



IOWA DEPARTMENT ON AGING
510 E. 12TH ST., STE. 21 | DES MOINES, IA 50309 | IOWAAGING.GOV

Signed Verification of Agency Intent and Compliance

(AAA) accepts full authority and responsibility to develop and administer the SFY2019 Update to the SFY 2018 - SFY 2021 Area Plan on Aging in accordance with all requirements of the Older Americans Act as amended through P.L. 114-144 (2016), state laws, rules, and procedures. The Parties agree that Area Plan is incorporated herein by this reference as if fully set forth in this Agreement. The AAA verifies that the following conditions are and will continue to be met:

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

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



IOWA DEPARTMENT ON AGING
530 C. 12TH ST., STE. 2 | DES MOINES, IA 50319 | IOWAAGING.GOV

Signed Verification of Agency Intent and Compliance

The **Advisory Council** has reviewed and commented on the SFY 2019 Update to the SFY 2018 - SFY 2021 Area Plan on Aging, and hereby submits the SFY 2019 Area Plan Update to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

Jim Howell, Advisory Council President

NAME OF ADVISORY COUNCIL SIGNER

A handwritten signature in black ink, appearing to read "James Howell".

ADVISORY COUNCIL SIGNATURE

The **Governing Body** has reviewed and approved the SFY 2019 Update to the SFY 2018 - SFY 2021 Area Plan on Aging, and hereby submits the SFY 2019 Area Plan Update to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

Robert Howard, Board of Director's President

NAME OF GOVERNING BODY SIGNER

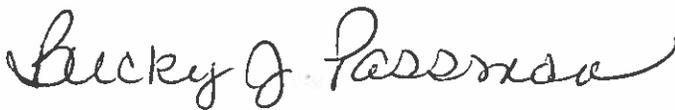
A handwritten signature in black ink, appearing to read "Robert Howard".

GOVERNING BODY SIGNATURE

The **Executive Director** has reviewed and approved the SFY 2019 Update to the SFY 2018 - SFY 2021 Area Plan on Aging, and hereby submits the SFY 2019 Area Plan Update to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

Becky J. Passman, CEO

NAME OF EXECUTIVE DIRECTOR

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EXECUTIVE DIRECTOR SIGNATURE

EXECUTIVE DIRECTOR SIGNATURE

Milestones Area Agency on Aging PSA #5

SFY 2019 Area Plan on Aging Update
Area Plan on Aging SFY 2018 – 2021



Plan Effective Dates: July 1, 2018-June 30, 2021
Plan Update: July 1, 2019

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Milestones Area Agency on Aging Update

Milestones Area Agency on Aging identified several areas that will be the focus over the next four years. This plan describes, in more detail, how we will focus on improving and possibly changing some of the areas listed:

- 1. Provide education and awareness of elder abuse, targeting our rural areas.*
- 2. Continue to build relationships with the mental health provider network.*
- 3. Evaluate our congregate and home delivered meals program.*
- 4. Increase the number of persons accessing nutritional counseling.*
- 5. Promoting services in our rural area.*
- 6. Increase the number of non-Medicaid case management consumers.*
- 7. Continue to expand the Lifelong Links program.*
- 8. Look beyond the traditional services and payments sources.*

Since the Milestones Area Plan on Aging SFY 2018 – 2021 approval, Milestones AAA has undergone a change in leadership and major program restructuring due to MCO action which took effect November 30, 2017. The agency is actively addressing budgetary challenges that were exacerbated with this loss of the Managed Care Organizations' (MCO) Medicaid Waiver for Case Management program, which translated to a 35% reduction in total revenue for the agency from FY17. In response to the changing landscape, Milestones is finding efficiencies and has made difficult decisions to contain costs agency-wide, such as (but not limited to): additional staff reductions (case management division); increasing responsibilities of remaining staff; ongoing review and evaluation of telephone, utility, and technology services/costs; reducing travel costs; scrutinizing print costs; overall evaluations and analyses of individual programs and associated costs. The agency is also pursuing more outside supportive partnerships and local foundation grants, and plans are underway to take a more active role in both requesting outside funding assistance and in promoting the means for community giving.

The Nutrition program is continuing an extensive cost analysis process, including an analysis of contracted cost versus cooking kitchens. This program has successfully lowered raw food costs while maintaining high quality standards, and has pursued community partnerships to relocate meal sites to more advantageous locations (recent example: meal site moved from Hy-Vee to more affordable Mt. Pleasant First Presbyterian Church). Such partnerships bring added value to the program, as they invite community buy-in, socializing opportunities, and promote volunteerism.

Milestones AAA is pursuing implementation of third-party payment for case management and other LifeLong Links services. Work on a non-traditional (private pay) business plan has begun, and the agency is laying the fiscal infrastructure necessary to remain in full compliance with governmental funding stream requirements.

A note regarding assessment process: Milestones AAA's FY2018 – 2021 Area Plan did not receive approval until November of 2017. As a result of many factors, including those

previously stated, no *formal* needs assessments were conducted over the four months from plan approval to current update. This will be corrected for future plan updates. For the present update we are utilizing insights gleaned through Harmony data analysis and feedback from clients, staff, providers, community partners, and other means as detailed in the individual "Goal" narratives.

Section 1: Update on Strategies to Achieve 2018-2021 Goals

Goal 1: Iowa Aging Network will protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older Iowans.

Prioritized Service Gaps

Milestones AAA (MAAA) completed a needs assessment FY2017 to identify and prioritize service gaps to address during the plan period. Methods used to identify service gaps included: insight and feedback from MAAA EAPA staff, community providers and older Iowans who have identified gaps that continue to exist and which need to be addressed in both the short-term and long-term future to serve vulnerable older Iowans. At present, MAAA EAPA services are effectively reaching 35% of the counties in MAAA’s planning and service region. MAAA EAPA program’s desired goal is to effectively reach 80% of the counties in the planning and service region by 2021.

SERVICE GAP #1: MAAA EAPA services are not currently reaching older Iowans experiencing or at risk for experiencing abuse in all planning and service area counties.

Indicators to gauge progress in addressing service gap

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

- Number of referrals in targeted counties.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
<p>1) Target older Iowans and community leaders of eight (8) counties where there was a very low referral count, i.e., one (1) per year as shown in the FY16 data. These counties are Davis, Henry, Jefferson, Louisa, Mahaska, Monroe, Van Buren, and Wayne. EAPA staff will complete a presentation on Elder Abuse and Awareness at a nutrition center in each of the targeted counties. We will re- evaluate the need for an increase in EAPA awareness pending the outcome of referrals from each targeted county.</p>	<p>No</p>	<p>In progress</p>

Current Strategies	Revised or New Strategy?	Status
2) MAAA will offer one (1) Mandatory Dependent Adult Reporter workshop in each of the 17 counties.	No	In progress
3) MAAA will offer certifications to providers by offering a Mandatory Dependent Adult Reporter course for a fee in all 17 counties. Course will meet state requirements for Dependent Adult Abuse training required by all direct-care staff working for a provider agency and be provided by an experienced trained Abuse Specialist.	No	In Progress
4) MAAA, at a minimum of once monthly, will use social media such as its Facebook page to highlight both national and social trends, as well as scams regarding elder rights and abuse.	No	In progress

Update on Strategy Activities to Date

- MAAA EAPA staff shared EAPA program information in ten (10) MAAA PSA counties and have noted a slight increase in referrals for EAPA services: four in Mahaska; two in Van Buren; and two in Wayne.
- EAPA staff have conducted a community Mandatory Dependent Adult Abuse Course in eight out of the seventeen counties within MAAA PSA, and two additional county workshops are scheduled for 2018.
- MAAA EAPA staff will continue outreach efforts for the purpose of encouraging health care providers to conduct fee for service provider-focused MDAA workshops. This will help build sustainability for that program.
- Staff have successfully collaborated to provide and promote elder abuse articles and information for posting on MAAA’s social media Facebook page.

Strategy Activities Planned for SFY 2019

- MAAA EAPA program will continue to work on building community awareness in the five counties in which an increase in referrals has not occurred to date. EAPA staff will complete a presentation on Elder Abuse and Awareness at a nutrition center in each of the targeted counties. EAPA staff will also outreach to community Fire Departments and Emergency Management Systems with informational brochures and contact information in each of the targeted counties. The success of this effort will be monitored through

level of increase in referrals to the EAPA program.

- MAAA Staff will offer additional Mandatory Dependent Adult Abuse Workshops in three additional new counties within MAAA PSA FY 2019. Staff will also market the fee for service Mandatory Dependent Adult Abuse Workshops for provider staff in those three counties.
- Staff will continue to collaborate to provide local, state and national information from Area Agency on Aging resources, National Elder Abuse Center, local law enforcement offices, and timely elder abuse awareness topics and scam alerts for posting on MAAA’s social media website.

SERVICE GAP #2: Lack of substitute decision-makers and financial managers for older lowans when no natural supports are available to provide this assistance.

Indicators to gauge progress in addressing service gap

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

- Proximal availability of substitute decision maker services
- Number of consumers in need of guardianship services who receive assistance

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1) Establish a representative payee service for a fee through the Social Security Administration to assist with bill paying.	No	Stalled
2) Actively seek partnerships with financial institutions to assist in financial management of funds for older lowans to keep them safely in the home and limit financial exploitation opportunities.	No	In Progress
3) Seek funding through local grants to assist in providing a guardianship service to those older lowans identified as having this need.	No	In progress

Update on Strategy Activities to Date

MAAA EAPA staff continue to consult with, assess, and identify referrals in need of payee and substitute decision maker services. MAAA will pursue these as a fee for service program under a new “Budget Benefits Program” for vulnerable lowans in need. A funding source has been identified which will enable the training and credentialing of staff hired to fulfill the substitute decision maker role. In addition, collaboration with financial institutions is underway which will provide opportunities to serve in a less restrictive role, such as assisting older lowans with monthly bill paying and budgeting.

Strategy Activities Planned for SFY 2019

- Pursue additional funding sources through non-state/federal grants and structured fee for service opportunities.
- The role of MAAA substitute decision maker will become fully credentialed as Guardian/Conservator.
- MAAA EAPA staff will identify a minimum of one financial intuition in each of the three regions of MAAA PSA as a potential collaborative resource for exploited lowans.
- MAAA will serve five individuals during SY2019 via the “Budget Benefits Program” and three individuals as substitute decision maker.

SERVICE GAP #3: Through our past clientele work, MAAA EAPA Program has identified the high need for mental health services for persons with hoarding tendencies, different stages of dementia, geriatric depression and challenging family dynamics.

Indicators to gauge progress in addressing service gap

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

- Track in Harmony the number of referrals/cases in which MAAA collaborated with Mental Health providers.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1) MAAA will offer mediation sessions for older lowans regarding family communication concerns that lead to increased conflict.	No	Stalled
2) MAAA will continue to build partnerships with mental health disability providers to assist with solutions for older lowans with mental health concerns.	No	Not started

3) MAAA EAPA staff will receive additional mental health training to increase the skill set needed to work effectively with older lowans who are mentally ill.	No	Not started
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Update on Strategy Activities to Date

Progress on this goal has been stalled due to staff shortages (a consequence of layoffs), and the resulting need for coverage in other program areas. Additional trained mediators are required to fulfill the need, and the additional cost is prohibitive at this time. Currently MAAA staff assess potential referrals for mediation; when the one trained mediator on staff is available, they are served. If that staff member is unavailable due to other core responsibilities, the consumer is then provided with information about alternatives. MAAA EAPA staff have all had Mental Health First Aid, but currently are seeking opportunities for additional training to address consumer mental health needs.

Strategy Activities Planned for SFY 2019

- MAAA Staff will continue to seek out opportunities to gain additional training through educational webinars and workshops in order to best serve vulnerable lowans with mental health concerns.
- MAAA EAPA staff will contact the mental health disability coordinator and/or provider in each of the seventeen counties in MAAA PSA to provide information about the resources provided by the MAAA EAPA program.
- FY 2019 budget will continue to restrict additional training for mediators, however referrals will continue to be taken and served when resources are available.

Goal 2: Iowa Aging Network will work with older lowans, lowans with disabilities, and caregivers as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being, and health.

Prioritized Service Gaps

Milestones AAA completed a needs assessment FY2017 to identify and prioritize service gaps to address during the plan period. Methods used to identify service gaps included: use of FY16 data and current Harmony data; three annual staff meetings with nutrition Area Program Coordinators throughout the seventeen counties; daily internet communication to address immediate feedback from service provision; regular advisory committee and board meetings with area-wide representation; input from participation in local/regional advocacy and community partnerships. Also, in some areas, Options Counselors perform the first home visit Intake for new Home delivered meal recipients; this higher level intake process expedites the information and access to all services available to seniors.

SERVICE GAP #1: Nutritional Counseling: According to FY16 data base, three (3) consumers received the service. In FY17 there were no (0) consumers utilizing the services throughout the 17 counties according to the state data base, Harmony.

Indicators to gauge progress in addressing service gap

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

- Scheduled visits made and kept at meal sites where monitoring of the Fresh Conversations nutrition education program is required.
- Names of people signed up for Nutrition Counseling on those dates
- Units reported in Harmony

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1) Contract with the same dietician that coordinates Fresh Conversations to offer this service. Partner with the Fresh Conversations program.	No	In progress
2) Promote and offer the service at targeted meal sites where Fresh Conversations is offered. We will attempt to target those Fresh Conversations meal centers that show larger numbers and/or percentages of participants with higher nutritional risk scores and/or poverty as shown in SAMS when possible.	No	Stalled

Update on Strategy Activities to Date

We are tracking meal centers where the Fresh Conversations program is offered and where scheduled monitoring is required in that program. Two locations were identified and on-site visits by the contracted dietitian were scheduled between January and February 2018 to provide Nutrition Counseling. One of those sessions took place; weather interfered with the other and plans were made to reschedule. Prior to the monitoring visit we promoted the Registered Dietitian’s upcoming visit and announced that Nutrition Counseling services would be offered while she was on-site that day. Two individuals received Nutrition Counseling and these units were reported into Harmony (state database).

Targeting the meal centers that show larger numbers and/or percentages of participants with higher nutritional risk scores, etc., is stalled. Best use of resources requires that we prioritize services to those meal centers where monitoring the Fresh Conversations program by the registered dietician is required.

Strategy Activities Planned for SFY 2019

- Budget has been increased for Nutrition Counseling from FY18 to FY19.
- Continued scheduling and promotion of additional meal center Nutrition Counseling visits by a contracted registered dietician.
- Continued use of Harmony data to identify those meal centers with higher concentrations of high nutrition risk scores and/or poverty levels. Feedback from meal center staff will also play a role in identification of senior interest and need.

SERVICE GAP #2: Reduced access in rural areas to home-delivered meals and/or congregate meals due to budgetary needs to close meal sites and/or stop home-deliveries in some communities (which reduces access to information and opportunities to participate in their communities).

Indicators to gauge progress in addressing service gap

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

- The proportion of each county’s total 60+ non-institutionalized population who are served by the congregate meal program will not decrease from % which was determined in analysis of July 1, 2017 – January 31, 2018 data.
- The proportion of each county’s total 60+ non-institutionalized population who are served by home delivered meals will not decrease from % which was determined in analysis of July 1, 2017 – January 31, 2018 data.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1) Identify two agency-wide steps to increase nutrition program operating efficiency within all 17 counties thus <u>preventing</u> the closing of congregate sites and/or the ceasing of home-delivered meals into a rural community.	No	In progress
2) Seek additional alternative funding.	No	In progress
3) Explore other creative options used throughout Iowa agencies to sustain congregate and/or home deliveries in rural areas.	No	Stalled

Update on Strategy Activities to Date

- Step 1. Budget expenses have been cut (positions eliminated, labor hours evaluated and reduced between September 30 to January 1, 2018). No more labor reductions expected.
Step 2. Replacement of higher cost contracted meals with the production of meals directly by Milestones is underway. We are currently going through steps to open a new congregate meal location in Mt Pleasant. This will allow Milestones to produce meals at a lower cost (than contracting with a private meal provider) at one of our own kitchens in a nearby community. A value-added factor is that it also creates a long-wanted meal center of their own by the Mt Pleasant seniors.
- To date two different, although small, donations/grants have been awarded to the nutrition program and another fundraiser designated for Milestones Home Delivered program is also underway.
- Rather than discontinue Home Delivered meal service to a rural area/community we have reduced the number of trips in one week. For example, we have reduced the meal *delivery* from five times a week to three times a week, offering to include two additional meals for the person to consume on the days between deliveries. We have also stopped offering up to seven meals per week; the most any one person can receive are five meals per week.
- Enhancing our volunteer program is also under evaluation in our rural and larger communities.

Strategy Activities Planned for SFY 2019

- Continue the above strategies with a greater focus on alternative funding, increasing private donations through greater awareness of who we are, the importance of what we do, and who we serve.
- MAAA will seek out alternative hosts as needed by contacting churches and civic entities in meal site locations and offering to serve if space to do so is donated. This will also support a local emphasis on the need for volunteers to serve, particularly in rural communities, and will help us increase operating efficiencies through reduced overhead.
- Evaluating costs between direct provision of meals and contracting for meal production remains essential. Action would be planned based on continued findings.

SERVICE GAP #3: LifeLong Links Program struggles with finding appropriate programs and services for individuals who are falling into gaps of age requirements, program assistance and financial barriers.

Indicators to gauge progress in addressing service gap

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

- Increase in mental health partnerships
- Number of mental health-related referrals
- Number of VA referrals

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1) Additional training and certification in benefits counseling for Option Counselors	No	Stalled
2) Options Counselors will develop a system for appropriate referrals to the Mental Health Disability Regions within MAAA service area.	No	In progress
3) Options Counselors will monitor VA referrals, request cross-training with VA offices, and become more familiar with benefits available to veterans	No	In progress
4) LLL program will develop a sliding fee scale for sustainability	No	Stalled

Update on Strategy Activities to Date

Due to funding and staff reductions, Options Counselors have been taking on additional responsibilities in other program areas, impeding additional training due to cost and time constraints. MAAA will continue to pursue additional training for benefits counseling when available; currently one Options Counselor has completed an abbreviated workshop in Benefits Counseling. MAAA OC's are working on establishing a referral system within the Mental Health Disability regions, and have experienced some level of success when collaborative partnerships were available. MAAA OC's have established a positive relationship with the VA and have seen a slight increase in referrals FY 2017. MAAA LLL program has developed a sliding fee scale which is awaiting finalization before implementation.

Strategy Activities Planned for SFY 2019

- Re-elevate available certified benefits counseling training options for cost and availability.
- Continue to build a network with the Mental Health disability regions to establish a better referral process.
- Continue to collaborate and monitor referrals with the VA and to assist when able.
- Review and prepare to commence fee for service option for the LLL program services once fiscal infrastructure has been fully established.

SERVICE GAP #4: Low participation rate in LifeLong Links Program in the rural counties of Louisa, Lucas and Monroe. These counties have had less than 20 total contacts in FY16 of either I&A or Options Counseling.

Indicators to gauge progress in addressing service gap

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

- Number of referrals from the three target counties.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1) LLL staff will make contact with the nutrition site in each of these counties to do a presentation on services.	No	In progress
2) LLL staff will distribute informational LLL program brochures to home care agencies, hospitals, pharmacies, and clinics in each of these counties.	No	In progress
3) LLL staff will attend community collaboration groups pertinent to MAAA service population or establish a new community collaboration group if one is not already active.	No	In progress

Update on Strategy Activities to Date-

Staffing shortages have prevented LLL staff from offering service program presentations in the targeted service area nutrition centers since Area Plan approval. However, LLL staff have made introductions and distributed information on MAAA programs and services to several home

care agencies, hospitals, and clinics in the PSA. LLL staff have also attended and contributed to several community collaboration groups offered in each county within the PSA.

Strategy Activities Planned for SFY 2019

- LLL staff will schedule at least one presentation at a nutrition center in each of the targeted counties by the end of FY 2018.
- LLL staff will continue to seek out possible agencies through which to distribute program information in the three targeted counties: one medical clinic; one home agency specializing in caring for persons with disabilities; one hospital (if available); one pharmacy; and the local public health office.
- LLL staff will continue to participate in community collaboration groups within each county, investigate new partnerships/groups, and establish a provider workgroup that focuses on older lowans in each of the three targeted counties.

Goal 3: Iowa Aging Network will enable Older lowans to remain in their own residence and community of choice.

Prioritized Service Gaps

Milestones AAA completed needs assessment FY2017 to identify and prioritize service gaps to address during the plan period. Methods used to identify service gaps included: Milestones AAA identified and prioritized gaps for Goal 3 through various targeted activities. Methods used to identify service gaps included: budget cutting sessions revealing vulnerable rural areas of service, scheduled meetings with area nutrition staff in a 14 counties rural service area, and FY 16 data analysis reviews. These strategies showed: the paradigm of rural congregate meal sites closing; the cessation of home delivered meal services into rural areas; inconsistency between transit subcontractors in provision of transportation to meal locations; and few health promotion activities to access in these rural communities.

SERVICE GAP #1: The increasing inaccessibility of “affordable” (contribution based Older American’s Act) rural congregate meal sites and/or decreasing access to home delivered meals which allow seniors to remain in their own home.

Indicators to gauge progress in addressing service gap

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

- No additional meal center closings required since October 31, 2017
- No additional home delivered communities were removed from service areas.

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1) Seek alternative funding resources beyond state and federal.	No	In progress
2) Identify competitively priced meal providers with the lowest cost option.	No	In progress
3) Develop volunteer programs in at risk areas in order to support the transport of meals from provider to rural areas.	No	In progress
4) Limit meals per person to 5 per week verses 7 per week (no weekend meals). This will allow MAAA to stretch financial resources to more seniors in rural areas versus closing more sites. This direction is based on the approach to serve some meals to seniors than “no” meals to seniors.	No	Done
5) Establish waiting lists in the urban areas so as to stretch funds into the rural areas.	No	In progress
6) Evaluate employees work hours	No	Done
7) Seek efficiencies in all aspects of the program in order to maintain current congregate meal sites and avoid further closures	No	In progress
8) Evaluate options for delivery of the best type of meal at a frequency that is more sustainable than daily into rural areas.	No	Done

Update on Strategy Activities to Date

- To date we have received at least two new sources of funds.
- Budget expenses have been cut (positions eliminated, labor hours evaluated and reduced between September 30 to January 1, 2018).
- Steps are progressing to replace higher cost contracted meals with the production of meals directly by Milestones cooking kitchens.
- New meal site will open in Mt Pleasant
- Increased use of social media to promote programs and recruit volunteer drivers for meal delivery into several rural areas.
- Other kitchen site consolidation is being evaluated.
- Waiting lists are implemented when necessary.
- Some service areas have had frequency of deliveries reduced to save travel and labor expenses.

Strategy Activities Planned for SFY 2019

- Continue to pursue additional alternative funding sources
- Continue to follow through on the above activities with focus on developing a stronger volunteer management team; evaluate options for establishing a kitchen in currently contracted areas where contract meal rates are high.

SERVICE GAP #2: Transportation to and from meal sites is a barrier in some locations.

Indicators to gauge progress in addressing service gap

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

- Track transportation units in Harmony
- Track transit trip denials

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1) Address these issues with the transit system(s) in next contract review and/or quarterly transit review meetings in areas where applicable	No	In progress
2) Assess the current existence of “community collaboration groups”.	No	In progress
3) Research transit models in other area agencies.	No	Stalled
4) Identify a template (model) of service delivery that works and duplicate it across the 17 counties and two other transit authorities in our area.	No	Stalled

Update on Strategy Activities to Date

Annual monitoring visit has not yet occurred for this FY. Participation in local meetings with area transits have occurred in some areas with three of the contracted transit providers. Barriers have been the urgency to address agency-wide budgetary cuts and actions needed.

Strategy Activities Planned for SFY 2019

- Designate person to carry out specific strategies and clarify responsibilities.
- Scrutinize transit contracts and communication with transit to spell out needs and expectations.

SERVICE GAP #3: Fewer Health Promotion and Evidence Based Programs in rural areas than in urban areas. FY 16 shows that 90% of all Evidence Based Program participants were non-rural areas.

Indicators to gauge progress in addressing service gap

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

- Program availability in rural counties
- Number of participants located in rural counties

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1) Expand partnerships with other community organizations in rural areas to offer training and facilitate implementation of the health promotion and evidence-based programs. Target partners may include Iowa Extension Office, Iowa Department of Public Health, local health departments, hospitals, and YWCA's.	No	In progress
2) Reach out through personal contacts, interagency meetings, flyers, and/or advertisements to offer MAAA's expertise, support, and training to encourage the development of additional EB leaders and facilitate more evidence-based program offerings in rural areas.	No	Stalled

<p>3) Reach out to existing EB leaders annually to develop a schedule for specific Health Promotion and Evidence Based Programs in specific rural areas. Coordinate delivery of programs with leader network to prioritize offering EB workshops in underserved areas.</p>	<p>No</p>	<p>Stalled</p>
<p>4) Secure Chronic Disease Self-Management Program (CDSMP) Master Training status to have the ability and flexibility to train community partners and volunteers as Better Choices Better Health workshop facilitators in a timely and economical manner to increase the availability of workshop offerings.</p>	<p>Yes</p>	<p>In progress</p>

Update on Strategy Activities to Date

Milestones AAA has already formed partnerships with a health care system and several churches to train Matter of Balance volunteer coaches to perform on-going workshops in their region to broaden our scope of delivery. A staff member and community volunteer will be attending an upcoming Chronic Disease Self-Management (CDSMP) Train the Trainer session which will enable us to train more CDSMP facilitators to expand program delivery. Currently we are providing feedback for a falls prevention grant being applied for by the IDA, and continue to actively pursue opportunities to collaborate and expand EB program delivery.

Strategy Activities Planned for SFY 2019

Milestones AAA has had some successes in developing partnerships in Evidence Programming and they continue to grow as we expand these offerings by utilizing community volunteers who are trained by a Milestones staff member and volunteer trainer.

- Consistently reach out to healthcare providers and explain value of EB programming and how AAA's can provide these valuable services to their clients/patients. Currently developing educational tool to distribute among healthcare providers which would illustrate the benefits of EB interventions as it relates to healthy aging, lower hospital readmissions, increased resources for consumers and cost effective pre-and post-interventions through community partnerships. In addition to supporting recruitment of new partnerships, this tool can be used to reinforce conversations related to existing partnership efforts.
- Creative development of nontraditional partners will grow as we reach out to various networking groups and county health departments. Focus: identifying and talking with potential partners to reach underserved and rural areas.
- Explore connections with various community networking groups with potential for presenting EB information to secure partnerships and volunteers to increase workshops in CDSMP and Falls Prevention Evidence Based programming.

SERVICE GAP #4: Decrease in caregiver support group attendees as caregivers are still actively working outside the home

Indicators to gauge progress in addressing service gap

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

- Number of caregiver support group attendees

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1) Increase marketing for the caregiver program support groups to long term and skilled care facilities, hospitals,	No	In progress

Current Strategies	Revised or New Strategy?	Status
home care agencies and employers to target caregivers in need of additional support but with limited time to seek assistance.		
2) Seek out the top 50 employers in the MAAA PSA to send out caregiver support information and the benefits to their employees	No	Stalled
3) Seek out three established support groups for collaboration	No	In progress
4) Establish one employer to bring in caregiver support services	No	Not started

Update on Strategy Activities to Date

MAAA Caregiver program is actively assisting working caregivers by offering alternative work schedule options to meet with families. MAAA once per month Caregiver Support group is now offered in the early evening to accommodate working caregivers looking for peer support in the Ottumwa region. MAAA staff are in the process of identifying the top 50 employers (and contact person) in each region with the goal of scheduling meetings to discuss employer roles and caregiving. MAAA Caregiver staff have been contacting other support groups to collaborate with when appropriate.

Strategy Activities Planned for SFY 2019

- MAAA Caregiver program staff will contact 10 employers in the MAAA PSA region for a face-to-face meeting to discuss the benefits of providing Caregiver Support to employees.
- MAAA Caregivers will research the need for additional caregiver support groups in the rural communities.
- MAAA Caregiver program staff will offer a formal presentation to three potential employee groups on caregiver support

SERVICE GAP #5: Lack of awareness and education about caregiver respite services in rural communities in Wayne, Appanoose, Keokuk and Lee counties.

Indicators to gauge progress in addressing service gap

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

- Number of referrals for respite in each of the targeted counties

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
1) Family Caregiver Specialist will seek out and identify one respite provider in each county served in MAAA PSA to make referral options to caregivers and increase respite awareness.	No	In progress
2) Family Caregiver Specialist will make contact with the nutrition site in each of the targeted counties to do a presentation on services.	No	In progress
3) Family Caregiver Specialist will distribute informational brochures to home care agencies, hospitals, and clinics on the Caregiver programs to increase awareness, decrease caregiver stress and give caregiver respite options.	No	In progress

Update on Strategy Activities to Date

MAAA Caregiver staff have found three agencies in Appanoose County that provide respite care (two are facilities, and one in-home care); three respite facilities in Lee County; one in-home care facility in Keokuk County; and zero in Wayne county to-date. MAAA Caregiver staff have not yet scheduled respite presentations at any of the targeted nutrition centers. However, Caregiver staff have increased marketing awareness in distributing informational brochures to clinics, hospitals and home care agencies on the Caregiver program and respite services.

Strategy Activities Planned for SFY 2019

- MAAA Caregiver staff will continue to locate in-home care providers for respite care in the targeted MAAA PSA.
- MAAA Caregiver staff will schedule a respite-focused presentation in one nutrition center in each of the targeted counties by end of FY 2019.
- MAAA Caregiver staff will review outcomes of caregivers that have received respite services to ensure a decrease in caregiver stress.
- MAAA Caregiver staff will continue to distribute informational brochures which include respite care and its benefits.

Section 2: Performance and Service Projections

Performance Outcome & Fiscal Year Targets

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

Program: Elder Abuse Prevention and Awareness (EAPA)

Performance Outcome: Consumer is able to use information & referrals for self-advocacy in resolving abuse, neglect, or exploitation situation.

Performance Outcome Measure	SFY 2018 Target	Result as of 12/31/2017	SFY 2019 Target
Percentage of EAPA Consultation consumers whose needs are met through provider referrals.	75%	66%	75%

Progress to date:

MAAA had twenty-one documented consultation consumers: fourteen (or 66 %) had documented referral outcomes; seven (or 33%) consumers did not have completed referral documentation that meets outcome qualifications. EAPA staff received data collection training during the mid-year reporting period. EAPA staff will continue to improve efficiency and thoroughness in acquiring required outcome data, and have realistic expectation of meeting the 75% target in SFY 2019.

Performance Outcome: Consumer's abuse, neglect, or exploitation situation is resolved.

Performance Outcome Measure	SFY 2018 Target	Result as of 12/31/2017	SFY 2019 Target
Percentage of EAPA Assessment & Intervention consumer cases closed with EAPA services no longer needed.	75%	100%	80%

Progress to date:

MAAA EAPA completed forty-nine consumer cases. These cases were closed during July 2017-December 2017, with a 100% closer rate reported as no longer needing services. MAAA EAPA program will continue to assist consumers in resolving abuse, neglect, or exploitation situations by providing resources and support access. MAAA EAPA program has set a target for 80 % of cases in SFY 2019 to close as a result of the services no longer being needed.

Goal: 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.

Program: LifeLong Links

Performance Outcome: Consumer received information appropriate to their need.

Performance Outcome Measure	SFY 2018 Target	Result as of 12/31/2017	SFY 2019 Target
Percentage of LifeLong Links callers indicating they received the information they were seeking.	85%	99.4%	90%

Progress to date:

LifeLong Links recorded 839 total calls in this reporting period. Of this total number, only 376 recorded an outcome, with 374 stating that the caller received the information they were seeking, a percentage of 99.4%. LifeLong Links staff will be instructed to ensure proper and complete documentation of questions in the data base. Currently, the data base reflects a 55.2% miss outcomes rate; LifeLong Links staff will focus both on decreasing the “missing outcomes” percentages in SFY 2019, and meeting the goal of achieving a 90% success rate for callers receiving the information that they are seeking.

Performance Outcome: Consumer directed the interactive process to obtain guidance in their deliberations on making informed choices about long-term supports.

Performance Outcome Measure	SFY 2018 Target	Result as of 12/31/2017	SFY 2019 Target
Percentage of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need.	85%	88.6%	90%

Progress to date:

Thirty-five consumers have been identified during the reporting period as “closed” by MAAA Options Counselors. Of these, thirty-one stated that they received the information and referrals necessary to make satisfactory choices with respect to goals and services needed. MAAA will review OC cases to ensure that all closed cases are being documented with outcome measures. Our target for SFY 2019 is that 90% of OC consumers will report successfully receiving information and referrals needed to make informed choices and to meet goals.

Service(s): Nutrition Education and Nutrition Counseling

Performance Outcome: Consumers who are at risk for poor nutrition and health status receive information so that they have better health enhancing options.

Performance Outcome Measure	SFY 2018 Target	Result as of 12/31/2017	SFY 2019 Target
Of all congregate meal consumers identified as high nutrition risk, percentage receiving nutrition education.	75%	56.73%	60%

Progress to date:

To date the performance outcome is 56.73%We will continue to provide the required nutrition education to our congregate meal participants through monthly presentations. Topics will be determined by seniors’ expressed interests and guided by state and, local and federal direction. Site staff hold their presentations on regular days at most sites. The seniors generally know what day Nutrition Education is scheduled ahead of time. Not every senior who is at high risk is interested in the information or come on the day of the presentation

Performance Outcome: 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.

Performance Outcome Measure	SFY 2018 Target	Result as of February 2018	SFY 2019 Target
Change in consumers receiving nutrition counseling from previous FY (percentage and number).	50% (20 consumers)	200% (2 consumers)	8 consumers

Progress to date:

We have served two people, each one unit. That is 200% over FY16. Preplanned Nutrition Counseling on-site visits by a registered dietician were scheduled for four meal centers. One was canceled due to weather. To date two individuals actually received nutrition counseling. As a result of the other visits, five additional people have been identified and arrangements will be made to serve them prior to June 30, 2018. A flyer has been developed to promote the service and upcoming dietician’s visit. We anticipate serving six different people by June 30, 2018. We continue to evaluate the unique findings in promoting and trying to reach out with this particular service.

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

Service: Case Management

Performance Outcome: 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.

Performance Outcome Measure	SFY 2018 Target	Result as of 12/31/2017	SFY 2019 Target
Percentage of Case Management cases closed because case management service was no longer needed.	78%	100%	75%

Progress to date:

MAAA served 807 Elderly Waiver case management consumers who then transitioned to MCO case management. Prior to transitioning, MAAA was able to successfully service those consumers in their desired residence with support and services. MAAA will be focusing on developing case management services for non-Medicaid program consumers in SFY 2019.

Performance Outcome: 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.

Performance Outcome Measure	SFY 2018 Target	Result as of 12/31/2017	SFY 2019 Target
Average number of months a Case Management consumer experiencing independent living impairments is able to remain safely at home prior to transitioning to facility.	58 months	16.6 months	18 months

Progress to date:

MAAA served Elderly Waiver case management consumers before they transitioned to MCO case management effective November 30th of 2017. Case Management consumers were discharged at the end of this time frame with an average of 16.6 months. MAAA will be rebuilding case management services in SFY 2019 to offer consumers services at home with the goal of postponing facility placement.

Service(s): Congregate Meal and Home Delivered Meal

Performance Outcome: Congregate meal consumers who are potentially socially isolated have the opportunity to socialize in their community.

Performance Outcome Measure	SFY 2018 Target	Result as of 12/31/2017	SFY 2019 Target
Of congregate meal consumers served who may be socially isolated, percentage eating 4 meals at meal site in a month.	55%	94.3%	94%

Progress to date:

94.3% is the outcome measure for congregate meal recipients. Despite reduction in expenditures and changes in service deliveries in recent months, the averages did not change between the months following the changes.

Performance Outcome: Home delivered meal consumers who are potentially socially isolated receive regular contact with a meal delivery person.

Performance Outcome Measure	SFY 2018 Target	Result as of 12/31/2017	SFY 2019 Target
Of home delivered meal consumers served who may be socially isolated, percentage receiving at least 8 meals in a month.	50%	93.5%	94%

Progress to date:

93.5% is the outcome measure for home delivered meal recipients. Despite reduction in expenditures and changes in service deliveries in recent months, the averages did not change between the months following the changes.

Service(s): Caregiver Counseling and Caregiver Respite Care

Performance Outcome: Caregivers receive the supports and services they need to continue to provide informal care to the care recipient.

Performance Outcome Measure	SFY 2018 Target	Result as of 12/31/2017	SFY 2019 Target
Percentage of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role.	75%	92.9%	80%

Progress to date:

MAAA was able to successfully survey fourteen caregivers receiving counseling or respite services with thirteen (92.9%) stating that they were able to maintain their caregiver role with MAAA caregiver program assistance. One caregiver required more support than what the caregiver program could provide and the caregiver recipient needed a higher level of care than what could be provided in the home. Ongoing follow up of caregivers receiving support through counseling or respite services will continue in SFY 2019 to ensure the MAAA caregiver program is providing quality services to consumers.

SFY 2019 Projected Older Americans Act Consumers and Service Units

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

Area Plan Service Waiting List

Service with Waiting List	Typical Number of Individuals on Waiting List	Average Waiting List Time	Waiting List Prioritization Criteria
Home Delivered Meals	Ranges by area – typically, 3 – 35 per county; we currently have three counties with waiting lists	Varies by area – Range is from 2 weeks to 3 months	Currently first come, first served. A new policy will likely need to be adopted beginning July 1, 2018.

Current Waiting List Policy, adopted September 17, 2017:

Action #2 Amended action statement per board discussion.

Waiting lists for home delivered meals will be established and implemented for various areas as approved by the Services Director. Criteria and factors will include and not be limited to budget constraints, food safety issues, adequate staffing of drivers (volunteer or paid).

- Waiting lists will be maintained on an agency form.
- Services will be on a first come basis.
- Designated staff will share information regarding other meal options available.
- Consumers will be notified of their eligibility.

Motion made by Stephen Swisher, seconded by Duffy Kester, to accept Action #2 per amended statement read by Pam Taylor. The motion was carried unanimously.

Section 3: Quality Management

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

OR

~~Agency staff reviewed the quality management activities that will be undertaken during the plan period and determined that updated information is required.~~

[Insert updated information on quality management activities that the agency will implement during the plan period.]

Section 4: Public Input

Per IAC 17- 6.2(6)a, public input is required only for new area plans, area plan amendments, or new direct service waivers; none of these features are present in the Milestones AAA Plan Update, therefore no public input session was required.

Public Hearing Requirements

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

OR

~~Agency staff reviewed the Iowa Administrative Rule, 17-6.2 (231) on public hearing requirements and determined that the updated information provided required a public hearing. Public hearing documentation appears below.~~

Governing Body

Governing Body for: Milestones AAA

Updated On: March, 2018

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Robert Howard	802 Iowa Avenue	Muscatine 52761	Muscatine	563-263-3307 howardforboss@gmail.com	June 2019

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires
Lynelle Diers	108 E. Main	Ottumwa 52501	Wapello	641-682-5434 ldiers@wapellocounty.org	June 2019

Secretary-Treasurer

Name	Address	City & Zip	County	Phone & Email	Term Expires
Stephen Swisher	3324 Forest Road	Davenport 52807	Scott	563-359-3289 Swisher62169@gmail.com	June 2018

Other Members

Name	Address	City & Zip	County	Phone & Email	Term Expires
Jerri Dean	704 E. Ashford Avenue	Mt. Pleasant 52641	Henry	319-989-5380	
Duffy Kester	2359 Garden Road	Allerton 50008	Wayne	641-895-3725 dkester@grm.net	June 2019
Julie Shilling	2218 Avenue H	Ft. Madison 52627	Lee	319-753-6649 jschilling@leecountyhd.org	June 2019
Jim Howell	25827 140 th	Columbus Junction 52738	Louisa	319-728-7602 howell@louisacomm.net	June 2019
Bill Thom	2015 South 10 th	Centerville 52544	Appanoose	641-856-2505 billyt9@mchsi.com	June 2019

*Note: Board Member Lee McClure passed away, creating a vacancy not yet filled.

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 AAA
Updated on: March, 2018

Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Jim Howell	25827 140 th	Columbus Junction 52738	Louisa	319-728-7602 howell@louisacomm.net	June 2019	1, 2, 7

Vice Chair

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Bob Waugh	15433 105 th Rd.	Libertyville 52567	Jefferson	641-919-0042 bobwaugh89@gmail.com	June 2019	1, 2, 5

Secretary/Secretary Treasurer

Name	Address	City & Zip	County	Phone & Email	Term Expires	OAA Composition Criteria (1 to 7)
Lynelle Diers	108 E. Main	Ottumwa 52501	Wapello	641-682-5434 ldiers@wapellocounty.org	June 2019	1, 2, 3, 4, 5

Other Members:

Name	Address	City & Zip	County	Phone & Email	Term	OAA Composition Criteria (1 to 7)
Robert Howard	802 Iowa Avenue	Muscatine 52761	Muscatine	563-263-3307 howardforboss@gmail.com	June 2019	1, 2, 5, 6
Stephen Swisher	3324 Forest Road	Davenport 52807	Scott	563-359-3289 Swisher62169@gmail.com	June 2018	1, 2, 5, 7
Jerri Dean	704 E. Ashford Avenue	Mt. Pleasant 52641	Henry	319-989-5380		1, 2, 7
Duffy Kester	2359 Garden Road	Allerton 50008	Wayne	641-895-3725 dkester@grm.net	June 2019	1, 2, 5, 6

Julie Shilling	2218 Avenue H	Ft. Madison 52627	Lee	319-753-6649 jschilling@leecountyhd.org	June 2019	3, 4, 5
Patricia Steiner	102 W. Main St.	Mediapolis 52637	Des Moines	319-753-1414 psteiner@iastate.edu		1, 2, 3, 5
Bill Thom	2015 South 10 th	Centerville 52544	Appanoose	641-856-2505 billyt9@mchsi.com	June 2019	1, 2, 7
Liz Sherwin	P.O. Box 6156	Rock Island, IL 61204	Scott	309-793-2942		2, 4, 5
Christy Davis	1609 State St.	Bettendorf 52722	Scott	563-344-4041 cdavis@bettendorf.org		4
Raymond Dosier	P.O. Box	Lovilia 50150	Monroe	641-946-7320		1, 2, 7
Lillian Frizzell	509 S. DeKalb St.	Corydon 50060	Wayne	641-872-2215		1, 2, 7
Kristopher Laurson	209 East Jackson Street	Centerville 52544	Appanoose	641-437-4332 klaurson@appanooseph.net		3, 4, 5
Rodney Robinson	P.O. Box 491	Keosauqua 52565	Van Buren	319-293-3462 RWRGMR@netins.net		1, 2, 7
Matt Greiner	100 Courthouse Square	Bloomfield 52537	Davis	641-459-3453 greinerm@daviscountyiowa.org		5, 6
Steve Laing	916 Braden	Chariton 50049	Lucas	641-203-0398 supervisors@lucasco.org		5, 6

LifeLong Links Advisory Council
LifeLong Links Advisory Council for: Milestones AAA
Updated On: March, 2018

Name	Organization	Address	City & Zip	County	Phone & Email
Jerry Schroeder	Alzheimer's Association	2208 E. 52 nd St	Davenport 52807	Scott	563-324-1022 jschroeder@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. 2 nd , Suite 720	Davenport 52801	Scott	563-322-4331 Penny_Vacek@grassley.senate.gov
Deb Philpott	South Central Center for Independent Living	117 1 st Avenue W.	Oskaloosa 52577	Mahaska	641-672-1867 Brookie43@gmail.com
Kathy Starling	IA/IL Center for Independent Living	501 11 th Street	Rock Island, IL 61201	Scott	309-793-2942 starling@iicil.com
Kathy Frye	Retired Senior Volunteer Program	315 S. 2 nd Street	Clinton 52732	Clinton	563-243-7787 kfrye-rsvp@hotmail.com
Lori Elam	Eastern Iowa Mental Health Disability	600 W. 4 th Street	Davenport 52801	Scott	563-326-8723 Lori.Elam@scottcountyiowa.com
Jennifer Vitko	South Central Iowa Mental Health Disability	102 E. Main	Ottumwa 52501	Wapello	641-683-4576 jvitko@wapellocounty.org
Julie Schilling	Lee County Public Health	2218 Avenue H	Ft. Madison 52627	Lee	319-753-6649 jschilling@leecountyhd.org
Ryann Wood	Southeast LINK Iowa Mental Health Disability	P.O. Box 937	Keokuk 52632	Lee	319-372-5681 rwood@leecounty.org
Christy Davis	Bettendorf Police Department	1609 State St.	Bettendorf 52722	Scott	563-344-4041 cdavis@bettendorf.org

ATTACHMENTS

Authorized Signatures

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

Authorized Signatures for Funding Applications and Contracts

Print Name: Becky Passman

x Becky G. Passman
Signature of Executive Director

March 27, 2018
Date Signed

Print Name: Robert Howard

x Robert Howard
Signature of Chair, Governing Body

3/27/2018
Date Signed

Authorized Signatures for Fiscal Reports

Print Name: Becky Passman

x Becky G. Passman
Signature of Executive Director

March 27, 2018
Date Signed

Print Name: Robert Howard

x Robert Howard
Signature of Chair, Governing Body

3/27/2018
Date Signed

Print Name: Tina Jaegers

x Tina L. Jaegers
Signature of [Fiscal Staff Title]

March 27, 2018
Date Signed

Authorized Signatures for Program Reports

Print Name: Becky Passman

x Becky G. Passman
Signature of Executive Director

March 27, 2018
Date Signed

Print Name: Dawn Carstensen

x Dawn Carstensen
Signature of LifeLong Links Director

March 27, 2018
Date Signed

Grievance Procedures

Agency staff reviewed the grievance procedures information in the plan and determined that the information is current. (No additional information is required.)

OR

~~Agency staff reviewed the grievance procedures information in the plan and determined that updated information is required. Updated information appears below.~~

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

Nutrition Services

Agency staff reviewed the following Nutrition Services information entered into SAMS and verified that the information is current as of **March 28, 2017**.

Nutrition Services information to be verified for accuracy includes:

- Location: Shirley Waite, 623 Pennsylvania Ave. Ottumwa Iowa 52501
- Frequency: Annually

Service Providers of OAA Services

Agency staff reviewed the Service Provider information entered into SAMS and verified that the information is current as of **March 28, 2017**.

Senior Centers and Focal Points

Agency staff reviewed the Senior Center and Focal Point information entered into SAMS and verified that the information is current as of **March 28, 2017**.

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.)

OR

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

Emergency Plan Summary

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

OR

~~Agency staff reviewed the emergency preparedness planning and plan activation information in the plan and determined that updated information is required.~~

Direct Service Requests

X The request to provide direct service(s) submitted with the SFY 2018 – 2021 Area Plan on Aging are **current**. (No additional information is required.)

OR

~~The agency seeks to provide additional service(s) directly in the planning and service area starting in SFY 2019. A completed Request to Provide Direct Service form has been submitted with the plan for the new direct service the agency plans to provide starting in SFY 2019.~~