



IOWA DEPARTMENT ON AGING
510 E. 12TH ST., STE. 2, DES MOINES, IA 50319 | 515.281.4300

Signed Verification of Agency Intent and Compliance

Agency Name: **Milestones Area Agency on Aging**

(AAA) accepts full authority and responsibility to develop and administer the SFY 2020 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 Health and 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.



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Signed Verification of Agency Intent and Compliance

The **Advisory Council** has reviewed and commented on the SFY 2020 Update to the SFY 2018 - SFY 2021 Area Plan on Aging, and hereby submits the SFY 2020 Area Plan Update to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

James Howell

NAME OF ADVISORY COUNCIL SIGNER

ADVISORY COUNCIL SIGNATURE

The **Governing Body** has reviewed and approved the SFY 2020 Update to the SFY 2018 - SFY 2021 Area Plan on Aging, and hereby submits the SFY 2020 Area Plan Update to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

Robert E. Howard

NAME OF GOVERNING BODY SIGNER

GOVERNING BODY SIGNATURE

The **Executive Director** has reviewed and approved the SFY 2020 Update to the SFY 2018 - SFY 2021 Area Plan on Aging, and hereby submits the SFY 2020 Area Plan Update to the Iowa Department on Aging for acceptance by the Iowa Commission on Aging.

Becky J. Passman

NAME OF EXECUTIVE DIRECTOR

Becky Passman

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EXECUTIVE DIRECTOR SIGNATURE

Milestones Area Agency on Aging PSA #5

SFY 2020 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

Milestones Area Agency on Aging Update.....	3
Section 1: Update on Strategies to Achieve 2018-2021 Goals.....	7
Goal 1: Iowa Aging Network will protect and enhance the rights; and prevent the abuse, neglect, and exploitation of older Iowans.	7
Goal 2: 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. 12	
Goal 3: Iowa Aging Network will enable Older Iowans to remain in their own residence and community of choice.....	18
Section 2: Performance and Service Projections	28
Performance Outcome & Fiscal Year Targets	28
SFY 2020 Projected Older Americans Act Consumers and Service Units	37
Self-Direction Service Delivery	38
Caregiver Respite Voucher	39
Service Coverage	40
Area Plan Service Waiting List.....	45
Section 3: Quality Management.....	46
Section 4: Public Input.....	47
Public Hearing Requirements.....	48
Governing Body.....	49
Advisory Council.....	50
LifeLong Links Advisory Council	53
ATTACHMENTS	54
Authorized Signatures	55
Grievance Procedures	57
Staffing and Volunteer Information	58
Nutrition Services, Service Providers, and Senior Center/ Focal Points	58
Emergency Plan Summary.....	60
Direct Service Requests.....	61

Milestones Area Agency on Aging Update

In the FY19 Milestones Area Agency on Aging Area Plan Update summary, several specific focus areas were identified for attention and improvement over the Area Plan timeframe. Following is a summary update on the current status of those focus areas/tasks, highlights of actions that have been taken, and a measure of the progress that has been made.

1. *Provide education and awareness of elder abuse, targeting our rural areas.*
 - a. In calendar year 2018, Milestones EAPA staff conducted program presentations in 14 of the 17 counties in our PSA, successfully and increasing referrals in our rural counties. MAAA also hosted a series of Elder Law Seminars in the Ottumwa area, and increased elder abuse education efforts through social media.
 - b. For FY18, EAPA staff will conduct program presentations in the remaining three counties, thereby covering the entire PSA. A particular focus will be given to the rural counties of Monroe and Wayne, which currently have the lowest referral rates. In light of the success in Ottumwa, in FY20 MAAA will host elder education seminars in all three MAAA offices (Burlington, Davenport, and Ottumwa); the agency will also continue an aggressive effort to alert and educate through social media.

2. *Continue to build relationships with the mental health provider network.*
 - a. MAAA made a good deal of progress toward this goal: all EAPA staff completed an 8-hour Mental Health First Aid course; established contact and shared information with Mental Health Disability Coordinators in eight of the seventeen counties; regularly attend regional provider meetings inclusive of mental health providers; incorporate the mental health mobile crisis hotline where its available; and two staff have provided informal mediation for complex dysfunctional family situations.
 - b. For FY20, EAPA staff will build on this foundation, making additional contacts with Mental Health Disability Coordinators and working to build an improved referral system. Similarly, staff will work to expand the agency's resource pool by identifying at least one mental health provider for each of the counties in the MAAA PSA. As a function of professional development and continued growth of expertise, staff will be tasked with seeking out for additional study a minimum of one additional mental health-related issue relevant to older Iowans.

3. *Evaluate our congregate and home delivered meals program.*
 - a. A thorough analysis was conducted of both programs: staffing, operational efficiencies, consumer satisfaction (an agency-wide congregate meal consumer survey was conducted FY19), and a greater variety of alternative funding resources have been approached, with some degree of success. Staff hours and positions have stabilized. As a result of many efforts, no closings took place in FY18 (with the exception of one, which was proximal to another congregate

site, thus providing an opportunity to combine the two for efficiency), nor are any further anticipated in FY20. One exciting development is that MAAA recently established a new location in Ottumwa, moving from a less than ideal location (heating issues, poor parking, technology issues, etc.) to a large, new church that is enthusiastic about the new partnership. Also new in FY19, a study was conducted detailing the nutrition program costs, number of eligible consumers, and number of actual consumers for each of the seventeen counties, thus providing a helpful tool for tracking as well as information-sharing with the Board and the public.

- b. The nutrition program seems currently to have reached a level of stability such that a level of “fine tuning” and additional troubleshooting to address needs can be undertaken in FY20. Expected activities include implementing various strategies to:
 - i. increase participant contributions;
 - ii. grow volunteer pool;
 - iii. gain additional alternative funding resources, both through grants and increased community contributions;
 - iv. increase community awareness in general;
 - v. make progress in closing the gap between program expenses and funding resources in order to avoid the need to increase the use of waiting lists.

4. *Increase the number of persons accessing nutritional counseling.*

- a. Efforts made in FY19 to make progress toward this goal have not been successful. Actions were taken to promote the service at meal sites, through the Fresh Conversations program, through agency-wide emails to remind staff for the purpose of referrals, all with no result. An informational flyer and table tents promoting the service have been created as a further promotional tool.
- b. MAAA will maintain the Nutrition Counseling budget at current FY19 level for FY20 with the plan to increase visibility (and thereby demand) of service through more diverse and vigorous marketing tactics, and a pilot project involving the use of student/volunteer dietitians/interns to present Nutrition Education, and promote/provide Nutrition Counseling.

5. *Promoting services in our rural area.*

- a. MAAA program staff made a concerted effort to increase visibility and presence in the PSA’s rural counties with the lowest participation rate with modest success. Efforts will continue to be made -- using various approaches – to increase referrals in the three targeted low participation counties. MAAA’s Evidence Based program has made significant progress in expanding falls prevention programming and getting positioned to increase it further into the more rural areas through outreach, networking, and the establishment of key professional and community partnerships.
- b. Staff will continue to work to increase visibility in the rural areas through

activities to include presentations at meal sites, distribution of informational marketing materials to various senior-centric locations, participation in community collaboration groups, and offering events of interest to consumers, such as seminars, Family Caregiver Conferences, shred events, etc.

6. *Increase the number of non-Medicaid case management consumers.*

- a. This has not been a focus area for FY19, however in light of the interest in care transition services/home meds, and the discussions that have transpired in FY19 with MCOs, MAAA foresees this as potentially being a significant area of activity FY20. The agency, with the critical assistance of Sellers Dorsey, I4a, and Iowa AAA peers, is beginning the process of preparing the agency and staff to meet this potential new fee for service program successfully. It is anticipated that this process will extend throughout FY20 and beyond if these become MCO contracted services.

7. *Continue to expand the Lifelong Links program.*

- a. MAAA anticipated the launch of a Guardianship program FY19; this, however, did not happen. The process of putting the program in place and approved took much longer than anticipated, resulting in the loss of the trusted candidate that had been chosen for the position. Despite the failure to launch, the agency did gain much valuable experience and knowledge pertaining to Guardianship programs and, most importantly, the process of creating entrepreneurial programming. With respect to general expansion, the agency was able to add two additional positions (1 – VOCA/EAPA and 1 – Regional Resource Navigator). Due to the need to financially stabilize, however, additional expansion has not been feasible.
- b. Looking forward to FY20, any expansion will need to be deliberately approached due to the need to maintain fiscal constraint.

8. *Look beyond the traditional services and payments sources.*

- a. The agency initiated the means to take credit card payments, both at the office and out in the field via the purchase of a Square credit card reader. This opens the door for exciting possibilities, and will be initially “trialed” primarily by the Evidence-Based programming. The agency has been more aggressively pursuing grant opportunities and strategizing to increase community donations. For example, funeral homes across the seventeen counties were contacted and inquiries made regarding memorials. Memorial information cards are being created which tell about the agency and offer it as a suggestion for memorials; we plan to distribute these to funeral homes across the region in FY20. Styles/types of contribution letters for other services (beyond meals) are also being researched for possible implementation in FY20.

Overall, MAAA has made great strides over the past year, and is in a better position than it was one year ago. Staffing issues have stabilized, program quality is excellent with good

consumer satisfaction, and units of service are growing. With respect to budget, the agency aggressively seeks out efficiencies in every area, with general staff assisting in the process, as well. Due to these consistent and concerted efforts, MAAA has improved its fiscal footing from the previous year, and we anticipate slow and continued improvement throughout FY20. Similarly, Milestones will continue to focus on strengthening the fundamentals in order to maintain health and be prepared to meet new challenges and program growth successfully.

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.
- Number of responses resulting from social media posts (identified by referrals in the targeted counties referencing the posts).

Strategies to Address Service Gap

Current Strategies	Revised or New Strategy?	Status
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. We will re- evaluate the need for an increase in EAPA awareness pending the outcome of referrals from each targeted county.	No	In progress
2) MAAA will offer one (1) Mandatory Dependent Adult Reporter workshop in each of the 17 counties.	No	In progress

Current Strategies	Revised or New Strategy?	Status
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

- From January 1, 2018 through December 31st 2018, MAAA EAPA staff conducted program presentations in 14 of the 17 counties in PSA. The highest correlation of presences related to referrals is reflected in Jefferson County, from which seven referrals were received during that period of time.
- Six out of the eight targeted counties showed an increase in EAPA activity, such as EAPA consultation and/or Assessment & Intervention activities, of at least one activity. Jefferson County had four active consumers; Monroe and Wayne counties showed no increase (zero consumers).
- MAAA Ottumwa office also successfully hosted a series of Elder Law Seminars for the community; these were offered via webinar and included group discussion after.
- MAAA successfully collaborated to provide and promote elder abuse articles and information by posting 20 separate social media articles on Facebook. MAAA researches and shares information from the National Center on Elder Abuse, Attorney General’s office, law enforcement, and other authoritative, reliable resources, then spotlights them via social media to increase awareness of the issue. In addition to user responses, Facebook also provides metrics that tell us the number of views and the reach of each post. These tools are helpful in gauging the effectiveness of the posting.

Strategy Activities Planned for SFY 2020

- MAAA EAPA staff will conduct presentations in the three counties that have not, at present, been covered in 2019. MAAA would like to have a minimum outcome of at least two EAPA activities – such as consultation or assessment and intervention – for each of the three counties result from these presentations.
- MAAA will continue to increase marketing and presentations in all eight low referral rate counties, with a focus on Monroe and Wayne counties. MAAA EAPA staff will spend at

least one full day in each county’s community center in order to be available for consultation and interaction with possible victims who may not feel comfortable making a phone call.

- MAAA EAPA staff will expand community opportunities for educating elders by hosting seminars in the three MAAA offices Burlington, Davenport, and Ottumwa.
- MAAA will continue to seek out resources on scams, abuse, and information on Elder Abuse Prevention from the National Elder Abuse Center, law enforcement, and the Iowa Attorney’s office for posting on Facebook.

SERVICE GAP #2: Lack of supported decision-making 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 in relation to need
- 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	Changed – See #4
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	Stalled
4) Establish a volunteer program for the “Budget Benefits” program.	Yes	In progress

Update on Strategy Activities to Date

- Agency and individual contributions have increased in fiscal year 2019 for the EAPA program. MAAA has received contributions in the amount of \$200 for EAPA training from one agency, and is projecting an additional \$600 in FY 2019. EAPA staff have divided their time between program funding in order to cover the entire MAAA PSA more effectively.

- MAAA substitute decision maker program and funding was established, however the project has stalled due to the difficulty experienced finding credible and competent staff to fulfill the position.
- MAAA EAPA staff have been requested to provide presentations to the staff of financial intuitions focusing on financial exploitation and scams that are affecting older lowans. One example is a presentation to Family Credit Union which was broadcast to all employee offices across their territory, effectively multiplying the potential audience.
- MAAA has recruited a volunteer to assist in building and recruiting additional volunteers for the “Budget Benefits” Program. Budget Benefits is intended to serve any consumer that may have mental capacity for managing funds but limited physical capabilities to meet financial tasks. Options Counselors and Adult Rights Specialists will make a referral to the volunteer if the consumer is wanting assistance with this task. The volunteer will assist the consumer with a budget, review monthly statements to ensure that no exploitation, schemes, or scams are in process or being contemplated, and thereby help lower consumer risk.
- MAAA has identified three individuals during SY2019 that will benefit and has interest in the “Budget Benefits Program”.

Strategy Activities Planned for SFY 2020

- MAAA will apply for the Victim of Crime grant for an additional three-year contract to assist with funding the Adult Abuse Prevention program to effectively cover the MAAA PSA.
- MAAA EAPA staff will encourage agency/company contributions when giving presentations to the public. MAAA’s supported decision-maker program will need to be self-sustaining; the goal is to be able to assist and sustain individuals unable to pay full fee for the service with increased contributions.
- MAAA continue to seek out appropriate, qualified staff to implement the Substitute Decision Maker Program.
- MAAA will enroll five individuals into the Budget Benefits Program in FY20.
- MAAA will recruit two additional volunteers to assist with the Budget Benefits Program

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 informal mediation sessions for older lowans regarding family communication concerns that lead to increased conflict.	Revised	In progress
2) MAAA will continue to build partnerships with mental health disability providers to assist with solutions for older lowans with mental health concerns.	No	In progress
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	In progress

Update on Strategy Activities to Date

- MAAA EAPA staff completed an 8-hour Mental Health First Aid course in FY 2019.
- MAAA EAPA staff have contacted the mental health disability coordinator and/or provider in eight of the seventeen counties in MAAA PSA to provide information about the resources provided by the MAAA EAPA program.
- MAAA staff currently attend regional county provider meetings with mental health providers. Staff are reporting collaboration with mental health providers to service consumer with mental health issues is increasing.
- MAAA staff utilized the resource and contact information of the mental health mobile crisis hotline in two of the mental health regions with established programs. It is not possible to track whether consumers did, indeed, follow through with called to the hotline; while staff did provide the information, the consumers did not want a “warm transfer”.
- Due to the lack of funding for formal training, two staff have provided informal mediation versus more formal mediation for families that have had complex family dysfunction. An agency goal is to have all Caregiver, EAPA, and Options Counselors undergo additional mediation training to assist in family meetings.

Strategy Activities Planned for SFY 2020

- MAAA EAPA staff will contact the county mental health disability coordinator in each of their respective coverage areas, exchange resources and contact information, and work toward the outcome goal of building an improved referral system.
- MAAA staff will seek out at least one additional mental health-related topic relevant to older lowans with whom they work for additional study.

- MAAA EPA staff will identify at least one mental health provider for each of MAAA PSA counties in order to facilitate a strategy to share information about agency services and investigate ways in which to partner. MAAA staff have found that several large mental health providers, such as Tenco, Optima, and Vera French are all primary providers serving several counties in the PSA.

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

Prioritized Service Gaps

Milestones AAA completed a needs assessment 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. A new process to refer all home delivered meal inquires to the Information and Assistance staff, rather than using meal site managers, was implemented to ensure a more comprehensive intake, thus expediting the access to information and all services available to seniors.

Service Gap #2 is considered generally complete as strategies have been completed. Operating procedures were identified for efficiencies (labor hours cut, promotion activities increased to build volunteerism, waiting lists implemented in urban areas). No additional sites or service areas have been closed since December 31, 2017 due to budgetary concerns. At this time no further closures are expected or planned due to budget issues. Additional funds were identified (Birdies for Charities, Plus 60 Club) and, since this is an ongoing activity, we will continue to seek alternative funds per the Iowa Administrative Code. Milestones participated in the IDA Focus Group and completed surveys to assess reasons for congregate meal participation decline.

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:

- Number of units reported in Harmony

- Number of Nutrition Counseling promotional materials distributed in a variety of locations

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 – <i>see Strategy Update</i>
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	In Progress – <i>see Strategy Update</i>
3) Promote public awareness in all 17 counties through distribution of flyers and table tents to targeted locations.	Yes	In progress
4) Attain top of mind awareness of service and referral process among all Milestones staff.	Yes	In progress
5) Pilot a plan in a highly populated area to use a contracted/volunteer/intern dietician.	Yes	Not started

Update on Strategy Activities to Date

Partnering with the Fresh conversations program dietician has not increased or sustained referrals as hoped. Efforts by the Fresh Conversations dietician while present at the Fresh Conversations meal sites and simultaneously promoting Nutrition Counseling have resulted in no additional seniors requesting or accepting Nutrition Counseling. Use of Harmony to identify higher concentrations of high nutrition risk seniors has not been completed. This strategy will be changed. Manipulation of necessary data is not expected to result in the referrals sought based on poor outcome of the partnership with the Fresh Conversations Program. To date, two agency-wide emails have been sent to all employees informing of the available service using contracted dieticians and the process for referrals. There have been no referrals in FY19 to date. Both a flyer and a table tent have been designed and printed. Distribution is being planned to target the following locations: meal sites, home delivered meal participants, focal points, community health clinics, county public health departments, walk-in clinics, urgent care facilities, hospital dieticians, YM/YWCAs, area-wide interagency and coalition meetings, Visiting Nurses Associations.

Strategy Activities Planned for SFY 2020

- Fully implement the distribution plan for promotional materials mentioned in Update on Strategy Activities above.

- At least twice annually include Nutrition Counseling service information and how to access it in the Menu Nutrition News (back side of monthly printed menus has Nutrition News). Menus are distributed to all congregate and home delivered meal participants and available to the public as well.
- Review and update (if necessary) the website information and visibility for Nutrition Counseling.
- Send out periodic emails (~quarterly) and Facebook postings to all Milestones employees with Nutrition Counseling information and the referral process.
- List steps to plan a pilot project in Ottumwa to explore the effective outcome of using contracted, volunteer or student dietician interns to make scheduled visits to meal sites to present Nutrition Ed, promote and provide Nutrition Counseling.

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

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	Completed
2) Seek additional alternative funding.	No	In progress
3) Explore other creative options used by other Iowa AAAs to sustain congregate and/or home deliveries in rural areas.	No	Completed

Update on Strategy Activities to Date

In addition to trimming budget expenses at the staffing level as identified in FY19 Area Plan Update, continuous analysis of efficiencies across the nutrition program have been in place throughout the year. As a result of continuous budgetary consciousness and staff assistance in trimming costs and finding efficiencies, there have been no further closings of congregate meals sites due to budget cuts or labor reductions since December 2017. Additional focus was given to fundraising opportunities in the community (Birdies for Charity, business groups target charity for the quarter, church Lenten gifts) which increased giving from \$8,151 in calendar year 2017 to \$16,897 in calendar year 2018, more than doubling private community donations. The agency is currently creating print materials and preparing to implement additional strategies to increase revenues from community contributions (for example, memorials). We are also working to organize community grant-seeking opportunities in order to pursue these in a more methodical fashion, with an FY2020 goal of reaching \$40,000 in grant awards.

Strategy Activities Planned for SFY 2020

The focus of this strategy was to avoid closing additional sites due to budgetary cuts rather than low participation, so measurement of the portion of each county’s total 60+ non-institutionalized populations served was not the measure identified for comparison from FY17 to FY18. The Service Gap was addressed and completed, though some activities (such as seeking alternative funding) are ongoing activities that are never actually “complete”. We do, however, consider that we have fully and successfully addressed the service gap in question through the strategies outlined, and that it may therefore be considered complete.

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 in benefits counseling for Options Counselors	Revised	In progress
2) Options Counselors will develop a system for appropriate referrals to the Mental Health Disability	No	In progress

Current Strategies	Revised or New Strategy?	Status
Regions within MAAA service area.		
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	Changed – see #5
5) LLL program will develop a contribution letter for Options Counseling and Case Management program services to send out to consumers.	Yes	In progress

Update on Strategy Activities to Date

- Certification of Options Counselor staff as “certified” Benefits Counselors is currently cost prohibitive, but MAAA has located online curriculum for benefits counseling that will provide education to Option Counselors appropriate to the level of service that will be offered.
- MAAA LLL staff was required to take additional Elsevier person-centered training which averaged 40 hours of training time in FY 2019.
- MAAA staff currently attend regional county provider meetings with mental health providers. MAAA is anticipating additional collaboration with mental health providers to provide more services to meet more of the consumers’ needs, when referrals are made.
- MAAA staff utilize the resource and contact information of the mental health mobile crisis hotline in two of the mental health region with established programs.
- A slight increase in referrals from the VA outreach clinics has been noted in FY 2019, as well as collaboration on cases involving veterans. MAAA has collaborated with the VA clinic SW on 4 new cases in FY 2019.
- Progress was made toward establishing a fiscal infrastructure to enact the fee for service option for the LLL program services.
- MAAA has been developing a unit cost for Options Counseling and Case Management services to begin implementing and mailing contribution participation letters to consumers served in both programs.

Strategy Activities Planned for SFY 2020

- LLL Options Counselors will have completed the benefits counseling training in order to expand range of service options to assist consumers. LLL Options Counselors will use this information to assist individuals currently receiving SSD in finding options to assist in sustaining additional financial resources through potential referrals for employment. The Virginia Commonwealth University offers an online benefits counseling program, and this will be utilized for this training opportunity.

- Options Counselors will contact and share resources with the Mental Health Disability Director in each of their service areas. MAAA would like to increase referrals and resources and collaborate with mental health professionals to better serve the older lowans with mental health issues.
- LLL staff will participate in VA workshops and outreach fairs when invited. LLL staff will outreach to all 17 county VA office representatives to inform them of agency services, and to share contact information and resources.
- Track and evaluate the effectiveness of client participation letters; implement client satisfaction surveys for Options Counseling and Case Management services.
- Establish new programming for funding opportunities with Care Transitions and Home Meds.

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 contacts from the three target counties
- Number of referrals for Options Counseling

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-

- LLL staff has completed a presentation at one of the nutrition centers in Louisa County and is scheduling a presentation for the other site. LLL staff is coordinating with the

nutrition site manager for Lucas and Monroe counties and will have completed presentations by the end of FY 2019.

- LLL staff have found limited providers and agencies in the three targeted counties; for example, Louisa County does not have a hospital.
- LLL staff participates in community collaboration groups within each county; conflicting dates and times make regular attendance a challenge, as does the fact that most current groups largely focus on children and families.

Strategy Activities Planned for SFY 2020

- LLL staff will schedule additional informational presentations at the three targeted counties nutrition centers.
- LLL staff will continue to revisit agencies in order to distribute program information, table tents, and replenish brochures. Target locations include medical clinics, home care agencies that specialize in caring for persons with disabilities, hospitals (where available), pharmacies, and local offices of Public Health.
- MAAA staff will establish a collaborative senior group similar to SAVI in Des Moines County, Clinton County Senior Connections, and the Quad Cities Elder Consortium Group in at least one of the targeted counties. MAAA staff will compile a list of organizations serving the older Iowans in each county and request a survey questionnaire on the importance of networking to better serve that county's seniors and interest in establishing a group. A meeting location and date will be determined based on results from the questionnaire. LLL has set a goal for the first meeting to be held within the first quarter of FY 2020.

Goal 3: Iowa Aging Network will enable Older Iowans 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 FY16 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.

We consider Service Gap #1 to be completed and no longer a priority due to the fact no additional meal sites have been closed due to budgetary reasons since December 31, 2017,

neither are any closings planned for that reason. Completed strategies yielded in this outcome.

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 after 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	Completed
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 versus 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 rather than “no” meals to seniors.	No	Completed
5) Establish waiting lists in the urban areas so as to stretch funds into the rural areas.	No	Completed
6) Evaluate employees work hours.	No	Completed
7) Seek efficiencies in all aspects of the program in order to maintain current congregate meal sites and avoid further closures	No	Completed
8) Evaluate options for delivery of the best type of meal at a frequency that is more sustainable than daily into rural areas.	No	Completed

Update on Strategy Activities to Date

The indicators to gauge progress have all been successfully met with the exception of one meal site closing; the last meal site closing occurred on

December 31, 2018. No further positions were cut, and labor hours are stabilized and steady. FY19 plans to replace higher cost contracted meals with the production of meals directly from Milestones cooking kitchens for one or more of the three remaining contracted counties were not acted upon in FY19 due to changing circumstances. Priority accomplishments included replacing and hiring new nutrition supervision team and reorganization of territories. Identification of new community funding sources was more rigorously pursued, grants identified and applications submitted. Efforts to relocate meal site to Mt. Pleasant were channeled in an alternative direction due to lack of success in finding labor for the positions required.

Strategy Activities Planned for SFY 2020

The service gap was addressed and successfully completed. Aside from continued and continuing efforts with respect to seeking out alternative funding resources, as well as volunteer resources, there will be no strategy activities for SFY2020 related this service gap.

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:

- Number of transportation units in Harmony
- Number of 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	Completed
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	Completed
5) Coordinate with transit providers in order to approach the issue of transit use/transportation options from the	Yes	Not started

Current Strategies	Revised or New Strategy?	Status
perspective of enhanced consumer education.		

Update on Strategy Activities to Date

Discussed transit use, procedures and ridership with transit agencies prior to contract renewal, also brought forward any issues or concerns voiced by consumers. The three primary systems in Milestones PSA express willingness to make adjustments where possible to improve consumer access, but these systems are regulated by state and federal laws and constrained by budgetary limitations just as the AAAs are. This is understood, and must inform any approach we take when addressing consumer issues.

Investigation into community collaboration groups revealed that some social service agencies do have limited transportation service capacities, but these are, of course, almost exclusively for their own consumers’ use. Hours when service could possibly be purchased are not consistent with our consumers’ needs. We will continue to watch for potential opportunities.

Strategies 3 and 4 are considered completed due to the following: public transportation is consistently regulated across the state; there is no known model of service delivery yet discovered that is affordable and replicable across all counties; known needs and available services are localized, and any solutions are therefore generally random and custom.

Strategy Activities Planned for SFY 2020

Continue discussion with transit systems, working to find opportunities for improvement in services. Discuss ideas for how we might better educate consumers about transit and alternative transportation options: have information available at meal sites; invite someone from the bus system to present at a meal site; encourage participants who drive to consider “carpooling” with a neighbor who doesn’t drive; etc.

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	In progress
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.	No	In progress
4) Secure Chronic Disease Self- Management Program (CDSMP) Master Training status to have 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 and thereby increase the availability of workshop offerings.	No	Completed 3/23/2018, 11/7/2018

Update on Strategy Activities to Date

Current Strategy 1: Milestones AAA trained leaders and maintains partnerships with a health care system, a senior residence community, and several churches to provide Matter of Balance (MOB) workshops in PSA 5 to broaden our scope of delivery. A new team of 4 leaders for MOB was trained by Milestones on 6/30/2018 to deliver the program at Scott County YMCA locations. After the training, Milestones provided marketing, media, and registration assistance to the new leaders to fill two consecutive workshops in September/October 2018 and launch their ongoing schedule. The YMCA teams will focus their service on the immediate Davenport (urban) area, and be site-based at YMCA facilities. This strategy will free up our limited number of Milestones program leaders (1 staff and 1 volunteer) to travel and offer MOB more exclusively in rural areas. Additionally, Milestones initiated contact with the administrator of Lee County Health Department with an offer to train their staff to offer MOB in a very remote county of our Planning & Service Area. They accepted and training is scheduled for 2/6/2019.

Current Strategy 2: Through presentations, phone meetings, and outreach, Milestones staff has connected with several potential/future leaders, and potential hosts for Evidence-Based programs. An educational tool illustrates the benefits of EB interventions. Specifically, on 8/8/18, Milestones EBP coordinator met with the Care Management Supervisor at Great River Physicians and Clinics to discuss hosting opportunities for EBP. In September 2018, Milestones was invited by the University of Iowa College of Public Health to participate in a pilot project with the Burlington Fire/EMS Dept., Great River Health System, and Des Moines County Public Health for falls prevention. This project has potential to expand the availability of home screening for falls safety to rural areas in collaboration with Fire/EMS personnel Other program activity on Strategy 2 includes assistance provided to the Henry County Health Dept. to find leader training for the Chronic Disease Self-Management Program; outreach to Louisa County Health Dept. to offer support for their falls prevention workshops; and exploratory discussions with a very large church in our service area to host all EBP and train as leaders. Finally, as a result of MAA support, two more independent community leaders are now certified to offer Tai Chi for Falls Prevention.

Current Strategy 3: Coordination of the delivery of EBP with the leader network is ongoing as fidelity to the license requires. Annually, the trained leaders of the falls prevention program, A Matter of Balance, are required to meet and update their skills. This meeting was hosted and facilitated by Milestones staff on 1/15/2019. The communication and data forms required for coordination were featured, as well as a presentation on outreach strategy and planning as a group. Currently, MAAA is focused on establishing access to EBP by increasing community partners in larger and mid-sized communities so that MAAA staff can be free to conduct the programs in underserved areas.

Current Strategy 4: A staff member and community volunteer completed training and initial certification steps to Chronic Disease Self-Management (CDSMP) Train the Trainer session on 11/7/2019.

As a result of these strategies/activities, the number of persons served this program year is expected to meet or exceed projections. Demand for falls prevention programs—specifically Matter of Balance and Tai Chi for Arthritis/Falls Prevention—has increased. General calls for “balance” programs have increased and more host sites are requesting classes, which we see as positive signs. However, these increases have occurred in more populated areas which we expect is due to word-of-mouth endorsement by current/recent participants. Now that we are focusing new leader trainings in rural counties for this year, we expect to see the number of rural *participants* increase. This would seem reasonable since we have successfully increased *availability* in rural communities. We are also targeting outreach efforts to those community partners who can reach older lowans, specifically, and those counties where the number of deaths and hospitalizations due to falls are highest in our PSA, and/or the State. To gauge the success of these strategies for EBP, we are working to more accurately harness the number of participants located in rural counties by offering to collaborate with other trained leaders for EBP within the PSA to be respectful of existing programming in those areas. This will, likely, uncover more participation in those areas than

previously known, or may rejuvenate efforts to provide EBP by other organizations already trained to offer them.

Strategy Activities Planned for SFY 2020

- Continue to explore options for partnerships, with a focus on the western-most counties of PSA 5 to strengthen access to EBP. This includes outreach to identify other community organizations trained to provide EBP and offering to collaborate; and selectively inviting potential partners to be trained by MAAA to increase access in underserved areas.
- Milestones was recently invited by the director of the geriatric education center in the University of Iowa College of Nursing to collaborate with them and two other AAAs to provide falls prevention programming at critical access hospitals/trauma departments in rural communities. If funded, this project would specifically leverage the expertise of AAAs and healthcare to benefit underserved seniors in our Plan Area and northeastern Iowa.
- A new leader training is being planned for summer/early fall (provided the minimum participants can be secured) for the Chronic Disease Self-Management Program. State-wide, the Master Trainers for the CDSMP network their plans for leader trainings to control the growth of CDSMP leaders under the State’s license. Guidance is provided by IDPH Bureau of Chronic Disease Prevention.

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, home care agencies and employers to target caregivers in need of additional support but with limited time to seek assistance.	No	In progress
2) Seek out the top 50 employers in the MAAA PSA to send out caregiver support information and the benefits to	No	In progress

Current Strategies	Revised or New Strategy?	Status
employees.		
3) Seek out three established support groups for collaboration.	No	In progress
4) Establish one employer to bring in caregiver support services.	No	Changed – see #5
5) Develop an employer program for the Caregiver Specialists to present to potential employers.	Yes	In progress

Update on Strategy Activities to Date

- MAAA Caregiver program staff have determined the top employers in the 17 county PSA and are developing a presentation to deliver to the employers when a face-to-face meeting can be scheduled regarding the benefits of providing caregiver support to employees.
- MAAA Caregivers staff have researched the need for additional caregiver support groups in the rural communities. Since travel is not always feasible for caregivers, other options -- such as an online support group option -- are being researched.
- MAAA Caregiver program staff are identifying three initial potential employers to present to on caregiver support.

Strategy Activities Planned for SFY 2020

- MAAA Caregiver program is undergoing changes in program services, therefore identifying and providing an updated service delivery system will be vital to the program in 2020.
- Develop an online caregiver support group to reach working, rural, and/or homebound caregivers.
- MAAA Caregiver program staff will expand on the caregiver training service by offering, through partner collaborations, the “Powerful Tools for Caregiver” workshops.
- MAAA Caregiver program staff will present to three potential employers on the benefits of a caregiver support program.
- MAAA Caregiver program will increase attendance in current support groups by reaching 2 additional caregivers to attend at the current groups in Davenport and Ottumwa.
- MAAA Caregiver program will add an additional caregiver support group to the Burlington region for working caregivers after 5:00pm once a month beginning in FY 2020

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 for the purpose of making referral options to caregivers and increasing 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 about caregiver programs to home care agencies, hospitals, and clinics to increase awareness, decrease caregiver stress and give caregiver respite options.	No	In progress

Update on Strategy Activities to Date

- MAAA Caregiver staff continue to locate in-home care providers for respite care in the targeted MAAA PSA. One-day facility provider was approached, however the reimbursement process is being negotiated, and additional provider contracts are being reviewed for respite services in the targeted counties.
- MAAA Caregiver staff have scheduled a respite-focused presentation in one nutrition center in each of the targeted counties by end of FY 2019.

MAAA Caregiver staff reviewed outcomes of caregivers that have received respite services to ensure a decrease in caregiver stress, noting that a better assessment tool needs to be developed.

- MAAA Caregiver staff have developed a respite brochure to distribute that discusses respite care and its benefits.

Strategy Activities Planned for SFY 2020

- MAAA Caregiver staff will identify two caregivers in need of respite services in each of the targeted counties and offer respite services.
- MAAA will develop a new respite delivery system to accommodate the new respite services programming which is currently scheduled to be implemented in FY20. MAAA will target in-home respite service providers, and will also seek out facility respite providers for out-of-home and overnight services to present to caregivers in the targeted counties.
- MAAA will identify additional respite providers and reach out for additional contracts to provide in-home and out-of-home respite services.

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	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/31/19:	SFY 2020 Target
Percentage of EAPA Consultation consumers whose needs are met through provider referrals.	75%	83%	75%	81%	80%

Progress to date:

EAPA updates to the recording and reporting of outcomes for this measure has improved significantly from 2018 reporting to 2019. In 2018, MAAA recorded six consumers, with one consumer refusing assistance. In 2019 to-date, MAAA has recorded sixteen consumers, with three refusals. Continuing to have resources and providers available is still relevant in consulting with potential victims of abuse and is an important asset to this program.

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

Performance Outcome Measure	SFY 2018 Target	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/31/19:	SFY 2020 Target
Percentage of EAPA Assessment & Intervention consumer cases closed with EAPA services no longer needed.	75%	63.1%	80%	75.8%	80%

Progress to date:

EAPA program staff successfully closed 41 out of 65 cases in 2018, with 12 victims requesting to terminate services as they did not want to pursue action at that time. It should be noted that for safety reasons an elder was moved into a nursing facility out-of-state; had this been included in the successful intervention measures, the outcome measure would have been 74%. The outcome measure was not met in 2018, however in 2019 it appears that goal will be achieved, since as of end of third quarter 2019, 25 out of 33 victims have been discharged as no longer needing services.

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	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/31/19:	SFY 2020 Target
Percentage of LifeLong Links callers indicating they received the information they were seeking.	85%	99.8%	90%	100%	95%

Progress to date:

In FY2019, MAAA’s Lifelong Links program focused on information and assistance improvements, which is expressed in the quality of information that callers are receiving and reflected in the increase in callers since one year ago. In FY2018, MAAA recorded 1166 recorded outcomes and achieved a satisfaction rate of 99.8%. In FY2019, MAAA has increased recorded caller outcomes to 1306 callers for information and assistance and achieved a satisfaction rate of 100%. With the access to additional resources for callers, this service can only continue to improve.

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	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/31/19:	SFY 2020 Target
Percentage of Options Counseling consumers who indicate they were provided information to make an informed decision on goal and service need.	85%	91.9%	90%	97.6%	95%

Progress to date:

Improvement has been made by MAAA Options Counselors in meeting – and exceeding – this outcome in FY19 over FY18, with only one individual reported to have not gotten the service needs requested due to a funding issue. In 2018, four individuals out of seventy-four completed the performance outcome; FY19 to-date only two out of eighty-two expressed no opinion. MAAA Options Counselors continue to strive to help individuals understand available options for their decision-making, and provide information about the best of the resources available for those in need of assistance.

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	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 2/28/19:	SFY 2020 Target
Of all congregate meal consumers identified as high nutrition risk, percentage receiving nutrition education.	75%	61%	60%	55%	60%

Progress to date:

MAAA continues to focus on monitoring completion of intakes on all those receiving services, which may assure consistency in the target goal since SFY18 actual.

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	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 2/28/19:	SFY 2020 Target
Change in consumers receiving nutrition counseling from previous FY (0 served in FY17). NOTE: Target = 20	50%	600% (6)	33% (8)	5% (1)	25% (6)

Progress to date:

Recent activities to improve performance have included email to staff to remind them of available service and distribution of flyers and table tents into the meal sites/communities (supplied during March and April, 2019). These efforts have resulted in four referrals as of 3/21/19.

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	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 3/31/19:	SFY 2020 Target
Percentage of Case Management cases closed because case management service was no longer needed.	78%	0%	75%	0%	80%

Progress to date:

MAAA OAA case management program continues to slowly grow and has not had any discharges to report this outcome measure to date. Currently, MAAA CM has had two CM consumers that have been active in the program for over three years with minimal services but successfully remaining in the home. To date, MAAA has ten case management consumers that are currently receiving ongoing case management services, and are living successfully in the home. Potential discharge from MAAA OAA case management may occur in the event of the individual meeting Medicaid elderly waiver services and being discharged to resume services under an MCO case management program.

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	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of [date]:	SFY 2020 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	0 months	18 months	0 months	24 months

Progress to date:

MAAA OAA case management program has not had any discharges to report this outcome measure to date. Currently MAAA CM has had two CM consumers that have been active in the program for over three years with minimal services but are

successfully remaining in the home. No facility placement has been reported for any of the current case management consumers. To date MAAA has ten case management consumers that are currently receiving ongoing case management services, and are successfully able to stay in the home.

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	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 2/28/19:	SFY 2020 Target
Of congregate meal consumers served who may be socially isolated, percentage eating 4 meals at meal site in a month.	55%	82%	94%	81%	80%

Progress to date:

The decrease in target percent is greater than 10% because the current result as of 2/28/19 indicates 81%. Thus, the target was adjusted to reflect consistency since SFY18 actual.

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	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of 2/28/19:	SFY 2020 Target
Of home delivered meal consumers served who may be socially isolated, percentage receiving at least 8 meals in a month.	50%	83%	94%	85%	85%

Progress to date:

The SFY 2020 target was set to reflect what is actually occurring and to show consistency since SFY2018 actual.

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	SFY 2018 Actual	SFY 2019 Target	SFY 2019 Result as of [date]:	SFY 2020 Target
Percentage of caregiver consumers indicating caregiver counseling and/or respite care service allowed them to maintain their caregiver role.	75%	96.3%	80%	96.4%	85%

Progress to date:

MAAA caregiver program utilizes several outside contractors to assist in counseling and respite services.

Outcome measures for these services are recorded by contacting the caregivers of these services. In 2018, 27 caregivers contacted shared that services were assisting them with the caregiver role, and 1 individual did need to move the care recipient to a facility as the care needs were more than could be provided in the home. In 2019 FY to-date, 28 caregivers were contacted with 1 caregiver expressing the same issue of the care recipient needing more care than could be provided in the home. It is important to provide caregivers with facility options for if/when the in-home caregiving role may become too much for them to provide, and to counsel them regarding the importance of accepting this fact.

SFY 2020 Projected Older Americans Act Consumers and Service Units

Form 3A-1
Milestones Area Agency on Aging
FY 2020

Service	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					
2: Homemaker	General Aging	1,945	80	29	2	1
3: Chore	General Aging	500	50	18	2	0
4: HD Meals	General Aging	138,000	1,210	446	36	8
5: Adult Daycare	General Aging	280	70	26	2	0
6: Case Management	General Aging	200	40	15	1	0
7: Congregate Meals	General Aging	140,000	2,250	830	68	15
8: Nutrition Counseling	General Aging	8	6	2	0	0
9: Assisted Transportation	General Aging	0	0	0	0	0
10: Transportation	General Aging	14,854	400	147	12	3
11: Legal Assistance	General Aging	437	271	100	8	2
12: Nutrition Education	General Aging	10,550	1,400	516	42	9
13: Information and Assistance	General Aging	1,500	1,400	516	42	9
14: Outreach	General Aging	2,500	2,500	922	75	17
A01: Material Aid: Home Mod/Repair	General Aging	35	35	13	1	0
B02: Health Promotion and Disease Prevention	General Aging	7,500	950	350	29	6
B04: Emergency Response System	General Aging	60	5	2	0	0
B05: Behavioral Health Supports	General Aging			0	0	0
B07: Evidence Based Health Activities	General Aging	154	148	55	4	1
C07: EAPAP Consultation	General Aging	300	75	28	2	0
C08: EAPAP Assessment & Intervention	General Aging	400	60	22	2	0
D01: Training and Education	General Aging	100	15,000	5,531	450	99
E05: Options Counseling	General Aging	800	200	74	6	1
F06: Material Aid: AsstTech Durable MedEquip	General Aging	5	5	2	0	0
F07: Material Aid: Consumable Supplies	General Aging	5	5	2	0	0
F08: Material Aid: Other	General Aging	5	5	2	0	0
CG3: CG Counseling	Caregiver	20	10	4	0	0
CG4: CG Information Services	Caregiver	50	15,000	5,531	450	99
CG5: CG Respite	Caregiver	0	0	0	0	0
CG6: CG Supplemental Services	Caregiver	0	0	0	0	0
CG7: CG Home Delivered Meals	Caregiver	58	2	1	0	0
CG8: CG Options Counseling	Caregiver	150	50	18	2	0
CG9: CG Case Management	Caregiver	50	3	1	0	0
CG10: CG Information & Assistance	Caregiver	350	280	103	8	2
CG11: CG Support Group	Caregiver	400	150	55	5	1
CG12: CG Training	Caregiver	3,750	3,750	1,383	113	25
CG13: CG Congregate Nutrition	Caregiver	0	0	0	0	0
CG14: CG Emergency Response System	Caregiver	0	0	0	0	0
CG23: CG RespiteCare: In-Home	Caregiver	300	15	6	0	0
CG24: CG RespiteCare: Out-of-Home (Day)	Caregiver	15	3	1	0	0
CG25: CG Respite Care: Out-of-Home (Overnight)	Caregiver	0	0	0	0	0
CG26: CG Respite Care: Other	Caregiver	0	0	0	0	0
GO1: GO Access Assistance	Caregiver	0	0	0	0	0
GO2: GO Self-Directed Care	Caregiver	0	0	0	0	0
GO3: GO Counseling	Caregiver	0	0	0	0	0
GO4: GO Information Services	Caregiver	0	0	0	0	0
GO5: GO Respite	Caregiver	0	0	0	0	0
GO6: GO Supplemental Services	Caregiver	0	0	0	0	0
GO7: GO Home Delivered Meals	Caregiver	0	0	0	0	0
GO8: GO Options Counseling	Caregiver	0	0	0	0	0
GO9: GO Case Management	Caregiver	0	0	0	0	0
GO10: GO Information & Assistance	Caregiver	0	0	0	0	0
GO11: GO Support Group	Caregiver	170	25	9	1	0
GO12: GO Training	Caregiver	0	0	0	0	0
GO13: GO Congregate Nutrition	Caregiver	0	0	0	0	0
GO14: GO Emergency Response System	Caregiver	0	0	0	0	0
GO23: GO RespiteCare: In-Home	Caregiver	0	0	0	0	0
GO24: GO RespiteCare: Out-of-Home (Day)	Caregiver	0	0	0	0	0
GO25: GO Respite Care: Out-of-Home (Overnight)	Caregiver	0	0	0	0	0
GO26: GO Respite Care: Other	Caregiver	0	0	0	0	0

Self-Direction Service Delivery

NOT APPLICABLE PER IOWA DEPARTMENT ON AGING GUIDANCE (IAOG 2018–A-06-1 1-15-2019)

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

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

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 Moines	Henry	Jefferson	Keokuk	Lee	Louisa	Lucas	Mahaska	Monroe	Muscatine	Scott	Van Buren	Wapello	Wayne
Assistance: Information & Assistance (Older Relative Caregiver)																	
Assistance: Case Management (Older Relative Caregiver)																	
Counseling (Older Relative Caregiver)																	
Options Counseling (Older Relative Caregiver)																	

Nutrition & Health Promotion Services

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

	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	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 Moines	Henry	Jefferson	Keokuk	Lee	Louisa	Lucas	Mahaska	Monroe	Muscatine	Scott	Van Buren	Wapello	Wayne
Adult Day Care / Health														X			
Assisted Transportation																	
Behavioral Health Supports																	
Chore	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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																	
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 																	

Optional Services	Appanoose	Clinton	Davis	Des Moines	Henry	Jefferson	Keokuk	Lee	Louisa	Lucas	Mahaska	Monroe	Muscatine	Scott	Van Buren	Wapello	Wayne
(Family Caregiver)																	
Support Group (Family Caregiver)	X	X	X	X	X	X	X	X	X	X	X	X	X	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 • Transportation • Nutrition Services (Congregate Meal & HDM) • Other (Older Relative Caregiver)																	
Support Group (Older Relative Caregiver)													X				
Training (Older Relative Caregiver)																	

Service Coverage Changes

No service coverage changes are planned for SFY 2020.

Area Plan Service Waiting List

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

Service with Waiting List	Typical Number of Individuals on Waiting List	Ave. Waiting List Time	Waiting List Prioritization Criteria
Home Delivered Meals	Up to 36 consumers per site	Varies by area – range is from 2 weeks to 6 months	First come, first serve

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.

Copies of the wait list policy may be obtained at any Milestones office on request.

Section 3: Quality Management

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.~~

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. Plan update was reviewed at Board of Directors and Advisory Council meeting, which are open to the public.

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, 2019

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/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 2019

Other Members

Name	Address	City & Zip	County	Phone & Email	Term Expires
Jim Howell	25827 140 th	Columbus Junction 52738	Louisa	319-728-7602 howell@louisacomm.net	June 2019
Duffy Kester	2359 Garden Road	Allerton 50008	Wayne	641-895-3725 Dkester@grm.net	June 2019
Julie Schilling	2218 Avenue H	Ft. Madison 52627	Lee	319-753-6649 jschillingrn@aol.com	June 2019
Bill Thom	2015 South 10 th	Centerville 52544	Appanoose	641-856-2505 billy9@mchsi.com	June 2019
Sheri Wilson	2621 S. 14 th Street	Burlington 52601	Des Moines	319-572-3000 sherimaewilson@gmail.com	June 2022
Richard Roller	2414 18 th Street	Bettendorf 52722	Scott	563-355-8345 Richard@PearsonBollmanLaw.com	June 2022

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)

[Enter composition criteria yet to be satisfied by the Council or enter: None, all composition criteria are satisfied.]

Advisory Council for: Milestones AAA
Updated on: March, 2019

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 Expires	OAA Composition Criteria (1 to 7)
Robert Howard	802 Iowa Avenue	Muscatine 52761	Muscatine	563-263-3307 howardforboss@gmail.com		1, 2, 5, 6
Stephen Swisher	3324 Forest Rd.	Davenport 52807	Scott	563-359-3289 Swisher62169@gmail.com		1, 2, 5, 7
Duffy Kester	2359 Garden Road	Allerton 50008	Wayne	641-895-3725 Dkester@grm.net		1, 2, 5, 6
Julie Schilling	2218 Avenue H	Ft. Madison 52627	Lee	319-753-6649 jschillingrn@aol.com		3, 4, 5
Patricia Steiner	102 W. Main St.	Mediapolis 52637	Des Moines	319-753-1414 patty.steiner@gmail.com		1, 2, 3, 5

Bill Thom	2015 South 10 th	Centerville 52544	Appanoose	641-856-2505 billy9@mchsi.com		1, 2, 7
Liz Sherwin	P.O. Box 6156	Rock Island 61204	Scott	309-793-2942 execdirector@iicil.com		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
Lee Dimmitt	51 W. Briggs	Fairfield 52556	Jefferson	641-919-9547 lee.dimmitt@jeffersoncountya.com		5, 6
Sheri Wilson	2621 S. 14 th Street	Burlington 52601	Des Moines	319-572-3000 sherimaewilson@gmail.com		2, 4, 5
Richard Roller	2414 18 th Street	Bettendorf 52722	Scott	563-355-8345 Richard@PearsonBollmanLaw.com		2, 4, 5

LifeLong Links Advisory Council
LifeLong Links Advisory Council for: Milestones AAA
Updated On: March, 2019

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	315 S. 2nd Street	Clinton 52732	Clinton	563-243-7787; lburkin-rsvp@hotmail.com
Lori Elam	Eastern Iowa Mental Health Disability	600 W. 4th 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	PO Box 937	Keokuk 52632	Lee	319-372-5681; rwood@leecounty.org
Christy Davis	Bettendorf Police Dept.	1609 State St	Bettendorf 52722	Scott	563-344-4041; cdavis@bettendorf.org
Sandy Gibert	211 Manager, HACAP	PO Box 490	Hiawatha 52233	Appanoose	319-739-1528 sgilbert@HACAP.org
Gregory Paulline	VA Representative	4311 Warren Street	Davenport 52806	Scott	563-650-3055 ghpaulline@gmail.com.

ATTACHMENTS

Authorized Signatures

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

Authorized Signatures for Funding Applications and Contracts

Print Name: Becky Passman

Signature of Executive Director *Becky Passman*

Date Signed *March 21, 2019*

Print Name: Robert Howard

Signature of Chair, Governing Body *R Howard*

Date Signed *3-21-19*

Authorized Signatures for Fiscal Reports

Print Name: Becky Passman

Signature of Executive Director *Becky Passman*

Date Signed *March 21, 2019*

Print Name: Robert Howard

Signature of Chair, Governing Body *R Howard*

Date Signed *3-21-19*

Print Name: Tina Jaegers

Signature of Fiscal Director *Tina B. Jaegers*

Date Signed *3/21/19*

Authorized Signatures for Program Reports

Print Name: Becky Passman

Signature of Executive Director *Becky Passman*

Date Signed *March 21, 2019*

Print Name: Dawn Carstensen

Signature of Lifelong Links Director *Dawn Carstensen*

Date Signed *3-21-19*

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.~~

Members of the public may obtain Milestones's grievance procedures related to service provision by making the request at any of the agency offices.

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 2020 (7/1/2019).

Position	Total Number
Staff (paid) full-time:	50
Staff (paid) part-time:	93
SCSEP Beneficiaries:	--
AAA Volunteers:	610

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

Nutrition Services

Agency staff reviewed the following Nutrition Services information entered into the case management system (Wellsky) and verified that the information is current as of **March 28, 2019**.

Nutrition Services information to be verified for accuracy includes:

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

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 **March 28, 2019**.

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 **March 28, 2019**.

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.

After a review of documents, MAAA updated Disaster Plan for each of the office locations (Davenport, Burlington, and Ottumwa) to ensure that procedures were still appropriate and staff information up-to-date.

In FY19, MAAA participated in the following activities: QCA Region 5A Healthcare Workshop and a DCD Preparedness Response drill, alternately referred to as a Homeland Security Exercise and Evaluation Program exercise; providing input for an Iowa Institute of Public Health Policy and Research project through the University of Iowa on the topic of disaster management; in coordination with local police departments, each of the three offices will have completed "Active Shooter" training by the end of FY19.

Through these activities we have made connections with emergency response organizations and local authorities, all of which has added to our understanding of how to respond and of the role we may play in the case of an emergency. We will continue to take advantage of opportunities in the future, as appropriate, in order to consistently improve our preparedness and effectiveness.

Direct Service Requests

- 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 2020. 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 2020.~~