	641-946-7320 rddoser@iowatelecom.net	June 2025	1, 2, 7

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Sheri Wilson	2621 S. 14 th Street	Burlington 52601	Des Moines	319-753-0193 sheri.wilson@caofseia.org	June 2028	2, 4, 5

Other Members:

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Julie Schilling	815 Canterbury Drive	Burlington	Des Moines	319-759-5267 jschillingrn@aol.com	June 2022	3, 4, 5
Richard Roller	2414 18 th Street	Bettendorf 52722	Scott	563-355-8345 Richard@PearsonBollmanLaw.com	June 2028	2, 4, 5
Stephen Swisher	3324 Forest Rd	Davenport 52807	Scott	563-359-3289 Swisher62169@gmail.com	June 2022	1, 2, 5, 7
Jim Howell	25827 140 th	Columbus Junction 52738	Louisa	319-728-7602 howell@louisacomm.net	June 2021	1, 2, 7
Bob Waugh	15433 105 th Rd	Libertyville 52567	Jefferson	641-919-0042 bobwaugh89@gmail.com	June 2021	1, 2, 5, 6
Patricia Steiner	102 W. Main St.	Mediapolis 52637	Des Moines	319-753-1414 patty.steiner@gmail.com	June 2022	1, 2, 3, 5
Bill Thom	2015 South 10 th	Centerville 52544	Appanoose	641-856-2505 billyt9@mchsi.com	June 2023	1, 2, 7

Liz Sherwin	P.O. Box 6156	Rock Island 61204	Scott	309-793-2942 liz@iicil.com	June 2022	2, 4, 5
Peggy Fisher	1708 Old Farm Rd.	Fairfield 52556	Jefferson	641-919-7664 P.Fisher@wapellocouw.org	June 2028	2, 4, 5, 7

LifeLong Links Advisory Council

LifeLong Links Advisory Council for: Milestones Area Agency on Aging

Updated On: April 19, 2021

Name	Organization	Address	City & Zip	County	Phone & Email
Meghan Peddersen	Alzheimer's Association	2208 E. 52nd St	Davenport 52807	Scott	563-324-1022 mepedersen@alz.org
Emerie Ernst	VA Clinic	2979 Victoria St.	Bettendorf 52722	Scott	563-332-8528 Emerie.Ernst@va.gov
Elizabeth Casillas	Caregiver	4728 Montana Ave.	Davenport 52806	Scott	563-391-1651 Lizcas710@aol.com
Penny Vacek	Senator Grassley's office	201 W. 2nd, Suite 720	Davenport 52801	Scott	563-322-4331 Penny_Vacek@grassley.senate.gov
Deb Philpott	South Central Center for Independent Living	117 1st Avenue W	Oskaloosa 52577	Mahaska	641-672-1867 Brookie43@gmail.com
Kathy Starling	Ia/IL Center for Independent Living	501 11th Street	Rock Island, IL 61201	Muscatine	309-793-2942 starling@iicil.com
Lynee Burkin	Retired Senior Volunteer Program	315 S. 2nd Street	Clinton 52732	Clinton	563-243-7787 Lburkin-rsvp@hotmail.com
Ellen Berberich	Eagle View Behavior Health	707 Tanglefoot Ln	Bettendorf IA 52722	Scott	(563) 396-2100 (office) Ellen.Berberich@strategicbh.com
Julie Schilling	MAAA Board	815 Canterbury Drive	Burlington	Des Moines	319-753-6649 jschillingrn@aol.com

Ryann Wood	Southeast LINK Iowa Mental Health Disability	PO Box 937	Keokuk 52632	Lee	319-372-5681 rwood@leecounty.org
Amber Tompkins	Rolling Hills Coalition with Central Iowa Shelters & Services	1420 Mulberry Street	Des Moines, 50309	Wapello	515-402-3324 ATompkins@centraliowashelter.org

Attachments

- Authorized Signatures
- Grievance Procedures
- Staffing and Volunteer Information
- Nutrition Services, Service Providers, and Senior Center/Focal Points
- Emergency Plan and Development Summary
 - Policy and Procedure for Emergency/Disaster and Continuity of Operations Plan
 - Normalizing Operations During COVID-19: An Area Agency on Aging Framework
- Policy: Notification for Accommodation of Digital Spaces

Authorized Signatures

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

Authorized Signatures for Funding Applications and Contracts

Print Name: Becky Passman

Becky J. Passman, CEO
Signature of Executive Director 4/27/2021
Date Signed

Print Name: Julie Schilling

X *Julie Schilling*
Signature of Chair, Governing Body 4/23/21
Date Signed

Authorized Signatures for Fiscal Reports

Print Name: Becky Passman

Becky J. Passman, CEO
Signature of Executive Director 4/27/2021
Date Signed

Print Name: Julie Schilling

X *Julie Schilling*
Signature of Chair, Governing Body 4/23/21
Date Signed

Print Name: Mariela Treviño, Fiscal Director

MT
Signature of Fiscal Director 4/27/21
Date Signed

Authorized Signatures for Program Reports

Print Name: Becky Passman, CEO

Becky J. Passman, CEO
Signature of Executive Director

4/27/2021
Date Signed

Print Name: Dawn Carstensen, LifeLong Links Program Director

Dawn Carstensen
Signature of LifeLong Links Program Director

4-29-2021
Date Signed

Grievance Procedures

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

PUBLIC INFORMATION: This procedure is available upon request at Milestones AAA offices in Davenport, Burlington, or Ottumwa. Consumers may also call 563-324-9085 to request a copy by mail. Information on how to request the policy is also listed on the Milestones website.

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 2022 (7/1/2021).

Position	Total Number
Staff (paid) full-time:	51
Staff (paid) part-time:	80
SCSEP Beneficiaries:	0
AAA Volunteers:	481

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

Please confirm that the information detailed below is current in the SAMS database system for your agency.

Nutrition Services

Agency staff reviewed the following Nutrition Services information entered into the case management system (Wellsky) and verified that the information is current as of April 26, 2021.

Nutrition Services information to be verified for accuracy includes:

- Location
- Frequency

Service Providers of OAA Services

Agency staff reviewed the Service Provider information entered into the case management system (Wellsky) and verified that the information is current as of April 30, 2021.

Senior Centers and Focal Points

Agency staff reviewed the Senior Center and Focal Point information entered into the case management system (Wellsky) and verified that the information is current as of April 26, 2021.

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

Selecting Senior Centers & 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).

Emergency Plan and Plan Development Summary

As noted in the past plan updates, MAAA recently updated office emergency procedures, coordinated with emergency management agencies in our PSA, local police, participated in and Iowa Institute of Public Health Policy and Research project through the University of Iowa on the topic of disaster management, coordinated with local police for “Active Shooter” training in each Milestones office, and coordinated with FEMA and EMS for natural disaster relief.

FY20 brought the COVID-19 pandemic, which is still ongoing. In FY20 and FY21, MAAA’s active coordination and collaboration increased with multiple entities and it is expected to remain at high levels in FY22. In coordination with i4a, the six Iowa AAAs partnered to produce a COVID-19 Operations Framework to help inform the AAA response statewide in a coordinated fashion. Over the course of FY21, MAAA has actively collaborated with the Food Banks, county and State Public Health Departments, Community Health Care, pharmacies, hospitals and clinics, and will continue to grow and maintain these partnerships. In addition to maintaining safe operating procedures and promoting vaccination, MAAA will continue to develop and fine-tune policies, protocols, and procedures for nutrition program reopening, home visits, post-COVID office schedules, and general service delivery. We expect to be in a continual process of potential calibration of operational protocols, as conditions are anticipated to continue to change and evolve as knowledge about the virus increases.

**POLICY AND PROCEDURE FOR
DISASTER/EMERGENCY PLAN
CONTINUITY OF OPERATIONS PLAN**

Milestones Area Agency on Aging

**623 Pennsylvania Avenue
Ottumwa IA 52501**

**935 E. 53rd Street
Davenport, IA 52807**

**509 Jefferson Street
Burlington, IA 52601**

1-855-410-MAAA (6222)



DISASTER/EMERGENCY PLAN

Continuity of Operations Plan

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.

PLANNING AND TRAINING

Policy: 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.

I. Continuity of Operations Plan - COOP

In the event that one of Milestones outside offices is destroyed, services will continue in one of the main offices in Burlington, Davenport or Ottumwa. If one of the three main offices is destroyed, services will continue in the other two main offices and the CEO will determine best location for a new location dependent upon the severity of the damage within the community and availability.

II. Chronology of Response

1. Disaster is declared by local, state, or federal official.
2. Milestones CEO contacts Emergency Management Coordinator in affected county(s) and gives reminder of the Milestones AAA resources (both staff and financial) that are available to assist elderly citizens affected by the disaster.
3. If the Emergency Management Coordinator requests Milestones AAA's assistance, the CEO will notify the Board Chairperson of Milestones AAA and keep them up to date on the emergency.
4. The CEO will inform its Program Directors of the Milestones AAA role in disaster response.
5. Disaster response headquarters are established in conjunction with the Emergency Management Coordinator.

III. Disaster Response

1. ALERT & NOTIFICATION

A. Working Hours -- Notification

Upon notification, by radio, phone call, or by any other reliable means that a disaster has struck, or is about to strike, whoever has been so notified is responsible for immediately informing the CEO.

This step of notifying the CEO has priority over any other agency business. Regardless of where they are or what activity they are engaged in, the CEO is to be notified immediately and without hesitation.

In the event the CEO cannot be reached, the Program Directors will assume the duties of the CEO until they can be notified and is able to assume direct control.

In the event of the unavailability or incapacity of the CEO, the Program Directors must take over responsibility and oversight of the agency.

All staff members included in this emergency succession plan shall have a copy of this plan and appropriate contact information. It is the staff's responsibility to maintain and be able to locate this information immediately during an emergency. The Board Chairman of Milestones AAA will be notified and kept up to date on emergency.

B. After Hours - - Notification

Upon notification by any reliable means of a disaster within Area 5, any employee of the Milestones AAA shall alert the CEO of the situation by calling him/her at home regardless of the hour.

At this point, the CEO will determine whether or not immediate response is required by contacting the Emergency Management Coordinator in the affected county (ies). He/she may elect to notify appropriate staff, or may elect to wait until normal working hours.

The above procedure applies during weekends, holidays, and after 5 PM on weekdays.

C. Preferred and Backup Notification Strategies

The preferred methods of communications with Milestones AAA staff, partners, consumers and Iowa Department on Aging will be by telephone landline and/or email. Cell phone contact will be our backup method to those who we have appropriate contact numbers.

D. Additional Staff & Alert Notification

The Disaster Preparedness Coordinator will assess as best he/she can the extent of the area involved in the response, and shall implement staff notification procedures based on his/her decision.

E. Staff Meeting

Staff shall be called together at the discretion of the CEO to determine appropriate actions.

At this time, if known, the staff will be informed and will establish the appropriate staffing for the Milestones AAA program resources to meet special disaster needs of the elderly will be formulated.

2. ASSESSMENT OF NEED

A. The CEO and the Emergency Management Coordinator and/or other appropriate emergency officials (EMA, FEMA, Homeland Security), will assess the impact of the disaster upon elderly persons within the affected area and will instruct appropriate staff and volunteers to determine:

1. Numbers and general location of senior citizens.
2. Urgent and special needs of the elderly.
Needs such as shelters (meal sites, churches, senior centers, volunteers' homes...), food, transportation, and legal assistance with private and governmental agencies (utilities, welfare services, disaster relief service...).
3. Availability and accessibility of services.
Are roads clear? Traffic permitted? Is it safe to use private cars of volunteers? Is any public transportation in operation?
4. Geographic scope of disaster: Disaster Preparedness Coordinator with the help of the Team Leaders will need to establish amount of damage to seniors, type of elderly victimized (frail, low-income, rural).

B. The next step will be to weigh the needs of elderly in disaster area against agency resources.

Issues to consider:

- What urgent needs are not being met?
- What needs can Milestones AAA address immediately?
- Do resources need to or can be redirected?
- What barriers exist and how can they be removed to get services to seniors as soon as possible?

C. Disaster Preparedness Coordinator will maintain periodic communication with authorities to offer assistance until the emergency resolves and/or all agencies available resources are depleted or inaccessible.

IV. Agency Personnel Considerations

1. In the event of a disaster, the CEO/ will coordinate the agency's response to disaster.

2. Employees of Milestones AAA are expected to assist in relief efforts under the supervision of the CEO and Program Directors regardless of normal working hours.
 - A. Exempt personnel will not be compensated beyond their normal salary for additional hours of work in the course of relief efforts.
 - B. Non-exempt employees will be compensated for scheduled additional work hours as appropriate.
 - 1) Classified employees will meet with their supervisor following the completion of all relief efforts to determine compensatory time.
 - 2) Compensatory time will be taken with the approval of the CEO.
3. Refusal by a full-time or part-time employee to comply with instructions from the CEO will constitute grounds for disciplinary action, including termination of employment.

V. Training and Emergency/Disaster Drills

Milestones AAA staff will review the Disaster/Emergency Plan - Continuity of Operations Plan as an in-service item on an annual basis. Also, administrative staff will review for updates and revisions on an annual basis as well as after any drills.

Milestones AAA will participate in emergency/disaster drills when notified by the IDA (Iowa Dept on Aging) or any city or county official, implement our plan, and report our action back to IDA or any city or county official.

Procedures:

1. Milestones AAA receives a phone call from the Department on Aging (IDA) or any city or county official informing of the drill. The phone call is forwarded to the Disaster Preparedness Coordinator first and on as listed in ALERT & NOTIFICATION staff succession procedure should the Disaster Preparedness Coordinator not be available.
2. The Milestones AAA staff takes careful notes from IDA or city or county official to clearly understand the details of the drill so as to be able to determine what action steps to take if it were real.
3. Milestones AAA will use its disaster plan to determine how to proceed.
4. The Goal: To communicate the drill to Milestones AAA staff and any subcontractors that would be impacted, asking subcontractors to communicate as they would do given the chosen scenario. Everyone provides a written summary of their response to the

- Disaster Preparedness Coordinator, who compiles them into a summary report and forwards it to the appropriate person(s).
- a) Milestones AAA must first consider which staff and/or subcontractors would be impacted directly or indirectly by the disaster. These are put on a list that can be divided between staff for contacting. These calls should be divided amongst team members other than the central office personnel because in a real emergency they would most likely be fielding many incoming calls and taking appropriate action as instructed by the appropriate authorities.
 - b) A clear and concise message is prepared to share with staff and subcontractors that tell them exactly what they are being asked to do.
 - c) Depending on the number of phone calls needed, staff set aside their work as necessary to assist with phone calls.
Staff who does not assist in contacting local agencies will be told what they would do in the event that this event was real.
 - d) Everyone involved documents their activity related to the drill and forwards the documentation to the CEO who prepares a report for the appropriate person(s).
 - e) The purpose of the drill is to be a learning activity. Milestones AAA should use this opportunity to coach staff and subcontractors who are not prepared to respond to develop a plan for future use.
5. Milestones AAA will use the drill experience to evaluate its disaster/emergency plan and make revisions as desirable.
 6. Milestones AAA will have individual tornado and fire procedures for each building. Those agency staff that are housed in facilities owned by another entity will follow the guidelines and procedures of that entity.

MILESTONES AREA AGENCY ON AGING DISASTER TEAM - POC

Becky Passman – Milestones AAA - CEO (Davenport office)

Telephone: Cell: 390-738-7746

Email: bpassman@milestonesaaa.org

Pam Taylor – Milestones AAA Services Director (Burlington office)

Telephone: Home: 319-753-3874 Cell: 319-750-7982

Email: ptaylor@milestonesaaa.org

Mariela Trevino – Milestones AAA Fiscal Director (Davenport office)

Telephone: 563-484-3147 Cell: 309-721-1621

Email: mtrevino@milestonesaaa.org

Dawn Peterson – Milestones AAA HR Director (Davenport office)

Telephone: 563-484-3152 Cell: 309-721-9115

Email: dpeterson@milestonesaaa.org

Dawn Carstensen-Milestones AAA LifeLong Links Director (Davenport office)

Telephone: 563-357-3895

Email: dcarstensen@milestonesaaa.org

Mike Mathews – Milestones Marketing & Graphic Design Coordinator (Davenport office)

Telephone: 563-723-5966

Email: mmathews@milestonesaaa.org

Sharon Schnoor - Milestones AAA Office Assistant (Davenport)

Telephone: 569-210-7327

Email: sschnoor@milestonesaaa.org

Team Leader – Christina Wolfe

Telephone: 641-954-2600

Email: cwolfe@milestonesaaa.org

Team Leader – Joni Osborn

Telephone: 563-370-0861

Email: josborn@milestonesaaa.org

Team Leader – Kelly Ripperger

Telephone: 319-850-6145

Email: kripperger@milestonesaaa.org

Administrative Coordinator - Peggy Heemsbergen
Telephone: Cell: 641-799-1127
Email: pheemsbegen@milestonesaaa.org

Adult Rights/VOCA Program Lead – Theresa Davison
Telephone: 563-484-3105
Email: tdavison@milestonesaaa.org

Information & Assistance and Family Caregiver Specialist – Joan Nydle
Telephone: Home: 641-682-7993 Cell: 641-226-2558
Email: jnydle@milestonesaaa.org

Information & Assistance and Family Caregiver Specialist – Karen Coats
Telephone: 563-650-7449
Email: kcoats@milestonesaaa.org

PLANNING & TRAINING CHECK LIST

PLANNING

Update Existing COOP

	Yes	No	Complete	Comments
Clarify AAA chain of command	X			Review annually
Select AAA disaster POC	X			Review annually
Update communication protocols	X			Review annually
Educate staff (& family) on COOP	X			Review annually
Evaluation & shelter-in-place plan				
Develop volunteer assistance plan	X			Work with Red Cross and other volunteer agencies as needed.
Other				

Building Facilities & Alternate Facilities

	Yes	No	Complete	Comments
Identify alternate operations facility	X			Barrier would be if regional power outage, may need to find alternate location with a generator service.
Identify mission critical services	X			
Organize service delivery plans	X			
Secure IT Systems	X			Backup is at another location
Secure client files, records, data base	X			
Secure financial systems	X			Backup on fiscal software
Other				

Gaps in Services / Products

Have VOADS cataloged this information? Is it available to AAA

	Yes	No	Complete	Comments
Identify unmet needs before disaster strikes (special needs shelters; mental health)				Will identify unmet needs based on specific situation.
Identify Service Areas & Resources	X			
Identify Current Capacity/ Meet Needs	X			
Design Mechanism to get Resources to emergency managers	X			Possible barrier is county EMA acknowledging Milestones & staff resources.
Other				

TRAINING

	Yes	No	Complete	Comments
Train AAA staff	X			Review annually as requested.
Participate in training exercises	X			
Test COOP	X			Annual in-service training.
Promote regionally sponsored training among partners	X			Participates as requested.
Other				

NETWORKS & PARTNERSHIPS

Key Partners: Local/county/state agencies to include 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.

I. Disaster Response

1. ALERT & NOTIFICATION

A. Working Hours -- Notification

Upon notification, by radio, phone call, or by any other reliable means that a disaster has struck, or is about to strike, whoever has been so notified is responsible for immediately informing the CEO.

The CEO will notify the Program Directors. Program Directors will notify staff based on the chain of command.

B. After Hours - - Notification

Upon notification by any reliable means of a disaster within Area 5, any employee of the Milestones AAA shall alert the CEO of the situation by calling him/her at home regardless of the hour.

At this point, the CEO will determine whether or not immediate response is required by contacting the Emergency Management Coordinator in the affected county (ies). He/she may elect to notify appropriate staff, or may elect to wait until normal working hours.

The above procedure applies during weekends, holidays, and after 5 PM on weekdays.

C. Preferred and Backup Notification Strategies

The preferred methods of communications with Milestones AAA staff, partners, consumers and Iowa Department on Aging will be by telephone landline and/or email. Cell phone contact will be our backup method to those for whom we have appropriate contact numbers.

D. Additional Staff & Alert Notification

The CEO and Program Directors will assess as best they can the extent of the area involved in the response, and shall implement staff notification procedures based on their decision.

E. Staff Meeting

Staff shall be called together at the discretion of the CEO to determine appropriate actions.

At this time, if known, the CEO will inform the Program Directors of the location of the Disaster Support Center, and will establish the appropriate staffing for the Milestones AAA program resources to meet special disaster needs of the elderly will be formulated.

II. Emergency Management Agencies Coordinators by County

In case of disasters such as severe weather, tornadoes, chemical spills etc., please contact them immediately at any time day or night. If for some reason there is no answer, contact the State Emergency Management Office at (515) 725-3231. This number is answered 24 hours a day.

**(All listed Emergency Management Coordinators are also Homeland Security
Coordinators unless otherwise stated)**

<i>County</i>	<i>Name</i>	<i>Title</i>	<i>Contact Number</i>
Appanoose:	Mike Lamb, Coordinator	(641) 724-3223, Fax: (641)724-3273	Appanoose County Emergency Management Agency 12307 Highway 5 PO Box 399 Moravia, IA 52571 E-Mail: adlmema@iowatelecom.net
Clinton:	Chance Kness, Coordinator	(563) 242-5712, Fax: (563) 242-3095	612 N 2 nd Street Clinton, IA 52733 Email: ckness@clintoncounty-ia.gov
Davis:	Mike Lamb, Coordinator	(641) 724-3223, Fax: (641)724-3273	Davis County Emergency Management Agency 12307 Highway 5 PO Box 399 Moravia, IA 52571 E-Mail: adlmema@iowatelecom.net
Des Moines:	Gina Hardin, Coordinator	(319)753-8206, Fax (319) 753-8731	512 N. Main Street, Suite 1 Burlington, IA 52601 harding@dmcounty.com
Henry:	Walter Jackson, Coordinator	(319) 385-1479, Fax: (319) 385-1436	900 W. Washington Street Mt. Pleasant, IA 52641 wjackson@henrycountyiowa.us
Jefferson:	Brett Ferrel, Coordinator	(641)472-3054 /Fax: (641)469-3353	Jefferson Co. Emergency Management Services 1200 W. Grimes Fairfield, IA 52556-2778 E-Mail: ema@jeffersoncoiowa.com
Keokuk:	Larry Smith, Coordinator	(641)622-2528/ Fax: (641)622-2139	Keokuk Co. Emergency Management Agency 1303 200 th Ave Sigourney, IA 52591-0273 E-Mail: lsmith5450@lisco.com

Lee: Steve Cirinna, Coordinator (319) 372-4124, Fax: (319) 372-7758
811 Avenue E
PO Box 240
Ft. Madison, IA 52627
Email: coordinator@leecountyema.com

Louisa: Staci Griffin, Coordinator (319-750-1128, Fax: (319) 729-2131
12635 County Road G56
Wapello, IA 52653
louisaema@louisacomm.net

Lucas: Mike Lamb, Coordinator (641) 724-3223, Fax: (641)724-3273
Lucas County Emergency Management Agency
12307 Highway 5
PO Box 399
Moravia, IA 52571
E-Mail: adlmema@iowatelecom.net

Mahaska: Jamey Robinson, Coordinator (641)672-1209 / Fax: (641)673-2588
Mahaska Co. Emergency Management Agency
214 High Ave. East
Oskaloosa, IA 52577
E-Mail: ema@mahaskacounty.org

Monroe: Mike Lamb, Coordinator (641) 724-3223, Fax: (641)724-3273
Monroe County Emergency Management Agency
12307 Highway 5
PO Box 399
Moravia, IA 52571
E-Mail: adlmema@iowatelecom.net

Muscatine: Brian Wright, Coordinator (563) 288-3909, Fax: (563) 288-4235
312 E 5th Street
Muscatine, IA 52761
mshook@muscatineia.gov

Scott: David Donovan, Coordinator (563) 484-3050, Fax: (563) 388-5092
1100 E. 46th Street
Davenport, IA 52807
scema@msn.com

Van Buren: Dave Drummond, Coordinator (319) 288-0883, Fax: (319)293-6404
Van Buren Co. Emergency Management Services
406 Dodge Street, PO Box 475
Keosauqua, IA 52565
E-Mail: emamanager@vbcoia.org

Wapello: Tim Richmond, Coordinator (641) 814-8333 x 307/ Fax (641)682-1414
Wapello Co. Emergency Management Agency
Wapello County Law Enforcement Center
330 West 2nd Street
Ottumwa, IA 52501-0496
E-Mail: ema@wapellocounty.org

Wayne: Bill Byrns, Coordinator Cell: (641)-872-2024 / Fax: (641)872-1228
Wayne Co. Emergency Management Agency
PO Box 435
Corydon, IA 50060
E-Mail: waynecoemermgmt@gmail.com

Please refer to the website below for changes. Agency contacts in this document were last updated 05/21.

http://homelandsecurity.iowa.gov/county_EM/county_EM_overview.html

NETWORKS & PARTNERSHIPS CHECK LIST

NETWORKS & PARTNERSHIPS

Identify existing local service networks

	Yes	No	Complete	Comments
SEOC				
County EMAs, First Responders	X			
Local Law Enforcement	X			
Local Service Providers	X			
Churches, Food Pantries, Soup Kitchens	X			
Nursing Homes, Asst. Living Facilities	X			
Long Term Recovery Committee	X			

	Yes	No	Complete	Comments
State Government	X			Work through IDA
National Guard / Military				City and County governments are responsible for requesting assistance through proper channels.
Other				

	Yes	No	Complete	Comments
Red Cross	X			
VOADS				No existing VOADS in our area
Federal Agencies	X			
Other				

PARTNERSHIPS

	Yes	No	Complete	Comments
Cooperative Agreements with partners before federal declaration.	X			
Cooperative Agreements with partners after federal declaration. Examples: Provision of meals to responders, translator services.	X			
Capabilities / communications in place	X			
Other				

COMMUNICATIONS & COORDINATION CHECK LIST

Before Disaster				
	Yes	No	Complete	Comments
Within AAA				
COOP	X			
Expanded disaster roles				
Training	X			
Distribution of Information	X			
With DEA				
Contacts & backup information	X			
With Consumers				
Special needs assessment				
Contact mechanism				
Strategy to distribute information				
With Partners				
Contact points with backups	X			
Roles & capabilities	X			
Information sharing	X			
With Vendors				
	Yes	No	Complete	Comments
Within AAA				
Backup contact information	X			
Roles, responsibilities & backups	X			
With DEA				
Access to advice & resources	X			
With Consumers				
Establishing contact	X			
Needs assessment	X			
Connect with resources	X			
With Partners				
Information sharing	X			
Advocacy	X			

With Vendors				
Recovery from Disaster				
	Yes	No	Complete	Comments
Within Agency				
Roles & responsibilities	X			
Debriefing	X			
Reporting	X			
With DEA				
Advice & resources	X			
Authority	X			
Reporting	X			
With Consumers				
Follow-up contacts	X			
Needs reassessment	X			
With Partners				
With Vendors				

RECOVERY CHECK LIST

Recovery

Update Existing COOP

	Yes	No	Complete	Comments
Clarify AAA chain of command	X			
Select AAA recovery POC	X			
Update communication protocols	X			
Educate staff (& family) on COOP	X			
Develop volunteer assistance plan	X			
Other				

	Yes	No		Comments
Re-establish alternate operations facility	X			
Re-establish mission critical services	X			
Re-establish service delivery plans	X			
Re-establish IT Systems	X			
Re-establish client files, records, data base	X			
Re-establish financial systems	X			
Other				

	Yes	No		Comments
Chore services	X			Milestones staff will assess client needs and assist as resources are available.
Legal services (insurance settlements, appeals)	X			Milestones staff will assess client needs and assist as resources are available.
Transportation services	X			Milestones staff will assess client needs and assist as resources are available.
Handyman services	X			Milestones staff will assess client needs and assist as resources are available.
Meal programs	X			Milestones staff will assess client needs and assist as resources are available.
Miscellaneous programs/assistance	X			Milestones staff will assess client needs and assist as resources are available.
Other				

Updated

3/14, 1/15, 10/16, 11/18

AAA Disaster/Emergency Assessment

Milestones Personnel will use this form in appropriate Disaster/Emergency situation to track client needs.

Event: _____

Date: _____ Completed By: _____

Consumer Name: _____ Birthdate: _____

Consumer Address: _____

Telephone: Land Line (_____) _____ Cell (_____) _____

In Household: _____ # age 60 or older: _____ # Under 60 _____

Have you gotten information about the services and assistance available to you? ___ Yes ___ No

If yes, how did you get this information? ___ Neighbor ___ Radio ___ Television
___ Internet ___ Newspaper ___ Friend ___ Other: _____

Have you filed for assistance with FEMA? ___ Yes ___ No SBA? ___ Yes ___ No

If "no" will you? ___ Yes ___ No Do you need help to work through the process? ___ Yes ___ No

Is there anyone in this household who is disabled? ___ Yes ___ No

Is there anyone in this household with special medical needs, i.e., oxygen? ___ Yes ___ No

Is your house habitable? ___ Yes ___ No ___ Don't know

Is your house structurally sound? ___ Yes ___ No ___ Don't know

If "yes" by whose determination? _____

Where are you staying now? (Complete if different than above.) _____

Is it with a: ___ Friend? ___ Family Member? ___ Shelter?

How long can you stay?

Do you have access to enough food for everyone in your household? _____ Yes _____ No

Do you have safe drinking water? _____ Yes _____ No

If yes, what is the source? _____ City _____ Well _____ Bottled

Do you have electricity? _____ Yes _____ No

If yes, what is the source? _____ Utility? _____ Generator? _____ Both?

If generator, where is it located? _____ Inside _____ Outside

Do you have natural gas supply? _____ Yes _____ No _____ Don't know

If yes, _____ Utility? _____ Bottled?

Do you have working toilets? _____ Yes _____ No _____ Don't know

Do you have garbage pick up? _____ Yes _____ No _____ Don't know

Do you have a working telephone? _____ Yes _____ No

Is there any information that you need? _____ Yes _____ No

If yes, what? _____

What is your greatest need? _____

AAA Recap: _____



Normalizing Operations During COVID-19: An Area Agency on Aging Framework (May 2021 Update)

For the safety and protection of Iowa's aging network staff, volunteers, contractors, and those we serve, the enclosed operational framework has been updated and implemented by Iowa's Area Agencies on Aging during the COVID-19 pandemic.

The framework focuses on the following areas:

- Staff practices
- Interfacing with the public
- Program/service practices
- Contracted service practices



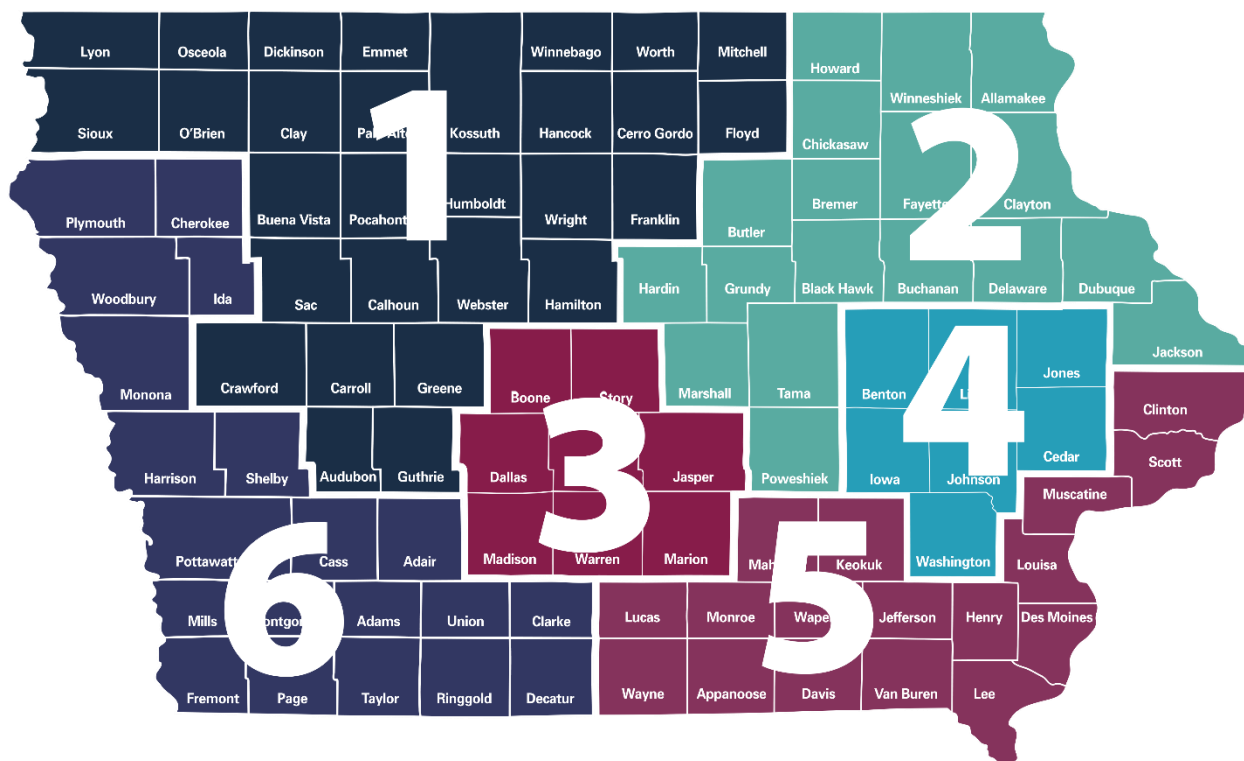
Iowa Association of Area Agencies on Aging
Joe Sample, Executive Director
June 2020,
Updated May 2021
director@i4a.org
515-240-5803

Acknowledgements

The Iowa Association of Area Agencies on Aging and its board of directors thank the following individuals for their contributions in developing the operations framework.

Becky Briggs	Heritage AAA	Bryan Bruner	Heritage AAA
Janet Buls	Northeast Iowa AAA	Karen Coates	Milestones AAA
Danielle Crail	Elderbridge AAA	Crystal Doig	Aging Resources*
Maria Donohoe	Heritage AAA	Kellie Elliott-Kapparos	Heritage AAA
Cara Ferch	Northeast Iowa AAA	Diane Fredregill	Aging Resources
Tim Getty	Heritage AAA	Amber Holm	Elderbridge AAA
Sandra Jackson	Elderbridge AAA	Tasha Jones	Connections AAA
Laura Kriegermeier	Heritage AAA	Vicki Lohry	Connections AAA
Sherri McDonald	Connections AAA	Sally Myers	Northeast Iowa AAA
Ann Neville	Heritage AAA	Sonita Oldfield-Carlson	Milestones AAA
Kellie Ripperger	Milestones AAA	Carol Schmidt	Aging Resources
Kristi Shannon	Northeast Iowa AAA	Jill Sindt	Heritage AAA
Jeanne Silvers	Aging Resources	Pam Taylor	Milestones AAA
Stacia Timmer	Elderbridge AAA	Hannah Thomas	Northeast Iowa AAA
Sherri Weinfurtner	Connections AAA	Kristie Wiltgen	Northeast Iowa AAA
Christina Wolfe	Milestones AAA	Kay Vanags	Aging Resources

*Aging Resources of Central Iowa



Iowa's aging network is established by the U.S. Congress under the [Older Americans Act of 1965](#) and was reauthorized to provide services, supports, and advocacy under the Support Older Americans Act of 2020. Iowa's six Area Agencies on Aging (AAAs) are designated by the Iowa Department on Aging to provide information and referral assistance, coordinate a wide range of home and community-based programs and services, and advocacy within their respective Planning and Service Areas. Programs and services are available for older adults over the age of 60, adults with disabilities, and family caregivers. **LifeLong Links (866-468-7887)** is Iowa's Aging and Disabilities Resource Center that provides statewide, coordinated access to local supports and services.

Area Agencies on Aging Contact Information

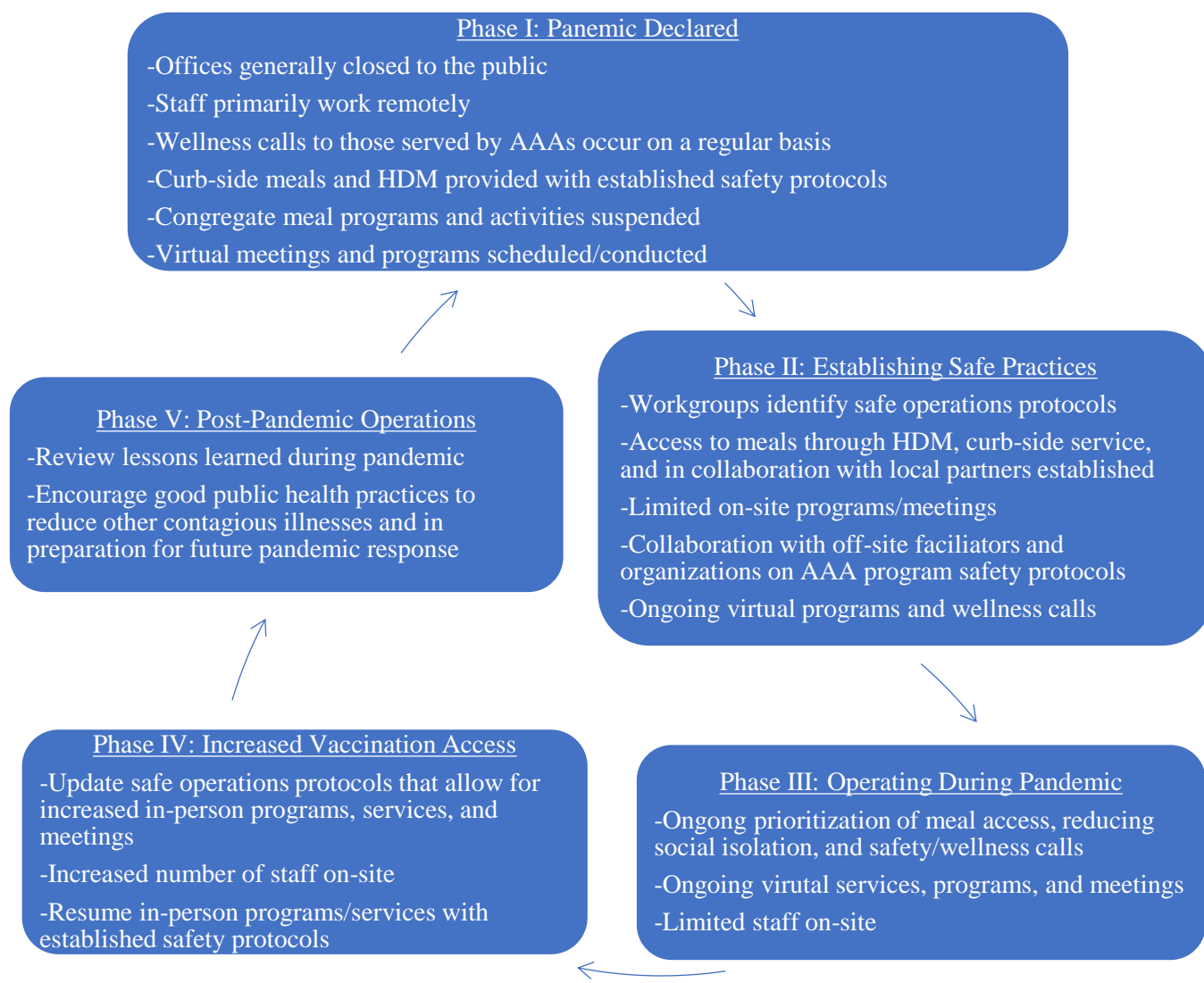
PSA 1: Elderbridge Area Agency on Aging	800-243-0678
PSA 2: Northeast Iowa Area Agency on Aging	800-779-8707
PSA 3: Aging Resources of Central Iowa	800-747-5352
PSA 4: Heritage Area Agency on Aging	800-332-5934
PSA 5: Milestones Area Agency on Aging	855-410-6222
PSA 6: Connections Area Agency on Aging	800-432-9209

Normalizing Operations Framework

Overview

The following framework is being implemented in response to the COVID-19 public health crisis. For the safety and protection of Iowa's aging network staff, volunteers, contractors, and those we serve, we will use the following multi-phase guide for safe operations. This framework remains flexible to meet the local needs. This operational framework may not be updated as frequently as guidance from CDC, OSHA, and WHO occur. Therefore, readers are encouraged to remain informed with updated guidance from those federal healthcare and workplace safety agencies.

Multi-phased approach (May 2021 Update):









May 2021 Update:

As of this writing, vaccines are widely available to older Iowans. The aging network collaborated with the State of Iowa and 211 to enhance access to vaccinations for older Iowans. It is clear that older Iowans are at the highest risk for serious illness and death due to COVID-19. Therefore, older Iowans, family caregivers, and individuals who provide supports and services to older Iowans are urged to obtain a vaccine to reduce the risk of exposure to the virus while participating in programs and services provided by the aging network.

AAAs and contracted providers are encouraged to make consumers/participants aware that participation in any in-person program or activity while unvaccinated increases the consumer's/participant's risk to serious illness and death related to COVID-19.

Staff Practices





Employee Safety

	<ul style="list-style-type: none"> • Employees may work remotely in accordance with AAA policy • Virtual/telephonic meetings are encouraged when possible • Offering a virtual option for meeting is encouraged
	<ul style="list-style-type: none"> • On-site work hours may be staggered in shifts to reduce in-office exposure risk
	<ul style="list-style-type: none"> • COVID-19 symptoms screening, in accordance with current CDC guidelines, is encouraged before staff enter worksite locations <ul style="list-style-type: none"> ○ See attached screening tool • If employee is showing or reports symptoms, the employee should follow the AAA policy for workplace absence due to illness
	<ul style="list-style-type: none"> • Employees are encouraged to follow CDC guidelines associated with face covers, physical distancing, and other recommended public health measures during the pandemic https://www.cdc.gov/coronavirus/2019-ncov/your-health/need-to-know.html
	<ul style="list-style-type: none"> • Employees are encouraged to frequently sanitize/disinfect their workspace
	<ul style="list-style-type: none"> • Employees traveling out of country will report travel to management to determine if a quarantine period is required https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html

Interfacing with the Public

The following additional guidelines are for members of the public accessing a site where an AAA meeting, program or service may take place. For the safety of staff, consumer/participants, and volunteers, AAAs may implement on-premises visits by appointment only.


AAA Offices

	<ul style="list-style-type: none"> • COVID-19 symptoms screening, in accordance with current CDC guidelines, is encouraged before members of the public enter worksite locations <ul style="list-style-type: none"> ○ See attached screening tool • Members of the public showing symptoms will be requested to call the office to address their questions/concerns and schedule a future meeting
	<ul style="list-style-type: none"> • Members of the public are encouraged to follow CDC guidelines associated with face covers, physical distancing, and other recommended public health measures during the pandemic • https://www.cdc.gov/coronavirus/2019-ncov/your-health/need-to-know.html
	<ul style="list-style-type: none"> • If a consumer/participant is unable to wear a facemask <u>and</u> is unwilling to participate in a health screening, the member may be asked to participate in the program or service at a future date or offered a virtual visit
	<ul style="list-style-type: none"> • Consumer/participants will have access to hand sanitizer that is at least 60% alcohol-based

This space intentionally left blank.

In-home visits or potential contact at consumer/participant's home

The following provide additional guidelines for employees and consumer/participants when services are provided in a consumer/participant's home. A virtual/tele-visit may be offered in place of in-home visits.

	<ul style="list-style-type: none"> • Standard “day of visit” screening call to consumer/participant includes: <ul style="list-style-type: none"> ○ COVID-19 symptoms screening <ul style="list-style-type: none"> ▪ Screening may include additional safety questions ○ Identify number of meeting consumers/participants (including children) to assess staff member's exposure risk ○ Employees will describe what consumers/participants can expect from the employee to reduce risk for exposure to COVID-19 during the visit (e.g., employee wearing face mask) ○ Employees may request consumers/participants to wear a face mask during the in-home visit ○ Employees may limit the number of individuals who can participate in an in-home meeting • Employees may end any home visit if, in their professional assessment, the home is unsafe for the employee, including concerns that the consumer/participant is or others are showing COVID-19 symptoms • Employee is encouraged to provide education materials (e.g., postcard) regarding COVID-19 and vaccines
---	--

Note: Sanitizers left in a hot car may become volatile and increase risk for sanitizer to explode.

Program/Service Practices

The following provides additional program- and service-specific guidelines for the safety of staff, volunteers, and consumers/participants. Safety guidelines presented above are to be considered standard operating procedures for all AAA programs and services for employees, staff, and consumers/participants unless as otherwise specified in the program guidance below.

Congregate Meal Settings

Congregate meal services require enhanced safety measures as older adults are at a heightened risk for serious illness due to the COVID-19 virus. Masks are required to enter the congregare meal setting. Participants will be asked to complete the screening tool before entering the congregare meal setting. Temperature checks conducted by staff/volunteer may be requested of the consumer before participating in the congregare meal program.

Standing operations and limitations:

- Seating at the congregare sight will maximize physical distancing by reduced number of chairs at tables and 6 feet of space between tables where possible.

- Seating accommodations will be offered to individuals who are not comfortable being seated close to others
- Use of a face cover/mask and physical distance spacing that is in accordance with CDC guidelines is requested of the program participants when using any of the self-service stations
- Disallow condiment bowls or community condiments (e.g., salt, pepper, ketchup) on tables
 - Unused condiment packages provided to consumer/participants will be disposed in the trash
- Service window shields are recommended in order to provide a barrier between staff and meal recipient where able and permitted by facility owner
- Masks and gloves for food prep and serving are required
- It is recommended that reusable flatware be pre-wrapped and provided to congregate meal participants
- Preset tables are discouraged

Available at congregate meal sites

- Packaged flatware
- Education materials printed in landscape for use as table placemats (further reduces surface contact)

Home-Delivered Meals

The following framework is based on the premise that any recipient of a home-delivered meal may have the COVID19 virus.

Home-delivered meals will adopt a “no-contact” delivery system

- Employees/volunteers are not to hand food containers or bags directly to consumer/participants
- Employees/volunteers are discouraged from entering the consumer/participant’s place of residence
 - If employee/volunteer must enter the home, the above in-home visit guidelines apply
- Drivers cannot accept direct contributions or any other item from the consumer/participant at this time
- AAA may determine if additional meal delivery provisions are appropriate for consumer/participants on a case-by-case basis (e.g., frozen versus hot meals, increased/decreased delivery frequency)

Volunteers may be provided safety education related to COVID-19 and the home delivered meal program protocols.

Home delivered meal drivers are encouraged to:

- Conduct pre- and post-deliveries cleaning and sanitization of the vehicle's high-touch areas (e.g., steering wheel, door handle)
- Regularly clean and sanitize all items used in the delivery of meals

LifeLong Links/Options Counseling/Case Management

LifeLong Links staff, options counselors, and case managers will follow the in-home visit guidelines.

Elder Abuse Prevention and Assistance

Elder Abuse Prevention and Assistance employees will follow the in-home visit guidelines.

Evidence-Based Programs (fidelity challenge) & Health Promotions

Evidence-based program and health promotions staff will follow the procedures established in the AAA office guidance for interacting with the public. Below are additional procedures for the evidence-based program and health promotion activities.

Evidence-based programs

- Due to the fidelity requirements of these programs, staff will be guided by the program licensor in delivering the programs. At this time, guidance has been limited from the licensors. Licensors have indicated that many of the programs cannot be conducted with COVID-19 safety protocols. As program licensors create allowable adaptations that ensure the safety of staff, volunteers, and consumer/participants, programs may be resumed.

Health promotions activities

- Programs conducted in outdoor space will follow recommended CDC guidelines for outdoor activity.
- Facilitators will account for potential negative effects (e.g., weather, environmental conditions, health issues of consumer/participants) before conducting outdoor programs.
- All non-porous items (e.g., workout equipment, devices) will be disinfected before and after activity
 - Consumer/participants will practice in good hand hygiene when passing porous items (e.g., paper, handouts) through hand washing or hand sanitizing

- Hand sanitizer and disposable gloves may be available during activities

Activity facilitators (e.g., guest speakers, volunteers, coaches) will follow AAA standards while leading activities. Face shields may be used by facilitators in lieu of face masks for the purposes of providing instruction during activities. Face shields must cover the sides of the face and extend below the chin.

Personal drink and snack items are permitted but communal (sharing) snacks and drinks are prohibited.

Care Transitions

Care transitions may occur in hospital settings, long-term care settings, and in-home. Employees will follow in-home guidance when at the consumer/participant's home. Visits will be scheduled by appointment only, unless otherwise required by contract or rule.

Hospital and long-term care settings:

- Where possible, care transitions staff will continue to conduct telehealth visits
- In-person visits at the facility will be determined on a case-by-case basis
 - Employees will coordinate hospital and long-term care visits with the respective facility personnel and follow the facility visit requirements

Family Caregiver Program

Family caregiver employees will follow the in-home visit guidelines. Below are additional procedures for family caregiver employees.

Working caregivers

- Working caregivers may be asked additional screening question as to whether the virus has been reported in their workplace within the past 10 days
- Working caregivers may be asked if they are regularly screened at the workplace for the family caregiver employee to assess risk of exposure from the working caregiver to the employee

Caregiver support groups

- Food and beverage will not be provided for support groups until further notice
- Support group consumer/participants may not bring food or beverage for the group
- Support group consumer/participants may bring their own beverage for the meeting
- Support group facilitators will become familiarized with COVID-19 rules at the site where the support group meeting is to occur

- Support group facilitators will notify registered consumer/participants if there are any rules that they will be expected to follow beyond those of the AAA
- Off-site familiarity and communication about that location's expectations

Contracted Services Practices

Contracted service providers

- Contractors may be required to provide a written plan for personal safety of their employees and consumer/participants while providing AAA services
- Contractors will be encouraged to follow CDC guidelines reducing the spread of COVID-19 (e.g., physical distancing, wearing facemasks, conducting employee health screenings)
- Contractors providing congregate meal services will be required to follow AAA standards for services

Printable Resources

The Centers for Disease Control and Prevention (CDC) provides printable information at its website. The below link is focused on government offices, but you can search for additional printable information through the link.

<https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc&Audience=State%20%26%20Local%20Government>

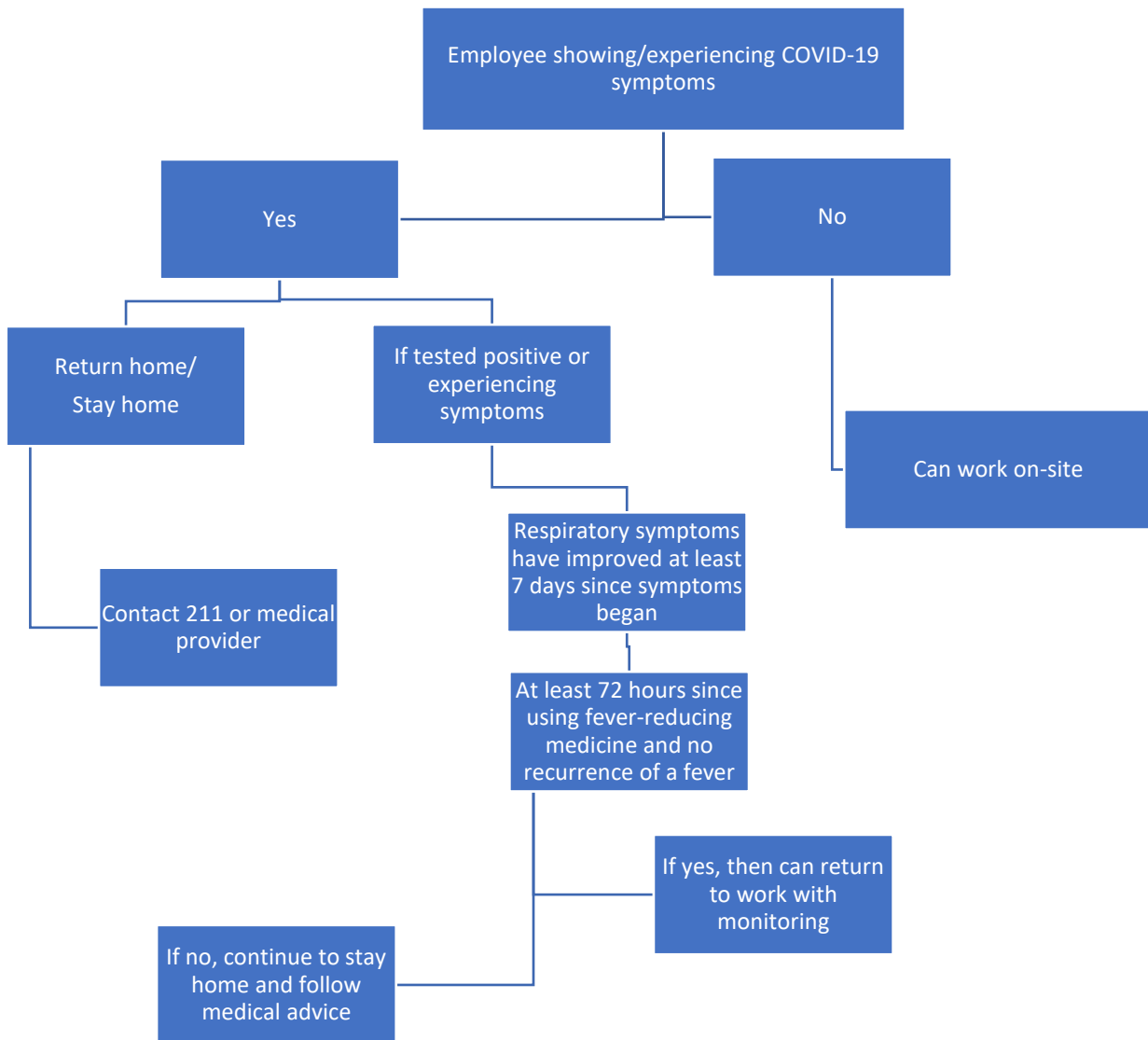
Virus on Surfaces

It has been determined that COVID-19 (SARS-CoV-2) can be spread through surface contact, but that the risk is low. It appears that the virus become undetectable within a few hours. Cleaning and disinfecting surfaces reduces the survival of the virus on surfaces.

The below link is SARS-CoV-2 and Surface (Fomite) Transmission for Indoor Community Environments (April 5, 2021):

<https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/surface-transmission.html>

Staff reporting symptoms decision tree (June 2020)



Screening Tool

The below COVID-19 screening tool is based upon the current CDC guidelines, which may change over time, and other sources (healthcare systems, Society for Human Resource Management). It may be adapted to fit your organization's specific needs and may need to be confirmed as acceptable according to employment and legal guidance your organization may receive. This screening tool may also be used for same-day visits with clients and on-site visits with the public.

In the past 24 hours, have you experienced any of the following signs or symptoms that cannot be contributed to another health condition (e.g., allergies)?	
A temperature that is high for you or over 100.4°F	Yes/No
Shortness of breath or tightness in your chest/lungs	Yes/No
An unexplained cough	Yes/No
Feeling chilled or repeated shaking with chills	Yes/No
Unexplained muscle pain	Yes/No
Headache	Yes/No
Sore throat	Yes/No
Loss of taste or smell	Yes/No
In the past 10 days, have you had person-to-person contact with someone who has exhibited COVID-19 symptoms?	Yes/No
In the past 10 days, have you visited an area where there has been a significant outbreak of COVID-19?	Yes/No



Notification for Accommodation of Digital Spaces

Per the ADA, digital space accessibility must be addressed, including when such space is the platform used for a public presentation or public hearing. When notifying the public of an event using a digital platform, the language “please notify Milestones Area Agency on Aging if you wish to request accommodation in order to access this event” will be included in any public notice.