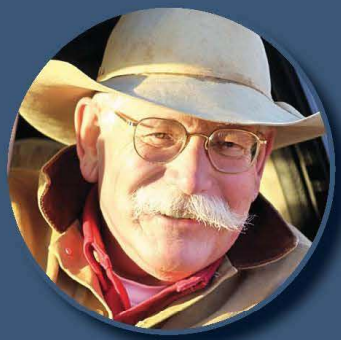
Missouri State Plan on Aging
2020-2023



Missouri Department of Health and Senior Services
Division of Senior and Disability Services
health.mo.gov

Contents

VERIFICATION OF INTENT

The Missouri Department of Health and Senior Services, Division of Senior and Disability Services hereby submits the State Plan on Aging for the period of October 1, 2019, through September 30, 2023. The State Plan on Aging has been developed in accordance with Section 307 of the Older Americans Act, as amended. The Division of Senior and Disability Services has been designated as the State Unit on Aging and has been given the authority to develop and administer the State Plan on Aging in compliance with all requirements of the Older Americans Act. This includes the development of comprehensive and coordinated systems for the purpose of promoting multipurpose senior centers; delivering supportive services, nutrition services, in-home services for frail older adults, evidence-based health promotion services; advancing vulnerable elder rights protection activities; as well as establishing effective, visible advocacy organizations for the elderly and adults with disabilities residing in the state.

The plan is based upon projected receipts of federal, state and other funding and thus is subject to adjustment depending on the actual receipts and/or changes in circumstances. Substantive changes to this plan will be incorporated into plan amendments as necessary.

The State Plan on Aging is hereby approved by the Governor and constitutes authorization to proceed with activities contained within the plan upon approval from the Assistant Secretary on Aging, Administration on Aging.

5/6/2019
Date

Jessica Bax, Director
Division of Senior and Disability Services

5/10/2019
Date

Randall W. Williams, MD, FACOG
Director, Department of Health and Senior Services

I hereby respectfully submit on this 14 day of June 2019, the Missouri State Plan on Aging for the approval of the Assistant Secretary on Aging, Administration on Aging.

6/14/2019
Date

Michael L. Parson, Governor

EXECUTIVE SUMMARY

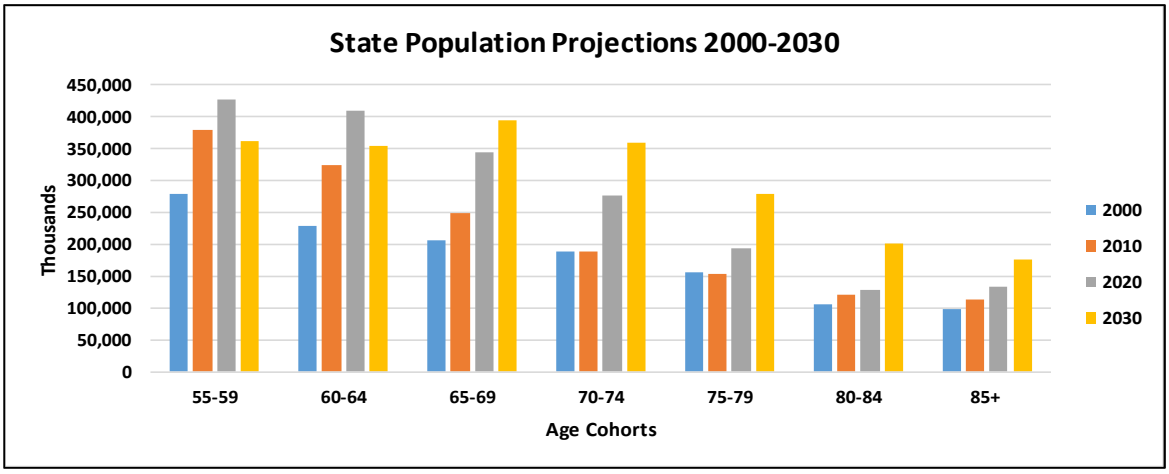
The Missouri Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS), as the designated State Unit on Aging, is dedicated to the mission of being a leader in advocating, partnering, protecting and supporting older adults and adults with a disability to be safe, healthy and independent.

The development of The State Plan on Aging: 2020 - 2023 provides an opportunity for the state to truly reflect and move forward, answering questions vital to the success of any organization and its mission: 1) Where are we now; 2) Where do we want to be; and 3) How are we going to get there?

What is the current state of aging in Missouri?

2030: 1 in 4 Missourians will be over 60

Missouri, along with the rest of the nation, is in the midst of the most phenomenal growth of the older adult population experienced in recent history. In 2017, adults age 60 years and older made up 22.88 percent of the population of Missouri.[1] By the year 2030, the population over age 60 is estimated to be 26.21 percent of the total population in Missouri. The population of older adults 85 years and older is estimated to grow by more than 51,000 from 2015 to 2030.[2]



[1] United States Census Bureau, American Fact Finder - https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S0102&prodType=table. (accessed 2/14/2019)

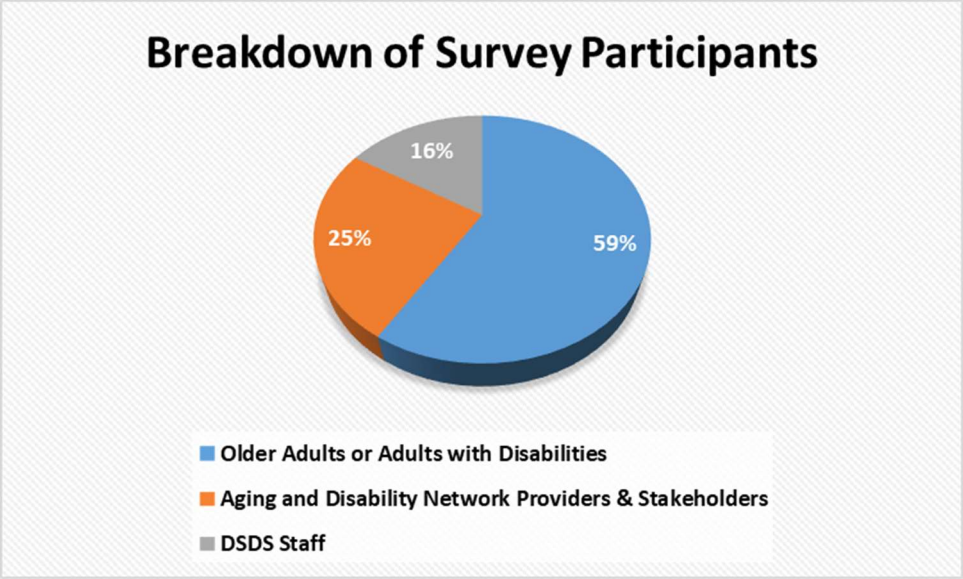
[2] Missouri Office of Administration, *Population Projections by Age Missouri Counties: 2000 through 2030* - https://archive.oa.mo.gov/bp/projections/MFCombined.pdf. (accessed 2/14/2019)

While the older population has been growing at a rapid pace, funding at both the state and federal levels has remained largely stagnant for Older Americans Act (OAA) programs. Missouri's Aging and Disability Network has continued to meet the needs of older adults through the development of innovative and collaborative programs and partnerships detailed in this plan, but more must be done in order to effectively care for Missouri's older adults.

Where does the state need to focus its efforts?

A key emphasis when determining the direction for the next four years was to listen. Before you can listen, you have to ask the questions. The Division went far beyond efforts in the past, implementing a multi-faceted approach that included technology, surveys, needs assessments, and one-on-one interactions to ensure the agency had an inclusive and diverse plan to move Missouri forward.

A total of 522 surveys were completed by individuals interested in helping Missouri plan the goals and objectives for the State Plan on Aging. A breakdown of survey participants by population is below.



Most importantly, what needs to be done in the next four years to ensure the health, safety, and independence of Missouri's older adults?

The State Plan on Aging is more than a document. It's a roadmap, a step-by-step guide for how we are going to "roll up our sleeves" and get to where we need to be.

We are very proud to present the State Plan on Aging goals for 2020 – 2023. Within the document are the strategies and specific milestones to achieve these goals.

Goal 1: Missouri older adults will have access to information, services, and resources to support healthy and independent living.

Goal 2: Missouri older adults will engage with local senior centers that meet their nutritional, health and social needs.

Goal 3: Bolster collaborations to improve responses to reported abuse, neglect and exploitation as well as complaints of mistreatment to ensure advocacy and protective services are provided to the right people, at the right time, in the right environment.

As an agency that is situated within the umbrella of the State Public Health Department, and is a designated operating agency for Medicaid Long Term Services and Supports, Missouri's State Unit on Aging is uniquely poised to achieve its goals. These logistical advantages, along with the strong network partnerships already developed, provide an abundance of opportunity for the state to be a national leader in caring for older adults.

Jessica Bax
Director, Division of Senior and Disability Services
Department of Health and Senior Services

NARRATIVE

Where are we now?

THE DEPARTMENT OF HEALTH AND SENIOR SERVICES

The Missouri Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS) as the designated State Unit on Aging has developed the following plan to support the mandates of the Older Americans Act (OAA) regarding programs and services for older adults. The mission of the DHSS is, "To be the leader in promoting, protecting and partnering for health." The DHSS is comprised of the Director's Office, Division of Administration, DSDS, Division of Community and Public Health and the Division of Regulation and Licensure.[3] (Additional information about the DHSS divisions can be found in Appendix 1.)

As the designated State Unit on Aging, the DSDS is responsible for the development and implementation of programs designed to protect older adults and adults with disabilities and for the administration and delivery of an integrated system of care for eligible adults that require long-term care to ensure that the right care is provided to the right individuals at the right time in the right care setting. In coordination with the DHSS director, the DSDS senior management provides information to legislators, aging and disability advocates, state agencies, and the public regarding services administered by the DSDS.

The Bureau of Senior Programs (BSP) is responsible for the oversight of programs authorized and funded through Title III and Title V of the OAA. Responsibilities include fostering collaboration and coordinating these programs with various state agencies as well as local communities in order to set policy and integrate state and federal goals for older adults within Missouri. BSP places emphasis on programs that enable older adults to maximize independence and safely remain in the community setting of their choice. Program implementation is primarily administered by the 10 Area Agencies on Aging (AAAs)[4] who are responsible for ensuring that federal funding is utilized in a manner that reflects the needs of older adults with the greatest social and economic need within each of the 10 planning and service areas (PSAs).

The Section for Home and Community Based Services (HCBS) administers programs that offer services to adults choosing to receive long-term care in their home or community. The section administers Missouri Medicaid State Plan and Waivers designed to offer an array of services that maximize independence and safety for adults in the community.

As Missouri's single state Medicaid Agency, the Department of Social Services (DSS), MO HealthNet Division (MHD) oversees nine Home and Community Based (HCB) 1915(c) Waiver programs. DSDS administers and operates three of these HCB waiver programs: the Adult Day Care Waiver, the Aged and Disabled Waiver and the Independent Living Waiver. (See Appendix 2- Missouri Medicaid Waivers)

The toll-free HCBS Call Center within the DSDS Central Office determines a potential participant's eligibility for HCBS. Referrals meeting the preliminary eligibility requirements for HCBS are forwarded to the

[3] Missouri Department of Health and Senior Services- https://health.mo.gov/about/pdf/orgchart.pdf. (accessed 2/14/2019)

[4] Missouri Association of Area Agencies on Aging - http://www.ma4web.org/. (accessed 2/14/2019)

appropriate DSDS region for thorough assessment and care plan development. Call Center staff training includes services available through the AAAs and other aging network partners in order to refer individuals for help and support when appropriate.

In addition to DSDS staff, the annual HCBS reassessments are conducted under a formal agreement with entities such as the AAAs, HCBS providers and Centers for Independent Living (CILs) for their respective participants. Once completed, the reassessment is then reviewed by DSDS staff for accuracy and approved.

The Section for Adult Protective Services investigates reports of elder abuse, neglect, and financial exploitation and provides crisis intervention and Adult Protective Services for eligible adults (age 18 and over) that are determined to be unable or unwilling to provide or access services needed to meet their daily needs. Staff are trained on the services available through the AAAs and other network partners and regularly make referrals for local services to maximize health and safety for adults choosing to receive care in the community.

The Central Registry Unit (CRU) operates the state's toll-free Adult Abuse Hotline and processes referrals on behalf of individuals in need of long-term care, registers hospital and home-health complaints, and completes registration into the Shared Care Program which offers tax credits to caregivers providing care to older adults in the community. CRU staff are trained on services available through the AAAs and other network partners and how to make referrals for individuals for these services when appropriate.

The Office of the Long-Term Care (LTC) Ombudsman advocates for skilled nursing facility residents. The office is responsible for complaint resolution on behalf of facility residents. Staff also educate and train regional staff, consumers and community partners on issues related to long-term facility care. The office manages over 230 volunteer ombudsmen serving in facilities across the state.

The Bureau of Senior Programs

The BSP administers numerous discretionary grants and contracts designed to support older adults and adults with disabilities with services and opportunities to enhance the lives of the individual, their families, and their caregivers. The services, provided via contractors, are designed to meet a specific need while promoting independence, access to services, disease prevention and health promotion, employment opportunities, etc.

Alzheimer's Disease and Related Dementias Services

The DSDS awarded a contract for the provision of respite and supportive services available to caregivers of persons with Alzheimer's disease or related dementias. Respite services include adult day care, short-term institutional stays and in-home respite, all which provide rest to the caregiver while the person with dementia is being adequately cared for and supervised. Supportive services available include assessment and care coordination, education programs, outreach, counseling services and necessary supplies such as incontinence products, nutritional supplements, safety products, durable medical equipment and medication.

The DSDS awarded two contracts for the provision of customized in-home caregiver training for caregivers in the state of Missouri. (Service areas for each current contractor can be found in Appendix 3.) The purpose of customized in-home caregiver training is to reduce caregiver stress, improve communication

with the person suffering from memory loss and provide recommendations to make the home safer for individuals diagnosed with Alzheimer's disease, reducing the risk of wandering and potential hazards in the home. These contractors provide the following services and assistance as part of the consultation in an effort to prevent premature institutionalization: personalized caregiver training to modify daily activities and promote independence for the person suffering from memory loss; intake assessment home visits; care plan development and implementation; follow up visits, and where necessary, assistive safety devices to help with activities of daily living to increase the safety and wellbeing of a person with dementia remaining within their home.

Senior Community Service Employment Program

The DSDS is the grant recipient of Title V funding also known as Senior Community Service Employment Program (SCSEP).[5] SCSEP is a community service and work-based training program for unemployed low-income persons who are 55 years of age or older, particularly persons who have poor employment prospects or have a priority for enrollment (per 20 CFR 641.250).[6] The DSDS utilizes a competitive bid process to contract with sub-grantees, who in turn administer the program in Missouri. The national grantees for Missouri are the AARP Foundation, National Caucus and Center on Black Aged, Inc., SER-Jobs for Progress National, Inc. and Goodwill Industries International, Inc. Many of the AAAs and senior centers provide training as host agencies to Title V participants.

Naturally Occurring Retirement Communities

Missouri funds Naturally Occurring Retirement Communities (NORC) in Creve Coeur, Jennings, and Kansas City. The NORC model is designed to support the healthy aging of older adults in their own homes by providing opportunities for meaningful community involvement and increased access to health and support services. In state fiscal year 2018, services such as health screenings, health and wellness education programs, home repair, safety modifications, fitness classes, transportation, case management services, care support visits, and social and cultural events were provided to 1,063 individuals.

Naturalization Assistance Services For Older Legal Immigrants and Refugees

Missouri awarded a contract for naturalization assistance for legal immigrants and refugees age 60 and older who have lived in Missouri for at least five years and are not able to attend traditional naturalization classes due to their health. The contractor recruits and enrolls eligible participants into the program and provides tutoring for the citizenship test in the participant's primary language. The contractor can also offer assistance with identifying and completing appropriate medical disability exception requests for submission to the Immigration and Customs Enforcement Agency. The ultimate goal is to help the participants attain United States citizenship and thus qualify for federal programs such as Medicare and

[5] Missouri Department of Health and Senior Services, *Missouri Senior Community Service Employment Program Plan 2 Year Update, 2016-2020* - https://health.mo.gov/seniors/senioremployment/pdf/scsep-state-plan.pdf. (accessed 2/14/2019)

[6] Per 20 CFR 641.520, Priority enrollment in the SCSEP program is given to veterans and qualified spouses, and then to persons: over age 65; with low literacy or limited English proficiency; with a disability; residing in rural areas; who are homeless or at risk of homelessness; have low employment prospects; or have failed to find employment after using services through the American Job Center System.

Social Security for which they would not otherwise qualify after their initial seven years in the United States.

Area Agencies on Aging

Missouri's 10 Area Agencies on Aging (AAAs) serve 114 counties and the City of St. Louis (See Appendix 4). They are responsible for programs designed to address the needs of older adults within their respective geographically defined boundaries. In order to receive funding from the DHSS, each AAA is required to submit an area plan for review and approval that addresses the wide variety of issues affecting the needs of older adults in their respective PSA. In accordance with the OAA guidance, the AAAs develop and administer programs for adults age 60 and over who are of greatest social or economic need. The AAAs ensure that services are delivered with particular attention to low-income older individuals, including low-income minorities, limited English speaking older adults, and older individuals living in rural areas.

Core services provided by the AAAs include:

- Access--which includes transportation, information and assistance, advocacy, outreach, and at a number of AAAs, case management;
- In-home services--which might include homemaker, chore, personal care, respite, adult daycare, telephone reassurance, friendly visiting, homebound shopping, home modification and repair, home technology and automation and medication set-up;
- Legal services;
- National Family Caregiver Support Program services;
- Nutrition--both congregate and home-delivered meals; and
- Disease prevention/health promotion.

Missouri's 10 AAAs established the ma4[7] to more effectively advocate for issues that impact older adults at the state and national level. The mission of ma4 is to be "the leading voice for service, information, and advocacy to improve the lives of older Missourians." Ma4 supports older adults' right to choice and dignity in daily living and strives to furnish its members with essential information and educational resources to deliver quality services.

The DSDS meets monthly with the AAAs to discuss legislative initiatives that may affect older adults and collaborate on system efficiencies designed for service delivery and data dissemination. DSDS staff members routinely provide technical assistance to the AAAs regarding the delivery of OAA services and programs developed locally in each PSA. The DSDS also monitors the AAAs' progress in seeking collaborative partnerships and innovative grant and contract opportunities that align with their mission and strengths as the Aging and Disability Network seeks to improve access to services for older Missourians. DSDS staff research statutory and regulatory guidance to ensure that the AAA programs are in compliance.

[7] Missouri Association of Area Agencies on Aging - http://www.ma4web.org/. (accessed 2/14/2019)

REQUIRED FOCUS AREAS

Older Americans Act Core Programs

Title III B Supportive Services

Under section 307(a) of the OAA, the DSDS requires each AAA to spend 30 percent of its Title III B funds on access services, 20 percent of Title III B funds on in-home services and 1 percent of their Title III B funds on legal services.

All the AAAs provide information and assistance and the accompanying short-term case management as a direct service in-house. Each AAA has Alliance of Information and Referral Systems (AIRS) trained staff and most have AIRS certified staff who answer the Information and Assistance phone lines. The AAA staff work with United Way's 211 staff in an effort to ensure accurate up-to-date information is shared with consumers.

All of the AAAs provide non-emergency medical transportation to older adults to assist with access to doctor's appointments and care. Most provide transportation to senior centers for congregate meals. AAAs contract with private and public entities to provide transportation. The AAAs work with their regional planning councils to ensure that older adults are included in the regional plans.

Several AAAs provide Medicare Boot Camps for the beneficiaries new to Medicare. These boot camps include training in preventing Medicare fraud and abuse through a partnership with the Missouri Senior Medicare Patrol (SMP) and collaboration with other community partners.

The availability and duration of in-home services are determined by each AAA for their PSA and may include homemaker, chore, personal care, respite, adult daycare, telephone reassurance, friendly visiting, homebound shopping, home modification and repair, home technology and automation and medication set-up. Due to increasing demand and limited funding, many of the AAAs adjusted the provision of in-home services, from long-term to short-term with a maximum time limit of 6 months. This has allowed service to a greater number of older adults and provides an increased focus on transition services for older adults discharged from hospitals who are in need of supportive services for a recuperative period when returning home. The AAAs have made an effort to ensure that persons who are active on Missouri Medicaid and in need of in-home services are referred to the DSDS for eligibility assessment and enrollment in Medicaid HCBS to maximize the available funding for all older adults.

Title III B Legal Services in Missouri are primarily provided via contracts the AAAs have established with Regional Legal Services Corporations. One exception, Central Missouri AAA, directly contracts with attorneys or legal aid agencies to provide legal services. Priority is given to older adults in need of legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect and age discrimination. The Missouri Seniors' Legal Helpline has provided Missouri older adults with a statewide toll-free number, 1-800-235-5503, and a website, https://health.mo.gov/seniors/senior-legal-helpline.php, which provides access to legal information and services of interest to older adults. This toll-free helpline and website have been integrated into the AAAs'

Information and Assistance programs and the website is maintained by the DSDS Legal Assistance Developer.

Title III C Nutrition Services Program

Title III C congregate and home-delivered meals in Missouri are funded through a combination of OAA, Missouri general revenue, local county mill levy, local fundraising, and participant contribution funds. All 10 AAAs have incorporated the 2015 Daily Recommended Intakes standards into their nutrition programs. To maximize the availability of services, the AAAs have implemented the most efficient and cost-effective nutritional service delivery systems for the senior centers and home-delivered meal programs with whom they work. This includes central site preparation and delivery to distant centers and the reduction in center personnel where possible.

AAAs provide home-delivered meals to eligible homebound clients and other eligible participants at the client's residence. For many homebound older adults, the home-delivered meal program is vital to their continued independence. AAAs use senior centers and catering contractors to ensure the broadest possible availability of home-delivered meals for older adults. Based on the recipient's frailty, available support system and distance from the nearest senior center, service may include hot meals or frozen meals. Meals will be delivered by volunteers or paid staff or picked up at the Senior Center by caring friends or family. Some AAAs, who have shifted from daily hot meal delivery to once a week frozen meal delivery, have added a telephone reassurance program to ensure that those participants continue to receive the social interaction and check-ins that they were receiving with daily hot meal delivery.

Missouri has consistently ranked in the lowest quartile on the issue of senior hunger according to the America's Health Rankings report. However, in the last year, Missouri was one of only four states that saw a decrease in food insecurity in older adults by three percentage points or more. In 2018, BSP staff published the first ever Missouri Senior Food Insecurity Report[8] to highlight the issues surrounding senior food insecurity in Missouri. The report compiled national and Missouri-specific data in regard to senior food insecurity issues and suggests proposed actions to help alleviate some of the issues and barriers identified in the report. DSDS partnered with the AAAs and other community partners and used the report to educate community leaders and those in decision making positions in an effort to alleviate food insecurity amongst Missouri older adults.

Title III D Disease Prevention and Health Promotion

All 10 Missouri AAAs have Evidence-Based Disease Prevention and Health Promotion programs, with each agency providing diverse programming to ensure they are meeting the needs of the local older adult population. The majority of AAAs have developed partnerships with local agencies who also provide evidence-based programs which have led to an increase in participants and the popularity of programs.

[8] Missouri Department of Health and Senior Services- https://health.mo.gov/seniors/pdf/food-insecurity-report.pdf (accessed 4/21/19).

The Show Me Falls Free Missouri Coalition provides falls prevention educational information and advocacy. The AAAs routinely use their Title III D funds to provide evidence-based falls prevention training and exercise opportunities.

Title III E National Family Caregiver Support Program

Each AAA provides Family Caregiver Services individualized to meet the specific needs of their consumers. Most provide some assistance to grandparents and older kinship foster parents through respite, adult day care, and support groups. Some AAAs use Family Caregiver funding to provide care coordination and case management services to assist older caregivers caring for elders or adult children with disabilities. One AAA has developed a support group using Skype to bring together caregivers in remote rural areas. This program has been very successful and there have been attempts to replicate it within some of the other PSAs. Several of the AAAs are providing Powerful Tools for Caregivers as another means of offering support to the caregivers.

Missouri has an active coalition under this title, the Grand Families Coalition, hosted by Parent Link. The DSDS provides support and technical assistance as requested. The Coalition meets quarterly and is well attended by a variety of stakeholders.

Title VI

Missouri has no recipients of a formally recognized Title VI program. The AAAs provide services to eligible Native Americans through the Title III network of services. Organizations such as the Kansas City Indian Center and other non-profits that promote traditional and cultural values of Native American tribal members are encouraged to participate in Aging and Disability Network activities. In 2016, the AAAs provided services to 4.36 percent of Native Americans over the age of 60 in Missouri according to State Program Reporting data for that year. This is an increase in service compared to the last state plan where the AAAs were serving an average of 3 percent of Native Americans over the ages of 60 each year. Appendix 10 shows the distribution of Missouri Native American residents 60 years of age and older by gender.

Title VII

Missouri's State Long-Term Care Ombudsman Program (LTCOP) consists of ombudsmen and volunteers serving residents of nursing homes and residential care facilities to provide support and assistance with problems or complaints. The LTCOP is housed within the DSDS. Long-Term Care Ombudsman (LTCO) is the highest reporting authority for the state and local ombudsman programs. The Missouri LTCO coordinates the activities between the DHSS, regional ombudsman, and local ombudsmen volunteers. The LTCO works with advocacy groups, associations and other interested entities for the purpose of promoting the ombudsman program.

Missouri's 10 AAAs administer the program on the local level by designating a regional ombudsman coordinator. This coordinator may be an AAA staff person or may be a person contracted with the AAA. Responsibilities of the coordinator include recruitment, training, and supervision of the nearly 230 ombudsman volunteers. In addition to the regional ombudsman coordinator, some AAAs have hired additional ombudsmen utilizing Title III B funds or community resources.

The program seeks to diminish the sense of isolation experienced by residents, especially those without family. The volunteer ombudsman can assist the resident in achieving a sense of empowerment and self-determination. Ombudsman volunteers strive to reinforce the importance of residents' rights. While residents are provided with information regarding their rights upon admission, the ombudsman is there as the resident adjusts to their new home to reiterate those rights and offer assistance in exercising those rights.

Title VII EA

The Legal Assistance Developer (LAD) provides access to legal services to assist Missourians 60 and older. The LAD, in connection with the State Adult Protective Services Unit, develops educational material and conducts outreach to the public to identify and prevent elder abuse, neglect, and exploitation. In addition, the LAD develops and disseminates tools to promote financial literacy amongst older adults with the intent of improving financial security. The LAD works with the Adult Protective Services unit to develop and facilitate multi-disciplinary coordination between legal services, law enforcement, and community service entities to promote elder justice.

Business Acumen of Aging Network Partners

The DSDS in collaboration with the Department of Mental Health applied for and was selected to join the National Association of States United for Aging and Disabilities' (NASUAD) Disability Network Learning Collaborative. Along with the two departments, the collaborative is made up of AAAs, the Developmental Disability Council, the Institute for Human Development at the University of Missouri-Kansas City, the Missouri Alliance for Homecare, the Missouri Council for In-Home Services, Community Service Providers and Targeted Case Management agencies. The overall aim of the Missouri Collaborative is to "Create an integrated system that demonstrates improved health outcomes, reduced costs and increased stakeholder satisfaction through building collaboration and Community Business Organization's capacity for people with Intellectual/Developmental Disabilities (IDD) who are aging and/or living with co-occurring conditions."

The AAAs have developed opportunities outside of the OAA funding to help support older adults and adults with disabilities. The Mid-America Regional Council is spearheading an integrated care network initiative called the Managed Services Network in the Kansas City region. The network intends to offer evidence-based, time-bound, focused interventions for high-risk health systems and health payer patients and members. These networks amplify collaboration and various funding sources allowing higher quality service to be offered to more individuals.

Five of the AAAs offer Veteran-Directed HCBS through contracts with the Veterans Administration which enables veterans to manage a flexible service budget and hire family, friends and neighbors to provide care and purchase goods to help them live in the community. Key components include veteran-directed model; flexible budget for services; ability to hire friends and family; person- and family-centered counseling provided by the No Wrong Door System; and fiscal management services to process workers' payroll and taxes.

The AAAs have also entered into a contract with a health insurance provider to provide services such as the Chronic Disease Self-Management Program and home-delivered meals to older adults and adults with disabilities who have a high number of emergency room visits to try to address their issues and reduce the number of emergency room visits by the participants, thus reducing the cost for the insurance provider.

Administration for Community Living Discretionary Grants and Other Programs

DSDS has determined that partnering with local community agencies is the best use of grant funds and allows the local providers the most autonomy and flexibility to provide the services needed by older adults. DSDS partnered on three grant applications with local aging network providers.

Chronic Disease Self-Management Education

The ma4 has been awarded an Administration for Community Living (ACL) discretionary grant for Chronic Disease Self-Management Education (CDSME) to develop a sustainable network in Missouri. The goals of this project include significantly increasing the number of older adults who participate in evidence-based programs and to develop a centralized, coordinated, and sustainable process to embed evidence-based programs into the Missouri aging network.

In addition, the Curators of the University of Missouri, through their Regional Arthritis Centers (RACs), were awarded an ACL discretionary grant for Chronic Disease Self-Management Education for capacity building. The goals of this project are to develop capacity in areas with no or limited evidence-based program infrastructure to introduce, deliver, and expand the reach of evidence-based chronic disease-self-management education and self-management support programs within underserved geographic areas and/or populations; and to develop sustainability strategies to support the proposed programs during and beyond the grant period. The RACs coordinate with ma4 to ensure statewide coverage, avoid duplication of services, and help extend the funding for both programs.

Falls Prevention

The DSDS also partnered with the Oasis Institute of Missouri on a falls prevention grant. Oasis was awarded an ACL discretionary grant for building a sustainable system for falls prevention. The goals of this grant are to significantly increase the number of older adults and older adults with disabilities at risk for falls who participate in evidence-based community programs to reduce falls and falls risks; and to implement innovative funding arrangements to support the proposed programs, while embedding the programs into an integrated, sustainable program network.

Innovations in Nutrition

As part of an ACL Innovations in Nutrition award, the Mid-America Regional Council is using in-home artificial intelligence enabled speakers to improve service, delivery and cost-effectiveness of the home-delivered meals program. Using the Amazon Echo Show as the platform device, a service was developed that allows for voice ordering of standard food pantry items that combine to meet Title III nutrition requirements. A local food pantry and home-delivered meals provider work together to introduce the technology to the user, monitor orders and set delivery of a box of food pantry items every two weeks that

equates to 14 meals. In addition to the benefit of this system to food insecure home-delivered meals clients, the project is enhancing the capacity of local community-based organizations to identify, deploy and monitor the use of advanced voice technology for consumers. This capacity may be a potential source of revenue under transformative changes to American health care reimbursement, including reimbursement for health-related technology activities.

Aging Ahead is utilizing an advanced data-card technology to improve the service, delivery, and cost-effectiveness of congregate nutrition programming for older people at high risk of malnutrition. The technology will track member participation and offer interactive feedback, personal nutrition information and health management advice.

Money Follows the Person

The Money Follows the Person (MFP) program is administered by the Department of Social Services. The DSDS manages the community contracted providers for the programs through the Bureau of HCBS.

The MFP program assists residents of nursing home or state habilitation center residents with at least 90 day stays to return to the community of their choice. Transition Coordinators, housed within five regional areas, help with the planning process, including finding housing, applying for community supports, and setting up their new household. The MFP program has contracted with Local Contact Agencies (LCAs) to provide Community Options Counseling and Transition Coordination services.

The MFP program utilizes the Minimum Data Set (MDS), Section Q algorithm (which is the component of the MDS that involves residents desire to learn about options of returning to the community) to help identify potential candidates for MFP currently in Missouri nursing facilities. Once an individual is identified using the algorithm, a selected LCA will contact the resident to ask them if they are interested in speaking with someone about their options in returning to the community. If someone indicates they are interested, an Options Counseling referral will be made.

Medicare Improvements for Patients and Providers Act 2008 Funding

All 10 AAAs have increased their knowledge of Medicare and the free Medicare preventive services through participation in the Medicare Improvements for Patients and Providers Act (MIPPA) program. Nine AAAs currently receive Priority Two funding to assist Medicare recipients with applications for Low-Income Subsidy benefits, Medicaid Savings Programs benefits and Medicaid benefits for dual eligibles. Seven AAAs receive Priority Three funding to increase outreach for MIPPA activities. In Missouri, the state health insurance assistance program is administered by the Department of Commerce and Insurance.

Person-Centered Planning

Missouri's Long-Term Services and Supports have long recognized the importance of person-centered planning. Since the inception of the OAA, it has been an essential component. Missouri's AAAs practice person-centered planning in their case management, care coordination and Information and Assistance programs. For the majority of AAAs, person-centered planning was a goal for all services. Every AAA has

AIRS-certified or AIRS-trained staff who respond to the Information and Assistance and Legal Services Helpline calls.

All HCBS administered by the DSDS are planned with the participant's input. To ensure that the participant is involved in this process at all times there are several checks and balances in place. First, each participant is provided with two forms, the Participant Choice Statement and Participant Rights and Responsibilities, during the planning of their services. These documents explain the participant's rights and their ability to be involved with and have anyone of their choosing to participate in, the development of the person-centered care plan. Each participant has to sign and date these forms indicating that they were informed of their rights and responsibilities. Second, each supervisor conducts monthly reviews of cases with authorizations of HCBS State Plan or waiver services. Part of this process is ensuring person-centered planning is taking place. Finally, central office staff, within the DSDS/Bureau of Long-Term Services and Supports, annually reviews a statistically valid sample of HCBS waiver cases ensuring, in-part, that person-centered planning is occurring. Regional staff are able to remediate any errors found during this process.

Elder Justice

Adult Protective Services

The Section for Adult Protective Services (APS) is housed within the DSDS. APS investigates abuse, neglect and exploitation of vulnerable individuals 60 and older and people with disabilities between 18 and 59 years of age (192.2400, RSMo).

The purpose of APS is to promote independence; maximize client choice and provide for meaningful client input for preferences; keep the adult at home by providing quality alternatives to institutional care and empower the older adult to attain or maintain optimal self-determination.

Reports made to the Adult Abuse and Neglect Hotline, regarding allegations involving an alleged victim who lives in their own home or in the community are reviewed to determine if circumstances meet the definition of abuse, neglect, or exploitation. Reports that meet the criteria are forwarded to an APS investigator or APS staff. The investigator/APS staff will work with the alleged victim to determine the services or interventions needed to stop or alleviate the abuse, neglect or exploitation. The APS staff will assist the alleged victim with needed service interventions which may include: community supportive services, such as personal care, respite or chore services; home-delivered nutrition services; financial or legal assistance and protections, such as representative payee, direct deposit, trusts, protective services, civil suit or criminal charges; counseling for the victim; referral to other community resources, and; when needed, guardianship proceedings or nursing home placement are initiated. Reports involving victims who live in long-term care facilities are forwarded to the DHSS's Division of Regulation and Licensure staff to conduct an investigation.

The Special Investigations Unit (SIU) investigates cases of elder abuse, neglect, and exploitation that may result in referrals to local prosecutors for prosecution or to other local and/or federal law enforcement for further joint investigation. The SIU also provides assistance to DHSS staff by conducting investigation-techniques training, consultation on ongoing investigations and assists in carrying out the department's mission. The SIU provides educational outreach programs, informational training seminars, and other

related program activities to older adult groups, law enforcement agencies, prosecuting attorney office personnel, other governmental agencies and community groups in an effort to increase awareness of the threat of exploitation and abuse of older Missourians and adults with disabilities.

APS regional staff rely on a multidisciplinary team approach to investigating allegations of abuse, neglect and exploitation and in providing services or interventions to victims. Many staff members are on councils or committees that work with or provide services to older adults and adults with disabilities. The following list illustrates just a few of the many partnerships utilized by APS staff in all five regions of the state: senior centers; universities; housing agencies; Centers for Independent Living; AAAs; Alzheimer's associations; public administrators; courts; law enforcement; crisis intervention teams; health care agencies; physicians; faith-based organizations; churches; mental health agencies; senior services agencies; Long-Term Care Ombudsman; financial institutions; other state agencies; and other States (through National Pathways).

In April of 2018, the DSDS began the process to separate the APS by differentiating response to abuse, neglect and exploitation reports involving allegations that are criminal in nature from reports indicating a potential need for APS. Hotline reports with allegations criminal in nature will be investigated by the SIU, while reports requiring protective services will be assigned to APS staff. This specialization is anticipated to be fully implemented statewide by the end of calendar year 2019. For community-dwelling adults and persons with disabilities, APS are provided on behalf of eligible adults who are unable to manage their affairs; carry out the activities of daily living or protect themselves from abuse, neglect or exploitation, which may result in harm or a hazard to themselves or others.

Information about APS partnerships with outside entities can be found in Appendix 11.

Constituent Services Office

The DSDS Constituent Services Office rebranded the Missouri Adult Abuse Hotline and initiated a campaign to promote awareness among the public and encourage reporting. A public service announcement was developed in partnership with the Governor's Office and placed on the DHSS website as well as promoted through social media. Regional DSDS staff attended local events to promote the hotline through presentations and provided information booths at various events. This effort has been very successful and Missouri plans to continue these outreach events.

Long-Term Care Ombudsman Program

In addition to their duties previously explained, the LTCO staff provides ongoing outreach to communities throughout the state through participation in health fairs, conferences, and speaking engagements. The LTCOP provides training to all new volunteers and LTCO staff, through the regional program.

QUALITY MANAGEMENT

Data collection

The DSDS has several data collection systems, one for Home and Community Services Waiver and State Plan programs known as Web Tool within CyberAccess, Case Compass for the Central Registry Unit/APS and AgingIS for AAAs programs.

The DSDS requires an independent audit of the AAAs OAA funding. These audits are reviewed annually by the DSDS fiscal office. The DSDS will be completing on-site program monitoring annually with each of the AAAs to ensure compliance. The DSDS staff members provide technical assistance to the AAAs and review program implementation and compliance.

Continuous Improvement

The DSDS administers three Home and Community Based Waivers; the Aged and Disabled Waiver; the Independent Living Waiver and the Adult Day Care Waiver. The Centers for Medicare & Medicaid Services (CMS) requires each Waiver program to have its own quality assurance system. States develop and measure performance indicators in areas such as health and welfare of participants, financial integrity of the program, quality providers, level of care determination, and service planning and delivery.

In addition, the DSDS is participating in the National Core Indicators for Aging and Disability (NCI-AD). The DSDS has contracted with a research consulting firm to conduct the surveys of recipients of both HCBS and OAA Program services. A statistically valid sample of 2,441 recipients will be surveyed. HCBS participants will complete 2,058 surveys and OAA participants will complete 383 surveys. The survey will assess quality of life, service satisfaction and outcomes of service recipients. This data will enable the state to improve the quality of services and supports provided to individuals where needed.

The DSDS instituted a Continuous Quality Improvement (CQI) process with the overall goal of guiding quality operations; ensuring safe environments and high quality of services; meeting external standards and regulations and assisting agency programs and services to meet annual goals and objectives. All levels of staff in the DSDS are involved with CQI creating an environment in which all staff strive to create constantly improving quality.

The DSDS, AAAs, and the Aging Network will continue to strive to identify the needs and desires of the growing eligible population. The identified needs will be used to develop and expand programs and services and identify resources currently available. Education and outreach will be developed to inform the eligible populations of programs, services, and resources currently available. CQI through the NCI-AD survey process and the DSDS CQI process along with the ongoing community engagement with the AAAs and their Aging Network Partners will help ensure that the services needed and most desired can be provided to keep individuals safe, healthy and independent and free from abuse, neglect and exploitation.

Where do we want to be?

TRENDS AND DEMOGRAPHICS

There has been an increase in the percent of persons over 60 living in nursing homes or state habilitation centers from 2.68 percent to 3.19 percent from 2013 to 2016.[9] This is not surprising given that Missouri has seen an increase of over 7 percent in adults age 60 years and over during that same time period.[7] The data reflects the importance of such programs as Money Follows the Person (MFP) in Missouri. Since the program began in 2007, a total of 1,782 persons have transitioned with appropriate supports from skilled

[9] Administration for Community Living, AGing Integrated Database (AGID) - https://agid.acl.gov/DataGlance/Pop_State/Trend.aspx. (accessed 2/14/2019)

nursing facilities or state habilitation centers into community-based settings. Of those, 1,255 have been older adults or adults with disabilities. The remainder of the individuals were developmentally disabled or had a dual diagnosis and were transitioned by the Department of Mental Health.

The data from State Fiscal Year (SFY) 2018 regarding adult protection shows that the Missouri Adult Abuse Hotline received 52,049 documented reports involving abuse, neglect, and/or exploitation of adults in Missouri. This is a 31 percent increase over SFY2016 when there were 37,834 documented reports.

The HCBS Call Center completed 22,025 pre-screenings for Medicaid HCBS eligibility in SFY2018. The number of calls presented to the HCBS Call center has increased over 109 percent from 39,001 calls in SFY2017 to 82,001 calls in SFY2018. Electronic referrals have increased over 217 percent from 6,198 referrals in SFY2017 to 19,634 referrals in SFY2018.

Missouri, along with the rest of the nation, is in the midst of the most phenomenal growth of the older adult population experienced in recent history. In 2017, adults age 60 years and older made up 22.88 percent of the population of Missouri.[10] By the year 2030, the population over age 60 is estimated to be 26.21 percent of the total population in Missouri. The population of adults 85 years and older is estimated to grow by more than 51,000 from 2015 to 2030.[11]

African Americans make up the largest older adult minority population of those 60 years of age or older in Missouri. In 2017, African Americans accounted for 8.1 percent of the older adult population; Hispanic older adults followed at 1.3 percent of the population; Asian Americans made up 1.0 percent and Native Americans made up 0.3 percent of the population.[9] Age 60 plus Missourians who were born overseas who also have limited-English proficiency (LEP) represent approximately 1.4 percent of the population. Many of these individuals are located in large urban populations along or near the Interstate 70 corridor between Kansas City and St. Louis.[9]

Among all Missourians, 14.8 percent live below 150 percent of the federal poverty level. However, a disproportionately higher number of Missouri adults over the age of 60, 19.1 percent, live below 150 percent of the federal poverty level.[9]

The 2018 America's Health Rankings Senior Report issued by the United Health Foundation shows the number of Missouri Medicare enrollees age 65 and above who have four or more chronic diseases is 38.4 percent compared to the national average of 37.8 percent. This is a change from 2015 when Missouri's percentage was equal to the national average of 37.6 percent.[12]

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[10] United States Census Bureau, American Fact Finder - https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S0102&prodType=table. (accessed 2/14/2019)

[11] Missouri Office of Administration, *Population Projections by Age Missouri Counties: 2000 through 2030* - https://archive.oa.mo.gov/bp/projections/MFCombined.pdf. (accessed 2/14/2019)

[12] United Health Foundation, America's Health Rankings, Senior Report, *Multiple Chronic Conditions in Missouri in 2018* - https://www.americashealthrankings.org/explore/senior/measure/mult_chronic_conditions_sr_a/state/MO. (accessed 2/14/2019)

Missouri ranks 36th[13] overall in the United Health Foundation's 2018 Senior Report, a measure of various health determinants and outcomes. Specific measures of interest include the percentage of older adults visiting the dentist in the last 12 months (ranked 39th), food insecurity (ranked 18th), low-care nursing home residents (ranked 49th), prescription drug coverage (ranked 8th), SNAP reach (ranked 37th), volunteerism (ranked 18th) and risk of social isolation (ranked 32nd). This information highlights areas of success, as well as, the areas of focus for Missouri.

NEEDS ASSESSMENT AND PUBLIC INPUT ACTIVITIES

The BSP developed a targeted outreach plan and surveys in an effort to elicit feedback from specific stakeholder populations regarding priorities for the Missouri State Plan on Aging for Federal Years 2020-2023. The basis of choices within the survey were derived by combining information contained in the needs assessments submitted by the 10 AAAs in their most recent Area Plans. In addition, several emerging topics such as social isolation and caregiver needs were included. Information about the surveys and the results of the surveys can be found in Appendix 5. The results of the surveys were shared with the AAAs.

In addition to the surveys, the BSP developed and presented an informational webinar regarding the surveys and the development process for the Missouri State Plan on Aging for 2020-2023. The webinar invitation was sent out to HCBS providers registered with the DSDS, Legal Service Corporations, City and County Government Officials, Aging Program Network Partners, DSDS staff and the AAAs. The webinar was also publicized through social media and the DHSS website. A total of 249 individuals registered for the webinar. The webinar PowerPoint was then posted on the DHSS website for individuals not able to attend the webinar to view. (A copy of the webinar PowerPoint can be found in Appendix 6.) Individuals were invited to provide input and feedback by emailing the DHSS. Three individuals submitted comments and questions to the DHSS. Their annotated comments can be found in Appendix 7.

The BSP held individual calls with each of the AAA directors to discuss the survey results and the needs of older adults and adults with disabilities in their PSAs. The BSP then arranged a call with all 10 AAA directors to discuss the possible priority areas for the State Plan on Aging. (The results of this discussion can be found in Appendix 8.)

Missouri's Silver Haired Legislature (SHL)[14] is a bicameral model legislature of citizens 60 years of age and older that are elected through a formal voting process patterned after the Missouri General Assembly. All members are volunteers who serve without pay. SHL's purpose is to promote legislative and community advocacy by increasing the awareness and participation of older Missourians in governmental decision-making. They also assess the legislative needs and priorities of older Missourians and encourage group participation and leadership concerning local, state and national legislation. This group was one of the targeted groups surveyed during the State Plan on Aging survey process.

[13] United Health Foundation, *American's Health Rankings, Senior Report* - https://www.americashealthrankings.org/learn/reports/2018-senior-report. (accessed 2/14/2019)

[14] Missouri Department of Health and Senior Services, *Silver Haired Legislature* - https://health.mo.gov/seniors/silverhaired/. (accessed 2/14/2019)

All five groups surveyed identified home modification and repair as the number one service they have tried to locate and were not able to find. Oral or dental health was mentioned by three of the populations as one of the top three services they tried but were unable to find. Caregiver support, information to avoid scams, social and volunteer opportunities, help to pay monthly housing expenses, and help to find programs and services in the local area were the other most mentioned needs by the surveyed populations.

A draft of the State Plan on Aging was posted on the Missouri DHSS website to elicit input from the public for 20 days. All public comments are documented in Appendix 9.

How do we get there?

GOALS, OBJECTIVES, AND STRATEGIES

Goal 1: Missouri older adults will have access to information, services, and resources to support healthy and independent living.

Missouri's aging network is increasingly exploring alternative ways to meet the needs of the growing population of older adults as funding for OAA programs has experienced declining levels of funding. The priority for the DSDS and the AAAs is helping older adults stay independent in safe and healthy environments of their choice.

An issue that came to light during the survey process for the State Plan on Aging was that many of the surveyed populations did not know where to get information about programs and services to keep older adults safe, healthy and independent. The DSDS and the AAAs will work to ensure eligible populations are aware of the programs, services, and supports available to them.

All of the individual populations surveyed in preparation for the State Plan on Aging identified home modification and repair as the number one service they had looked for but were not able to locate in their communities. This service was also listed in the top five services those surveyed felt were necessary to help older adults and adults with disabilities remain in their home for as long as they want to be there. Home modification and repair has been added to the definition for in-home services for Title III B giving the AAAs greater planning and funding abilities to meet this need.

As the number of older individuals increases and the number of available caregivers decreases, home automation and technology will be an important support for older adults and adults with disabilities who wish to remain independent in their homes. The DSDS and the AAAs plan to meet with Missouri Assistive Technology to develop partnerships to help eligible individuals access assistive technology.

Low-cost housing is another area that was identified by the AAAs during planning calls for the State Plan on Aging. Developing a comprehensive listing of all known low-cost housing in the local areas will help the AAAs better provide information and support to older adults and their caregivers about alternative housing options. The DSDS is developing a directory of resources throughout the state and this information will be shared with the AAAs.

Each of the AAAs has plans to address emergency situations and continue services to the older adults and adults with disabilities served in their local PSA. The DSDS has a Disaster Response Coordinator who will be providing emergency preparedness training to the AAAs and other aging network partners to enable them to disseminate information to the older adults and adults with disabilities they serve.

Transportation to medical and non-medical appointments is a key element in helping older adults and adults with disabilities live safe and healthy lives in their own homes. Each of the AAAs has transportation arrangements in place for both medical and nonmedical needs. The AAAs will educate older adults, adults with disabilities, caregivers and other members of the aging network about available transportation options.

Oral health care is a priority that was identified through the survey process and in discussions with the AAA directors. Missouri DSDS staff members participate in the NASUAD Oral Health Collaborative to increase knowledge regarding issues and barriers for dental services in older adult populations and to identify and disseminate promising practices related to oral health access, awareness and coverage. The DHSS Office of Rural Health and Primary Care and Office of Dental Health have participated in the collaborative. Outside partners have included Seniors Count of Greater St. Louis, Sisters of Charity in St. Louis, Aging Matters AAA in Cape Girardeau and Palestine Senior Center in Kansas City. The Office of Dental Health and Sisters of Charity are considering some proposed Medicaid pilots to help older adults better access oral health care.

The BSP is working with the Office of Dental Health in an effort to determine avenues for older adults to access low-cost dental services throughout the state. The BSP staff have agreed to help the Office of Dental Health with gaining survey participants for their upcoming Adult Dental Survey. The results of this survey will help them shape their State Oral Health Plan and assist them in applying for grants and other resources to help older adults in the state.

The DSDS is in the process of developing and implementing updated criteria for determining Nursing Facility Level of Care. The goal is to ensure the right services are provided to the right individuals at the right time. The DSDS conducted three public meetings with stakeholders and national experts to share national best practices in determining HCBS eligibility, gain feedback on the current eligibility system and gather ideas on potential changes needed to provide the most accurate level of benefits to participants. Beginning in 2020, updates to the program eligibility will be implemented to better serve all Missourians.

Numerous studies have shown that caregiving creates physical and psychological strain and can affect the caregiver's career, finances and health.[15] Supporting natural caregivers of older adults and adults with disabilities is necessary to ensure the physical and mental health and the ability of these caregivers to care for themselves while providing needed care to their family or friends. Helping natural family caregivers self-identify and then educating this population on the available supports, services and resources to assist them is key to sustaining this vital resource for older adults and adults with disabilities who wish to remain independent in their homes.

[15] National Alliance for Caregiving, *Impact of Caregiving* - https://www.caregiving.org/research/impact-of-caregiving/. (accessed 2/14/2019)

Assuring access to information about each of the services and resources above will provide Missouri older adults the ability to make the best decisions to keep them safe, healthy and living in the community of their choice.

Goal 1: Missouri older adults will have access to information, services, and resources to support healthy and independent living.	
Strategies	
• Update the allowable services reflected in III B in-home services to meet the changing needs of the recipients of services. • Expand local partnerships between AAAs and local providers, contractors, county tax boards, health care entities, and community decision-makers. • Expand awareness of existing programming related to housing assistance. • Develop local referral networks. • Develop and present emergency preparedness training for older adults to professionals in the Aging Network. • Enhance outreach and education related to transportation options available to older adults and adults with disabilities. • Expand awareness of existing programs related to low-cost oral health care. • Update Missouri's Level of Care to maximize access to Medicaid HCBS for those most in need and to prevent and/or delay institutionalization. • Enhance outreach and education for Family Caregivers and connect them to supports and services that meet their specific needs.	
Objectives	Planned Completion Date
By March 2021, DSDS will coordinate an educational opportunity with AAA information and referral staff regarding availability and benefits for paying for home modification and repair through USDA Home Repair Loans and Grants Programs, Home Repair Opportunity program through the Community Action Agencies, and the Low-Income Weatherization Assistance Program (LIHEAP).	03/01/2021
By June 30, 2021, each AAA will have a plan to expand its local referral network to assist older adults in their service area with minor home repair and modification.	06/30/2021
By June 30, 2021, the DSDS and the AAAs will partner with housing services to expand the availability and increase awareness of affordable housing that is suitable for persons with adaptive needs.	06/30/2021
By June 30, 2021, the DSDS will ensure AAA information and referral staff have access to all local housing resources maintained by the DSDS.	06/30/2021

By September 30, 2021, the DSDS Disaster Response Coordinator will submit a proposal to present a newly developed training on emergency preparedness procedures for older adults to Aging Network professionals at the Show Me Summit on Aging and Health. Session evaluations will include recommendations for feedback for additional training opportunities to be offered to local aging partners.	09/30/2021
By September 30, 2021, the Missouri Office of Dental Health will develop outreach materials to assist Missourians in finding low-cost oral healthcare options.	9/30/2021
By September 30, 2022, the DSDS will implement a new Nursing Facility Level of Care eligibility model for HCBS to ensure access to care for Missourians most in need of HCBS provided in the least restrictive community setting for as long as safely possible.	9/30/2022
By September 30, 2022, the DSDS and the AAAs will develop and disseminate a tool designed to help persons providing support to identify their roles as caregivers and define their support needs.	9/30/2022
By September 30, 2022, the DSDS and the AAAs will implement a targeted marketing strategy to inform family caregivers of the available supports and services in the local areas to increase the utilization of available family caregiver resources and supports.	9/30/2022
By September 30, 2023, the DSDS will have an increase in minor home repair and modification services provided to older Missourians of 10 percent as documented through service and expenditure data in the State Program Report Federal Years 2019-2022.	09/30/2023
By September 30, 2023, the DSDS will submit a proposal to provide a presentation at the Show Me Summit on Aging and Health featuring best practices for partnerships and customer testimony for the availability of services and referrals to address needs of minor home repair and modification.	09/30/2023
By September 30, 2023, the DSDS and the AAAs will have a plan to work with the Missouri Assistive Technology to help older adults increase access to home technological devices and automation.	09/30/2023
By September 30, 2023, the DSDS and the AAAs will create educational material related to transportation options available to older adults and adults with disabilities that can be tailored to local service areas for both medical and nonmedical needs.	09/30/2023

Goal 2: Missouri older adults will engage with local senior centers that meet their nutritional, health and social needs.

The AAAs have reported a decline in the number of individuals utilizing senior centers and a large increase in the number of individuals receiving home-delivered meals. Congregate meal participation has decreased

13.41 percent from 73,968 persons served in 2012 to 64,043 persons served in 2016. However, home-delivered meal participation has increased 7.29 percent from 32,024 persons served in 2012 to 34,360 persons served in 2016.[16] The AAAs report that the senior centers are seeing fewer "younger" older adults and increasing numbers of much older adults utilizing the senior centers. Most AAAs believe this is a combination of workforce retention, later retirement, and in some instances, the perception that the senior center in the community is "where our parents went." The AAAs continue to utilize new outreach and pilot new programs in an effort to find new ways to reach the aging Baby Boomers. These efforts have included changing menus to allow for greater choice for participants, co-locating senior centers within other community organizations such as a county hospital or local community center, adapting menus based on the ethnicity of the majority of participants to increase participation and providing alternative locations such as public libraries and community centers for older adults to participate in congregate meals and health and nutritional education.

The AAAs will assist the local senior centers in surveying the eligible populations in their PSA to determine their needs and desires, with particular emphasis on the priority populations, in an effort to increase participation. The surveys will determine desired social and volunteer opportunities, menu options and other needs of the eligible population to help modernize senior centers and increase participation. This could include the use of alternative sites such as Aging Ahead's Choices Program. This program utilizes the St. Louis County Library, Frick's Grocery Stores and the Gateway YMCA as locations to reach additional older adults in locations where they naturally congregate to provide the same resources as their traditional senior centers.

Congregate meals at senior centers not only serve the function of providing for the nutritional needs of the participants, but they also provide a social experience and a chance to educate the individuals regarding healthy and safe living.

Social and volunteer opportunities were identified as a need by many of the populations surveyed during the planning for the State Plan on Aging. Loneliness in older adults has recently been shown to lead to decreases in physical health, mental well-being and overall quality of life.[17] According to a meta-analytic review on loneliness and social isolation as risk factors for mortality, "The risk associated with social isolation and loneliness is comparable with well-established risk factors for mortality, including those identified by the U.S. Department of Health and Human Services (physical activity, obesity, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality,

[16] Administration for Community Living, AGing Integrated Database (AGID)- https://agid.acl.gov/StateProfiles/Profile/Pre/?id=27&topic=7&years=2012,2013,2014,2015,2016 (accessed 4/18/19)

[17] Connect2affect.org, *A Profile of Social Connectedness in Older Adults* - https://connect2affect.org/wp-content/uploads/2017/03/A-Profile-of-Social-Connectedness.pdf. (accessed 2/14/2019)

immunization, and access to health care…"[18] Missouri ranked 32nd in the 2018 American Health Rankings for Risk of Social Isolation.[19]

By surveying the eligible populations to determine their needs and desires, the AAAs can assist the senior centers throughout the state with developing new options for meal programs and services to increase participation at the centers. Increasing participation at the local centers will increase food security for those attending and provide social opportunities to reduce isolation and loneliness.

Goal 2: Missouri older adults will engage with local senior centers that meet their nutritional, health and social needs.	
Strategies	
• Modernize more senior centers to meet the needs of priority populations as well as newly eligible older adults. • Create and expand the appeal and social engagement opportunities at senior centers to reduce social isolation and loneliness. • Refine menus for senior centers to reflect the tastes and preferences of older adults within defined federal requirements. • Develop information to increase knowledge about the availability and benefits of the OAA Nutrition Program. • Implement standardized nutrition screening across all AAAs in MO.	
Objectives	Planned Completion Date
By June 30, 2020, the DSDS and the AAAs will agree upon a multi-domain client screening instrument to be utilized by all AAAs that fully characterizes health risks of older Missourians and provides comparable statewide data collection for reporting and analysis.	06/30/2020
By June 30, 2021, each AAA will survey the eligible population in their PSA to determine the needs of the priority populations and the eligible populations.	06/30/2021
By June 30, 2022, the AAAs will develop a plan, including performance standards, to modernize the senior centers in their PSAs to better meet the needs of the priority populations.	06/30/2022
By June 30, 2022, the AAAs will develop social opportunities desired by the priority and eligible populations in their PSA in order to increase participation and decrease social isolation and loneliness.	06/30/2022
By June 30, 2022, the AAAs will develop meal menus that appeal to the priority and eligible populations in their PSA in order to increase participation and will ensure they are aware of the availability and benefits of the OAA Nutrition Programs.	06/30/2022

[18] Holt-Lunstad, Julieanne; Smith, Timothy B.; Baker, Mark; Harris, Tyler; and Stephenson, David. "Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review" Association for Psychological Science. Volume 10(2). (2015) (pages 227 – 237). https://www.ahsw.org.uk/userfiles/Research/Perspectives%20on%20Psychological%20Science-2015-Holt-Lunstad-227-37.pdf (accessed 2/14/2019)

[19] United Health Foundation, *America's Health Rankings, Senior Report* - https://assets.americashealthrankings.org/app/uploads/ahrsenior18-finalv1.pdf (accessed 2/14/2019)

Goal 3: Bolster collaborations to improve responses to reported abuse, neglect and exploitation as well as complaints of mistreatment to ensure advocacy and protective services are provided to the right people, at the right time, in the right environment.

Understanding what constitutes abuse, neglect, and exploitation and how to report concerns regarding these issues is crucial for older adults and adults with disabilities to remain healthy, safe and independent. The DSDS Legal Assistance Developer and APS staff will develop educational materials to help individuals, caretakers and aging network partners identify and prevent elder abuse, neglect, and exploitation. The new materials will be embedded into processes and settings so that professional audiences can be poised to take action on these cases.

Identifying unserved or underserved populations is a primary concern for the DSDS and the AAAs. The DSDS and the AAAs will work with partner organizations that specifically work with or target these unserved or underserved groups to educate them on the benefits, programs, and services available. The DSDS will analyze available data to determine the effect that current outreach efforts are having. This information will be used to develop targeted marketing initiatives to provide outreach and education to underserved communities or populations who are unaware of the availability of adult protective services.

Multidisciplinary teams practice a holistic approach for individuals who are victims of abuse, neglect, or exploitation. The teams coordinate access to resources as part of crisis intervention for better service delivery to the individual and to avoid duplication of services. The teams also assist with prosecution or restitution when necessary. The DSDS will continue to expand the locations and membership of the multidisciplinary teams at the local level to more effectively address abuse, neglect and exploitation of vulnerable individuals.

Older adults and adults with disabilities in long-term care facilities are often not aware of their rights as a resident of the facility. The LTCOP is working to develop and provide community education, literature and social media messages to educate Missourians about the importance of advocating for residents and empowering residents to ensure that all of their rights are respected. Educating residents in regard to their rights will help empower them and their caregivers to ensure they are living in the best situation possible.

By developing and expanding APS programs and services and educating the vulnerable populations, their caregivers and the aging network on available services, Missouri vulnerable adults will have the information needed to keep them free of abuse, neglect, and exploitation.

Goal 3: Bolster collaborations to improve responses to reported abuse, neglect and exploitation as well as complaints of mistreatment to ensure advocacy and protective services are provided to the right people, at the right time, in the right environment.
Strategies

• Expand education and information regarding Adult Protective Services. • Increase overall awareness of services and volunteer opportunities the LTCOP provides. • Expand partnerships with entities that can continue to build and train comprehensive and coordinated Multidisciplinary Teams throughout Missouri. • Identify and provide outreach to underserved or unserved eligible populations.

Objectives	Planned Completion Date
By September 30, 2020, the DSDS Legal Assistance Developer in collaboration with APS will develop educational materials to improve public recognition of abuse, neglect, and exploitation of vulnerable adults that contains the necessary information to report these occurrences.	9/30/2020
By September 30, 2021, the Legal Assistance Developer in collaboration with APS will provide a minimum of 10 trainings on the identification, prevention, and response to elder abuse, neglect, and exploitation to older adults, vulnerable adults with disabilities, caregivers, and professionals who serve and support these adults.	9/30/2021
By January 1, 2021, the DSDS will implement a data warehouse system which contains all adult abuse investigation data and APS interventions and will use the data to guide the development of new interventions that more effectively reduce reoccurrences and the need for DSDS intervention.	1/1/2021
By September 30, 2022, the LTCOP will develop and provide 10 community education opportunities, and use program literature and social media messaging to educate Missourians about advocating, educating and empowering residents residing in long-term care facilities to use self-determination and exercise their rights.	9/30/2022
By September 30, 2023, the DSDS will support the development of and participate in 30 new county-level multidisciplinary teams to more effectively address abuse, neglect, and exploitation of vulnerable persons.	9/30/2023
By September 30, 2023, the DSDS and the AAAs will develop an outreach and education plan to reach culturally and historically underserved or unserved older adults and work with partner organizations that serve these populations to provide additional education regarding available services, supports, and programs.	9/30/2023

As an agency that is situated within the umbrella of the State Public Health Department, and is a designated operating agency for Medicaid Long Term Services and Supports, Missouri's State Unit on Aging is uniquely poised to achieve its goals. These logistical advantages, along with the strong network partnerships already developed, provide an abundance of opportunity for the state to be a national leader in caring for older adults.

ATTACHMENTS

Attachment A - State Plan Guidance

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2016

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.

ASSURANCES

Section 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title--
(2)The State agency shall—(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(ii) provide an assurance that the State agency will undertake specific program development, advocacy and outreach efforts focused on the needs of low-income minority older individuals;

(c) An area agency on aging designated under subsection (a) shall be--…

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Section 306(a), AREA PLANS

(a) Each area agency on aging…Each such plan shall--
(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-
(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the AAA, for providing services to low-income minority individuals, older individuals with limited English proficiency and older individuals residing in rural areas within the planning and service area; and
(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared --
(I) identify the number of low-income minority older individuals in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the AAA met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—
(i) identify individuals eligible for assistance under this Act, with special emphasis on--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
(C) contain an assurance that the AAA will ensure that each activity undertaken by the agency, including planning, advocacy and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the AAA will coordinate planning, identification, assessment of needs and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(9) provide assurances that the area agency on aging, in carrying out the State LTC Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under Title VI; and
(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(13) provide assurances that the area agency on aging will—
(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
(B) disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship;
(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;
(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the AAA to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used--
(A)to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B)in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Section 307, STATE PLANS

(a) . . . Each such plan shall comply with all of the following requirements:…
(3) The plan shall--
(B) with respect to services for older individuals residing in rural areas—
(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000…

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that--
(i) no individual (appointed or otherwise) involved in the designation of the State agency or an AAA, or in the designation of the head of any subdivision of the State agency or of an AAA, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State LTC Ombudsman, a State LTC Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency

with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under Title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance --
(A) the plan contains assurances that area agencies on aging will
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.
(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the AAA makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.
(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and
(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals --
(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--
(i) public education to identify and prevent abuse of older individuals;
(ii) receipt of reports of abuse of older individuals;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;…

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State…

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—
(A) identify individuals eligible for assistance under this Act, with special emphasis on—
(i) older individuals residing in rural areas;
(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall--
(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(23) The plan shall provide assurances that demonstrable efforts will be made--
(A) to coordinate services provided under this Act with other State services that benefit older individuals; and
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Section 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular

employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Section 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--
(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, AAAs, recipients of grants under Title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with AAAs, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect and exploitation under chapter 3—
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order…

Attachment A (Continued)
REQUIRED ACTIVITIES

Section 305 ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .
(2) the State agency shall—
(G)(i) set specific objectives, in consultation with AAAs, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;
(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; and
(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency;

Section 306 – AREA PLANS

(a) Each such plan shall— (6) provide that the area agency on aging will—
(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the AAA with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect and exploitation, and remove barriers to education, prevention, investigation and treatment of elder abuse, neglect and exploitation, as appropriate;

Section 307(a) STATE PLANS

(1) The plan shall—

(A) require each AAA designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES <u>NOT</u> REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The plan shall provide that the State agency will --
(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

Note: "PERIODIC" (DEFINED IN 45CFR PART 1321.3) MEANS, AT A MINIMUM, ONCE EACH FISCAL YEAR.

(5) The plan shall provide that the State agency will:
(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and
(C) afford an opportunity for a public hearing, upon request, by an AAA, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) The plan shall provide that no supportive services, nutrition services or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--
(i) provision of such services by the State agency or the AAA is necessary to assure an adequate supply of such services;
(ii) such services are directly related to such State agency's or AAAs administrative functions; or
(iii) such services can be provided more economically, and with comparable quality, by such State agency or AAA.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—
(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

_____ _____

Signature and Title of Authorized Official *Date*

Attachment B - State Plan Information Requirements

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each Older American Act citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

- The Intrastate Funding Formula (IFF) is based on the estimated number of older individuals in greatest social and economic need including low-income older individuals, low-income older minority individuals and older individuals residing in rural areas.
- Each year AAAs are required to specifically address how they have met the needs of their low-income minority populations , rural populations and limited English speaking populations in their Area Plans and updated plans.
- In addition, the DSDS and AAAs work closely with agencies through contracts within the state that specialize in serving the non-English speaking population in Missouri.
- DSDS monitors the number and percent of low-income minority older adults, older adults living in rural areas, and limited English Speaking older adults who are served by each AAA and reviews outreach efforts annually through updated Area Plans and AgingIS data.
- The DSDS audits the AAAs annually to assure compliance.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

- Each AAA has an emergency response plan and a continuity of operations plan (COOP). The DSDS's Disaster Response Coordinator (DRC) provides technical assistance, continuing education and trainings/exercises for regularly updating the plans. The DRC provides information and instruction to each AAA on how to locate and coordinate with their local emergency response organizations as well as how to be involved in local Community Organizations Active in Disaster.
- The DRC also coordinates with each AAA during disasters and recovery to inform and collaborate on needed resources and operations. The DRC coordinates between the agencies and state-level voluntary organizations, state departments and with federal agencies, including the Administration for Community Living. Communication strategies including e-mail, phone and texting are regularly tested. All protocols for communication and support for the AAAs are

detailed in the DSDS's emergency operations and COOP. Communication and support of the AAAs is listed as the #4 top essential functions of the DSDS in the COOP plan.

Section 307(a)(2)

The plan shall provide that the State agency will --
(C*) specify a minimum proportion* of the funds received by each AAA in the State to carry out part B that will be expended (in the absence of a waiver under sections 306
(c) or 316) by such AAA to provide each of the categories of services specified in section 306(a)(2). *(Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

- The DSDS specifies in the AAA contracts under section 5.3.1, 5.3.2 and 5.3.3 the expenditure percent for each of the categories, Access 30 percent, In-home 20 percent, and Legal Assistance 1 percent.

Section 307(a)(3)

The plan shall-- (B) with respect to services for older individuals residing in rural areas--
(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000; (ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and* (iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

- State will apply the Intrastate Funding Formula utilizing the most recent available data from the U.S. Census Bureau in conjunction with special data tabulations provided by the Administration for Community Living to provide projections of minimum expenditures required to meet this assurance.
- Based on the 2011-2015 ACS Special Tabulation, approximately one third of Missouri's 60+ individuals reside in rural areas. Missouri estimates Title III expenditures for services to older adults living in rural areas, including access services, will be $7,443,497. Rural expenditures are projected to be approximately 32 percent of the $23,591,264 total Title III projected to be expended statewide by all AAAs during each year of the plan.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

Each year the AAAs update their Area Plans, which includes a section on the needs of older individuals residing in rural areas. Only one AAA does not cover a rural area. In addition, the intrastate funding formula takes the number of older adults in the rural areas into consideration for distribution of funds.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—(A) *identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency*; and (B) *describe the methods used to satisfy the service needs* of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

- Approximately 2.8 percent of Missouri's older adult population (or 37,371 of the total Missouri older adult population of 1,299,518) is foreign born and about 1.4 percent of Missouri's older adult population (or 18,193 of the total Missouri older adult population of 1,299,518) speaks English less than "very well."[20] Most of this population resides in the I-70 corridor (see Appendix 12). Each AAA as part of their community needs assessment attempts to identify populations of foreign born elders so service efforts can be inclusive. Where available, the AAAs work with cultural community centers, charitable organizations and faith-based organizations to identify these populations and provide access to services in a culturally relevant and respective manner. DSDS has the advantage of having a close cooperative relationship with an agency whose mission is to provide services to the foreign born that also works closely with the St. Louis AAA to identify needs and provide case management. DSDS has a contract with this agency to provide naturalization services to foreign born legal immigrants and refugees who cannot participate in regular citizenship classes due to illness or chronic conditions.
- Approximately 19.1 percent of Missouri's older adult population lives below 150 percent of the poverty level.[22]

Section 307(a)(21)

The plan shall --(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, *and specify the ways in which the State agency intends to implement the activities.*

- Missouri does not operate an Older Americans Act Title VI grant. However, all the AAAs provide services to eligible Native Americans and work with the local Native American Organizations wherever possible. The census reports that 0.3 percent of Missouri older adults are Native American.[21] SPR results from 2016 show that 4.3 percent of those served by AAAs are Native American.[22]

[20] United States Census, American Fact Finder - https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S0102&prodType=table (accessed 2/14/2019)

[21] United States Census, American Fact Finder - https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S0102&prodType=table (accessed 2/14/2019)

[22] Administration for Community Living, AGing Integrated Database (AGID) - https://agid.acl.gov/DataGlance/SPR/Trend.aspx?geoids=27&jvar=1687&mode=Count&agegroup=-1&sex=0&pop=0&service=-1&poverty=-1&adl=-1&iadl=-1 (accessed 2/14/2019)

Section 307(a)(28)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted. (B) Such assessment may include— (i) the projected change in the number of older individuals in the State; (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency; (iii) an analysis of how the programs, policies and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

- Not applicable.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with AAAs, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness and any other institutions that have responsibility for disaster relief service delivery.

- Within the Missouri DHSS, DSDS is the designated State Unit on Aging. DSDS staff members serve on the department's emergency response teams and have a station dedicated to DSDS within the department's Emergency Response Center (ERC). DSDS has appointed a staff person, the DRC, to coordinate emergency management with DSDS staff, providers, AAAs, and other partners. The DSDS ERC Team includes 14 staff members. These staff are provided with ongoing training and education and all DSDS staff are trained on COOP annually. When the DHSS activates the ERC, this team is also activated.
- The DSDS DRC is responsible for providing leadership, oversight and management of disaster operations which involves all response and recovery plans for the DSDS in order to minimize the loss of life and/or property for DSDS clients, and Missouri's older adult and disabled adult populations. This position will continue to collaborate with the State Emergency Management Agency staff, DHSS Staff, and external partners such as in-home providers, AAAs and consumer-directed service vendors to provide training and education on emergency preparedness and the DSDS's emergency response plan.
- All DSDS staff is required to update their skills assessment survey twice annually, which builds a database that can be used in emergencies and COOP events to quickly and easily reassign staff to areas that support the DSDS in continuing essential services no matter what the event.
- DSDS continuously provides information, update and collaboration opportunities to AAAs regarding emergency preparedness and mitigation, as well as current events or trends that relate to disaster preparedness/response.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

- At a minimum, the DSDS annually updates their emergency response and continuity of operations plans. The DRC is responsible for collaborating with internal DHSS staff and other divisions to provide input and guidance on developing and maintaining the State Public Health Emergency Preparedness and Response Plan to advocate for older adults and adults with disabilities. The DRC is housed in the DSDS director's office and regularly updates and gathers information from the director on DSDS needs and requests. The DRC is also a Domain Lead on the DHSS's Public Health Accreditation Board Team. This team is directly responsible for gathering all information needed to meet the guidelines to become accredited. The DSDS Director reviews and approves all changes and updates of the emergency response and continuity of operations plans and has been trained in Incident Command System and is ready to fill in on an emergency response team, when needed.

Section 705(a) ELIGIBILITY

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307--*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).
(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307--
(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, AAAs, recipients of grants under Title VI, and other interested persons and entities regarding programs carried out under this subtitle;
(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any federal or state law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local ombudsman entities under section 712(a)(5);
(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect and exploitation under chapter 3--
(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-

(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.

- The state of Missouri agrees to include all of these assurances in their State Plan Assurances Attachment.

Attachment C - Intrastate Funding Formula

FY 2015 State Plan Guidance
INTRASTATE FUNDING FORMULA (IFF) REQUIREMENTS

Each State IFF submittal must demonstrate that the requirements in Sections 305(a)(2)(C) have been met: OAA, Sec. 305(a)(2)

"*States shall, (C) in consultation with AAAs, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account-- (i) the geographical distribution of older individuals in the State; and (ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals*."

- For purposes of the IFF, "best available data" is the most recent census data (year 2010). More recent data of equivalent quality available in the State may be considered.
- As required by Section 305(d) of the OAA, the IFF revision request includes: a descriptive Statement; a numerical Statement; and a list of the data used (by PSA).
- The request also includes information on how the proposed formula will affect funding to each PSA.
- States may use a base amount in their IFFs to ensure viable funding across the entire state.

The DHSS collaborated with Missouri's AAAs over a 16 month period to develop the current IFF. The formula was approved by the then US Administration on Aging (AoA) on July 22, 2009 for allocation of all Older Americans Act Title III funding awarded beginning with the state fiscal year commencing July 1, 2009. (See Funding Formula Approval Letter in Attachment D.)

The formula uses a two tiered approach by first classifying indicators of great social need and great economic need and then weighting each at 50 percent. Allocation percentages are derived in proportion to each respective portion of the data element representing social and economic need.

The Allocation Percentage Worksheet found in Attachment C illustrates the IFF indicators of social and economic need, the data for each AAA, and resulting allocation percentages. Data is from the most current US Census tabulations obtained from the US Administration for Community Living's website in December 2014.

Consistent with the Older American's Act, of the estimated $29,004,321 in federal and state funding to be allocated in SFY 2020 by the IFF, $4,271,000 will be distributed equally to provide a $427,100 base for viability across the entire state, with the balance distributed by IFF allocation percentage.

The 2020 Funding to Distribute worksheet found in Attachment C sets forth total projected Older American's Act and related funding available and illustrates the distribution to each AAA.

Missouri Department of Health and Senior Services
Intrastate Funding Formula
Older American's Act Title III Funding
(Allocation Percentages)

	Greatest Economic Need (GEN) Chart A			*Greatest Social Need (GSN) Chart B*			
AAA	Counts (Detailed below in Chart A)	AAA % of GEN Counts	AAA GEN% x 0.5 = 50% Weighted %	Counts (Detailed below in Chart B)	AAA % of GSN Counts	AAA GSN% x 0.5 = 50% Weighted %	AAA Allocation Percentages = 50% GEN + 50% GSN
Southwest	**47,256**	15.62786%	7.81393%	**456,973**	14.01765%	7.00883%	14.82276%
Southeast	**37,517**	12.40711%	6.20356%	**287,071**	8.80591%	4.40295%	10.60651%
District III	**20,115**	6.65216%	3.32608%	**193,398**	5.93249%	2.96624%	6.29232%
Northwest	**16,121**	5.33132%	2.66566%	**162,126**	4.97322%	2.48661%	5.15227%
Northeast	**15,528**	5.13521%	2.56760%	**165,175**	5.06675%	2.53337%	5.10098%
Central	**33,830**	11.18780%	5.59390%	**378,187**	11.60089%	5.80045%	11.39435%
MARC	**40,867**	13.51498%	6.75749%	**518,537**	15.90613%	7.95307%	14.71056%
Mid-East	**52,372**	17.31976%	8.65988%	**834,932**	25.61155%	12.80578%	21.46565%
St. Louis	**26,425**	8.73892%	4.36946%	**148,538**	4.55641%	2.27820%	6.64766%
Region X	**12,352**	4.08489%	2.04244%	**115,045**	3.52901%	1.76450%	3.80695%
Missouri	**302,383**	100%	50%	**3,259,982**	100%	50%	100%

(A) SFY 2020 Greatest Economic Need (GEN) Factors and Counts

AAA	Low-Income 60+	Low-Income Minority 60+	Low-Income 60+ With Physical Disability	Low-Income Rural 60+	Low-Income Female 60+	**Total GEN**
Southwest	17,809	1,159	8,950	8,038	11,300	**47,256**
Southeast	13,002	1,422	7,860	6,968	8,265	**37,517**
District III	7,413	368	3,855	3,944	4,535	**20,115**
Northwest	5,961	291	2,775	3,334	3,760	**16,121**
Northeast	5,404	494	2,865	3,420	3,345	**15,528**
Central	12,886	936	6,250	5,948	7,810	**33,830**
MARC	16,209	6,049	7,460	1,029	10,120	**40,867**
Mid-East	21,740	5,370	9,555	1,132	14,575	**52,372**
St. Louis	9,430	6,410	5,030	-	5,555	**26,425**
Region X	4,708	408	2,320	1,871	3,045	**12,352**
Missouri	114,562	22,907	56,920	35,684	72,310	**302,383**

(B) SFY 2020 Greatest Social Need (GSN) Factors and Counts

AAA	Total 60+	Minority 60+	60+ With Physical Disability	Rural 60+	Limited English 60+	Female 60+	> Average Life Expectancy	**Total GSN**
Southwest	176,000	6,130	57,675	83,857	945	95,559	36,807	**456,973**
Southeast	104,810	5,243	41,170	55,600	135	57,325	22,788	**287,071**
District III	69,395	2,489	24,710	43,737	215	36,948	15,904	**193,398**
Northwest	60,613	1,873	19,540	32,270	135	32,961	14,734	**162,126**
Northeast	60,311	2,015	19,325	38,036	125	32,217	13,146	**165,175**
Central	142,781	6,699	47,340	75,452	435	76,494	28,986	**378,187**
MARC	219,172	37,100	65,740	23,886	2,950	122,222	47,467	**518,537**
Mid-East	366,233	48,155	98,505	29,873	4,180	205,764	82,222	**834,932**
St. Louis	54,423	26,525	20,475	-	1,455	31,149	14,511	**148,538**
Region X	44,247	2,414	15,470	19,139	345	24,169	9,261	**115,045**
Missouri	1,297,985	138,643	409,950	401,850	10,920	714,808	285,826	**3,259,982**

Missouri Division of Senior and Disability Services
Area Agency on Aging Funding
SFY 2020
Supplementary Schedule 1

2020-1

	OLDER AMERICANS ACT FUNDING											
	Title III Part B	Title III Part C-1	Title III Part C-2	Title III Part E	Title III Part D		Title III State Admin Release to Programs	Title III - B Ombudsman	Title VII Ombudsman	Title VII Elder Abuse Prevention	Title III /VII Ombudsman.	N S I P Meals Incentive
Total Funding	6,860,230	8,850,796	4,495,287	3,401,025	446,384			0	306,669	97,643	404,312	4,067,416
State Administration	(343,012)	(442,539)	(224,764)	(170,051)	(22,319)			0	0	0	0	0
Sub-Total	6,517,218	8,408,257	4,270,523	3,230,974	424,065			0	306,669	97,643	404,312	4,067,416
O.A.A. Ombudsman	(67,689)							67,689	0	0	67,689	
State Ombudsman								0	(314,890)	0	(314,890)	
E. A. Tsf. to Ombud.									97,643	(97,643)	0	
State Admin.: State Fair & Automation												
State Admin Released:							0					
							0					
Funding to AAAs	6,449,529	8,408,257	4,270,523	3,230,974	424,065	0	0	67,689	89,422	0	157,111	4,067,416

	MISSOURI GENERAL REVENUE								TRUST	D.H.S.S.	SPECIAL	TOTALS
	OAA State Match	Home Delivered Meals	SSBG Replacement	HDM by Prior Year HDM Meals	Hold Harmless Transition to New IFF	HDM Funding Transition to New IFF	Ombudsman Grants	Total Mo. Gen. Revenue	Missouri H.D.M. Trust Fund	Social Services Block Grant	SPECIAL PROGRAMS	SENIOR SERVICES
Total Funding	428,108	3,247,772	1,434,016	2,726,079	1,254,378	2,206,941	150,000	11,447,294	0	1,204,745	0	41,177,489
State Administration	0	0	0	0	0	0	0	0	0	0	0	(1,202,685)
Sub-Total	428,108	3,247,772	1,434,016	2,726,079	1,254,378	2,206,941	150,000	11,447,294	0	1,204,745	0	39,974,804
O.A.A. Ombudsman												0
State Ombudsman												(314,890)
State Admin.: State Fair & Automation											22,500	22,500
State Admin Released:												0
												0
Funding to AAAs	428,108	3,247,772	1,434,016	2,726,079	1,254,378	2,206,941	150,000	11,447,294	0	1,204,745	22,500	39,682,414

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SUPPLEMENTARY SCHEDULE 2

	SeniorAge	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Intra State Formula %	14.8228%	10.6065%	6.2923%	5.1523%	5.1010%	11.3943%	14.7106%	21.4657%	6.6477%	3.8069%	100.00%
O.A.A. TITLES III/VII: (IFF)											
Part B											
Base Allocation	92,432	92,432	92,432	92,432	92,432	92,432	92,432	92,432	92,432	92,432	924,320
% Allocation	818,988	586,032	347,664	284,674	281,840	629,561	812,789	1,186,022	367,297	210,342	5,525,209
Total	911,420	678,464	440,096	377,106	374,272	721,993	905,221	1,278,454	459,729	302,774	6,449,529
Part C 1											
Base Allocation	120,504	120,504	120,504	120,504	120,504	120,504	120,504	120,504	120,504	120,504	1,205,040
% Allocation	1,067,716	764,010	453,250	371,129	367,434	820,759	1,059,633	1,546,218	478,845	274,223	7,203,217
Total	1,188,220	884,514	573,754	491,633	487,938	941,263	1,180,137	1,666,722	599,349	394,727	8,408,257
Part C 2											
Base Allocation	61,203	61,203	61,203	61,203	61,203	61,203	61,203	61,203	61,203	61,203	612,030
% Allocation	542,291	388,038	230,204	188,495	186,619	416,861	538,185	785,319	243,204	139,277	3,658,493
Total	603,494	449,241	291,407	249,698	247,822	478,064	599,388	846,522	304,407	200,480	4,270,523
Part E											
Base Allocation	46,305	46,305	46,305	46,305	46,305	46,305	46,305	46,305	46,305	46,305	463,050
% Allocation	410,283	293,580	174,167	142,611	141,191	315,387	407,177	594,153	184,002	105,373	2,767,924
Total	456,588	339,885	220,472	188,916	187,496	361,692	453,482	640,458	230,307	151,678	3,230,974

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SUPPLEMENTARY SCHEDULE 2

01/00/00

	SeniorAge	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Intra State Formula %	14.8228%	10.6065%	6.2923%	5.1523%	5.1010%	11.3943%	14.7106%	21.4657%	6.6477%	3.8069%	100.00%
Ombudsman											
III - B IFF %	6,920	4,952	2,938	2,406	2,382	5,320	6,868	10,022	3,104	1,777	46,689
III - B Facilities / Volunteers	3,998	4,551	3,255	1,286	319	3,028	535	3,101	371	556	21,000
VII - Omb IFF %	2,137	1,530	907	743	736	1,643	2,122	3,096	959	549	14,422
VII - Omb % of Beds	5,635	5,472	3,162	2,831	2,978	5,277	7,192	13,090	2,070	1,292	48,999
VII - State Ombudsman Discretion	2,501	2,500	2,500	2,500	2,500	3,000	2,500	4,500	1,500	2,000	26,001
VII EA IFF %	0	0	0	0	0	0	0	0	0	0	0
VII EA Facilities / Volunteers	0	0	0	0	0	0	0	0	0	0	0
Total	21,191	19,005	12,762	9,766	8,915	18,268	19,217	33,809	8,004	6,174	157,111
Health Promotion Formula %	14.8228%	10.6065%	6.2923%	5.1523%	5.1010%	11.3943%	14.7106%	21.4657%	6.6477%	3.8069%	100.0000%
O.A.A. TITLE III D:											
PART D											
Base Allocation	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	175,000
% Allocation	36,919	26,417	15,672	12,832	12,705	28,379	36,639	53,463	16,557	9,482	249,065
Total	54,419	43,917	33,172	30,332	30,205	45,879	54,139	70,963	34,057	26,982	424,065
NSIP:											
FFY 2019											
NSIP Meals 7/1/17 - 9/30/17	211,121	238,290	84,450	107,860	100,550	199,672	112,606	168,143	89,621	56,510	1,368,823
Funding Per Meal	$ 0.742867	$ 0.742867	$ 0.742867	$ 0.742867	$ 0.742867	$ 0.742867	$ 0.742867	$ 0.742867	$ 0.742867	$ 0.742867	0.742867
Total	156,835	177,018	62,735	80,125	74,695	148,330	83,652	124,908	66,576	41,980	1,016,854
FFY 2020											
NSIP Meals 10/1/17 - 6/30/18	633,363	714,870	253,350	323,580	301,650	599,016	337,818	504,429	268,863	169,530	4,106,469
Funding Per Meal	$ 0.742867	$ 0.742867	$ 0.742867	$ 0.742867	$ 0.742867	$ 0.742867	$ 0.742867	$ 0.742867	$ 0.742867	$ 0.742867	0.742867
Total	470,504	531,054	188,205	240,377	224,085	444,990	250,954	374,724	199,729	125,939	3,050,561
Total NSIP	627,339	708,072	250,940	320,502	298,780	593,320	334,606	499,632	266,306	167,919	4,067,416

(See NSIP notes at the end of Supplementary Schedule 2)

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SUPPLEMENTARY SCHEDULE 2

01/00/00

	SeniorAge	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Intra State Formula %	14.8228%	10.6065%	6.2923%	5.1523%	5.1010%	11.3943%	14.7106%	21.4657%	6.6477%	3.8069%	100.00%
Missouri General Revenue											
O.A.A. State Match											
Base Allocation	6,135	6,135	6,135	6,135	6,135	6,135	6,135	6,135	6,135	6,135	61,350
% Allocation	54,364	38,900	23,078	18,896	18,708	41,790	53,952	78,727	24,381	13,962	366,758
Total	60,499	45,035	29,213	25,031	24,843	47,925	60,087	84,862	30,516	20,097	428,108
Home Del. Meals											
Base Allocation	46,546	46,546	46,546	46,546	46,546	46,546	46,546	46,546	46,546	46,546	465,460
% Allocation	412,416	295,106	175,072	143,352	141,925	317,026	409,294	597,241	184,959	105,921	2,782,312
Total	458,962	341,652	221,618	189,898	188,471	363,572	455,840	643,787	231,505	152,467	3,247,772
GR SSBG Replacement - Transportation											
Base Allocation	11,729	11,729	11,729	11,729	11,729	11,729	11,729	11,729	11,729	11,729	117,290
% Allocation	103,921	74,361	44,115	36,122	35,763	79,885	103,135	150,494	46,606	26,690	701,092
Total	115,650	86,090	55,844	47,851	47,492	91,614	114,864	162,223	58,335	38,419	818,382
GR SSBG Replacement - Nutrition											
Base Allocation	8,823	8,823	8,823	8,823	8,823	8,823	8,823	8,823	8,823	8,823	88,230
% Allocation	78,176	55,939	33,186	27,173	26,903	60,094	77,584	113,211	35,060	20,078	527,404
Total	86,999	64,762	42,009	35,996	35,726	68,917	86,407	122,034	43,883	28,901	615,634
Home Del. Meals											
SFY 2019 Total HDM	923,460	1,294,148	343,616	379,512	438,632	692,848	531,260	698,076	511,956	275,600	6,089,108
% of Prior Year Total HDM	15.1658%	21.2535%	5.6431%	6.2326%	7.2036%	11.3785%	8.7248%	11.4643%	8.4077%	4.5261%	100.0000%
Allocation	140,119	196,363	52,137	57,584	66,554	105,127	80,609	105,920	77,680	41,817	923,910
TOTAL	140,119	196,363	52,137	57,584	66,554	105,127	80,609	105,920	77,680	41,817	923,910

2020-1

SUPPLEMENTARY SCHEDULE 2

01/00/00

	SeniorAge	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Home Del. Meals											
SFY 2019 Non-Medicaid HDM	464,828	651,788	180,684	235,576	261,324	498,332	367,468	519,720	385,132	143,280	3,708,132
% of Prior Year Non-Medicaid HDM	12.5354%	17.5773%	4.8726%	6.3530%	7.0473%	13.4389%	9.9098%	14.0157%	10.3861%	3.8639%	100%
Allocation	225,908	316,772	87,813	114,491	127,005	242,192	178,591	252,586	187,176	69,635	1,802,169
Total	225,908	316,772	87,813	114,491	127,005	242,192	178,591	252,586	187,176	69,635	1,802,169
Intra State Formula %	14.8228%	10.6065%	6.2923%	5.1523%	5.1010%	11.3943%	14.7106%	21.4657%	6.6477%	3.8069%	100%
IFF Transitioning - Home Delivered Meals											
% Allocation	327,130	234,080	138,868	113,708	112,576	251,466	324,653	473,734	146,709	84,017	2,206,941
Redistribution for Transition	0	0	0	0	0	0	0	0	0	0	0
Total	327,130	234,080	138,868	113,708	112,576	251,466	324,653	473,734	146,709	84,017	2,206,941
Operational Grants - Hold Harmless											
Transition to New IFF	0	0	0	188,891	0	0	0	0	817,293	0	1,006,184
% Allocation	36,789	26,325	15,617	12,788	12,660	28,280	36,511	53,276	16,499	9,449	248,194
Total	36,789	26,325	15,617	201,679	12,660	28,280	36,511	53,276	833,792	9,449	1,254,378
Operational Grants - Ombudsman											
Legislative Appropriation	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	150,000
Total	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	150,000
Total General Revenue	1,467,056	1,326,079	658,119	801,238	630,327	1,214,093	1,352,562	1,913,422	1,624,596	459,802	11,447,294
Intra State Formula %	14.8228%	10.6065%	6.2923%	5.1523%	5.1010%	11.3943%	14.7106%	21.4657%	6.6477%	3.8069%	100.00%
Elderly Home Delivered Meals Trust Fund (State Income Tax Check Off)											
% Allocation	0	0	0	0	0	0	0	0	0	0	0
Total H.D. Meals Trust Fund	0	0	0	0	0	0	0	0	0	0	0

2020-1

SUPPLEMENTARY SCHEDULE 2

01/00/00

	SeniorAge	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Intra State Formula %	14.8228%	10.6065%	6.2923%	5.1523%	5.1010%	11.3943%	14.7106%	21.4657%	6.6477%	3.8069%	100.00%
Social Services Block Grant											
Transportation											
Base Allocation	9,087	9,087	9,087	9,087	9,087	9,087	9,087	9,087	9,087	9,087	90,870
% Allocation	80,518	57,616	34,181	27,988	27,709	61,896	79,910	116,604	36,111	20,680	543,213
Total	89,605	66,703	43,268	37,075	36,796	70,983	88,997	125,691	45,198	29,767	634,083
Nutrition											
Base Allocation	6,836	6,836	6,836	6,836	6,836	6,836	6,836	6,836	6,836	6,836	68,360
% Allocation	60,571	43,342	25,713	21,054	20,844	46,561	60,112	87,716	27,165	15,556	408,634
Total	67,407	50,178	32,549	27,890	27,680	53,397	66,948	94,552	34,001	22,392	476,994
Ombudsman											
Data System Access	900	900	900	900	900	1,800	900	1,800	0	900	9,900
% Allocation	12,417	8,885	5,271	4,316	4,273	9,545	12,323	17,981	5,568	3,189	83,768
Total	13,317	9,785	6,171	5,216	5,173	11,345	13,223	19,781	5,568	4,089	93,668
Total SSBG	170,329	126,666	81,988	70,181	69,649	135,725	169,168	240,024	84,767	56,248	1,204,745
Special Programs:											
State Fair	0	0	2,500	0	0	0	0	0	0	0	2,500
Automation	0	0	20,000	0	0	0	0	0	0	0	20,000
Legal Helpline	0	0	0	0	0	0	0	0	0	0	0
MIPPA AAA	0	0	0	0	0	0	0	0	0	0	0
MIPPA ADRC	0	0	0	0	0	0	0	0	0	0	0
CDSME / DSME	0	0	0	0	0	0	0	0	0	0	0
Total Special Programs	0	0	22,500	0	0	0	0	0	0	0	22,500
Total AAA Funds	5,500,056	4,575,843	2,585,210	2,539,372	2,335,404	4,510,297	5,067,920	7,190,006	3,611,522	1,766,784	39,682,414

NSIP Notes:

1 NSIP funding projections within this table are based on estimates of SFY 2018 AAA meals anticipated to be served July 1, 2017 - June 30, 2018. SFY 2019 final allocations will be based on final actual SFY 2018 meals served.

2 The FFY 2019 NSIP per meal rate of $0.7428672 is based on the FFY 2018/5 award of $3,960,093 divided by 5,330,822 FFY 2017 base year meals served.

3 The FFY 2020 NSIP per meal planning rate within this table is an estimate based on the FFY 2018 rate of $ $0.7428672 per FFY 2017 base year meals served.

2020-1	SUPPLEMENTARY SCHEDULE 3 (Maximum Administration)										01/00/00
	SeniorAge	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
O.A.A. Title III Related											
Title III Parts B or C	276,846	206,563	134,461	115,245	114,293	219,554	274,628	387,578	140,101	92,729	1,961,998
Title III Part E	45,658	33,988	22,046	18,890	18,749	36,168	45,348	64,045	23,030	15,166	323,088
Total Title III	**322,504**	**240,551**	**156,507**	**134,135**	**133,042**	**255,722**	**319,976**	**451,623**	**163,131**	**107,895**	**2,285,086**
GR SSBG REPLACEMENT:	146,705	132,607	65,811	80,123	63,032	121,409	135,256	191,342	162,459	45,980	1,144,724
Total GR SSG Repl.	**146,705**	**132,607**	**65,811**	**80,123**	**63,032**	**121,409**	**135,256**	**191,342**	**162,459**	**45,980**	**1,144,724**
SOCIAL SERVICES BLOCK GRANT:	80,795	84,424	33,951	39,678	37,465	73,897	51,558	76,035	35,561	22,802	536,166
Total SSBG	**80,795**	**84,424**	**33,951**	**39,678**	**37,465**	**73,897**	**51,558**	**76,035**	**35,561**	**22,802**	**536,166**
Total Maximum Administration	**550,004**	**457,582**	**256,269**	**253,936**	**233,539**	**451,028**	**506,790**	**719,000**	**361,151**	**176,677**	**3,965,976**

SUPPLEMENTARY SCHEDULE 4 (Funding Allocated by Equal Base)

O.A.A. TITLE III:											
Part B	92,432	92,432	92,432	92,432	92,432	92,432	92,432	92,432	92,432	92,432	924,320
Part C 1	120,504	120,504	120,504	120,504	120,504	120,504	120,504	120,504	120,504	120,504	1,205,040
Part C 2	61,203	61,203	61,203	61,203	61,203	61,203	61,203	61,203	61,203	61,203	612,030
Part D	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	175,000
Part E	46,305	46,305	46,305	46,305	46,305	46,305	46,305	46,305	46,305	46,305	463,050
Missouri General Revenue											
O.A.A. State Match	6,135	6,135	6,135	6,135	6,135	6,135	6,135	6,135	6,135	6,135	61,350
MO H.D. Meals	46,546	46,546	46,546	46,546	46,546	46,546	46,546	46,546	46,546	46,546	465,460
GR SSBG Repl. Transportation	11,729	11,729	11,729	11,729	11,729	11,729	11,729	11,729	11,729	11,729	117,290
GR SSBG Repl. Nutrition	8,823	8,823	8,823	8,823	8,823	8,823	8,823	8,823	8,823	8,823	88,230
Social Services Block Grant											
Transportation	9,087	9,087	9,087	9,087	9,087	9,087	9,087	9,087	9,087	9,087	90,870
Nutrition	6,836	6,836	6,836	6,836	6,836	6,836	6,836	6,836	6,836	6,836	68,360
Total by Equal Base	**427,100**	**427,100**	**427,100**	**427,100**	**427,100**	**427,100**	**427,100**	**427,100**	**427,100**	**427,100**	**4,271,000**

Attachment D - IFF Transmittal and Approval from AoA (7/22/09)

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary
Administration on Aging
Washington, D.C. 20201

JUL 22 2009

Brenda Campbell, Director
Division of Senior and Disability Services
Missouri Department of Health and Senior Services
P.O. Box 570
Jefferson City, MO 65102-0570

Dear Ms. Campbell:

I am pleased to inform you that the Administration on Aging (AoA) has reviewed and approved the amendment to the Missouri State Plan for the period July 1, 2009 through June 30, 2011.

This specific Amendment maintains and carries forward all activities under the previously approved State Plan, and follows through with your process to change the Intrastate Funding Formula (IFF) to maximize access to care for Missouri's at-risk, vulnerable older adults now and into the future. This Amendment specially addressed the completion of an action step in Objective 5.4.4 in the previously approved current four-year State Plan that calls for an update of the Intrastate Funding Formula (IFF).

AoA commends you on the extensive involvement of Area Agencies on Aging within your process to create a more objective IFF. You have effectively utilized the public hearing process to provide opportunities for input of older adults and aging groups in your state.

AoA also recognizes and applauds the extensive work and efforts of your staff and others to achieve the consensus and support for this Amendment, specifically the support from the Missouri Alliance of Area Agencies on Aging (M4A).

AoA looks forward to working with you and your staff in the implementation of the State Plan as amended. Should you have any questions and/or concerns, please do not hesitate to contact us. Your dedication and commitment towards improving the lives of Missouri's older persons is appreciated.

Sincerely,

Kathy Greenlee

Kathy Greenlee
Assistant Secretary for Aging

Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466
Margaret T. Donnelly
Director

Jeremiah W. (Jay) Nixon
Governor

May 27, 2009

James Varpness, Director Region VII
US Administration on Aging
233 N. Michigan, Suite790
Chicago, IL 60601-5519

Dear Jim,

The Missouri Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS), is herewith submitting for review and approval by the US Administration on Aging (AoA), amendments to the Missouri State Plan revising the Intrastate Funding Formula (IFF) for distributing Older American's Act Title III funding. Please refer to Attachments 1-3, which set forth a descriptive statement, a numerical statement, and a list of the data used alongside the resultant funding allocations and impact as required by Section 305(d) of the Older Americans Act (OAA) and Program Instruction AoA-PI-08-01 Sections IV and V.

In accordance with guidelines issued by the Assistant Secretary, the intended purpose of reformulating the IFF is to better ensure that Missouri's seniors age with dignity by:

- Securing and maintaining maximum independence;
- Removing individual and social barriers to economic and personal independence;
- Providing a care continuum for vulnerable older individuals; and
- Securing the opportunity for in-home and community based services.

Beginning in November 2007, the DHSS has worked in collaboration with the Missouri Alliance of Area Agencies on Aging (MA4) to review the existing IFF in light of amendments to the Older Americans Act (OAA), explore opportunities for improvement, and develop a revised formula to improve the distribution of OAA Title III funding, giving greater consideration to segments of the senior population anticipated to be at highest social and economic need. Through a series of meetings and briefings, the Missouri's Area Agencies on Aging (AAAs) have been provided thorough, in-depth analysis and underlying rationale regarding the proposed IFF and its impacts. The AAA Executive Directors, by majority, endorsed the revised IFF at the February 4, 2009, meeting of the MA4.

The proposed IFF employs approaches to weighting and use of best available data to better account for the geographic distribution of seniors within the state and the distribution among the Planning and Service Areas of seniors with the greatest social and economic need. The existing IFF arbitrarily assigns weights of 25% to the total, low-income and low-income minority 60+ populations, and 6.25% to a limited set of four high-risk socioeconomic subgroup population factors. The proposed IFF weights factors objectively, and incorporates additional high-risk sub-groups reflected in published studies and in accordance with the 2006 amendments to the OAA. The additional sub-groups include population at or above average life expectancy by race and gender; females 60+; and low-income senior females, rural residing, or with physical disability. In comparison to the existing formula, a much greater portion of the data will be updated annually based on published Census data.

Subject to appropriations, Missouri General Revenue funding will be used to ensure each AAA is effectively funded at or above AAA specific funding minimums established based on their State Fiscal Year 2008 allocations. Ideally, increases in funding distributed via formula will continue, thusly eliminating the need to impose these funding floors.

Public review and comment on the proposed Intrastate Funding Formula (IFF) has been completed through:

- Announcement and publication of the formula on the DHSS website with an invitation to the public to submit comments via email and mail; and
- Two public hearings held in and near the planning and service areas which will experience the greatest impact resulting from the proposed changes in the formula.

A summary of the public review and comment opportunities is provided in Attachment 4. No dissenting comments have been received and all questions have been addressed.

Thank you for your consideration of the Missouri State Plan amendment. The revised funding formula has been developed in good faith in an effort to maximize access to care for Missouri's most vulnerable and at-risk seniors. Please feel free to contact me or Michael Patterson, Chief of our Bureau of Senior Programs at 573-526-8601, if you have any questions. I look forward to your response.

Sincerely,

Brenda F. Campbell

Brenda F. Campbell, Director
Division of Senior and Disability Services

Attachment 1 – IFF Descriptive Statement
Attachment 2 – IFF Numerical Statement
Attachment 3 – Data List and Demonstrations *of the Allocations and Impacts Pursuant Revisions to the IFF*
Attachment 4 – Summary of Public Review of IFF
Exhibit 4a – IFF Public Notice
Exhibit 4b – Public Hearing Introduction
Exhibit 4c – Public Hearing Presentation

Descriptive Statement

The Missouri Intrastate Funding Formula
For Area Agencies on Aging
March, 2009

Background:

In effort to preempt eminent demographic shifts and the socioeconomic implications therein, and to better reflect the spirit and intent of the Older Americans Act (OAA):

> The Missouri Department of Health and Senior Services (DHSS) requests revision to the Intrastate Funding Formula (IFF) used to deliver funding to the state's ten Area Agencies on Aging (AAAs).

Beginning in 2007, DHSS conducted an in-depth review of the IFF used to allocate OAA funding to the state's ten AAAs. OAA funding is directed to the population aged sixty and older with numerous considerations for high-need and at-risk subgroups. This funding totaled over $40.2 million in state fiscal year (SFY) 2008 with 69% coming from federal agencies, primarily the Administration on Aging, and 31% coming from Missouri General Revenue[1]. The findings of the review were presented in late 2007 to the AAAs, the Missouri Senate Appropriations Committee, and the Missouri House of Representatives Subcommittee on Senior Nutrition. From that point and lasting thru February 2009, DHSS and the AAAs conducted a series of in-depth discussions surrounding the proposed changes to the IFF. The analysis revealed that the current IFF carries the potential to direct OAA funding to Missouri seniors with greater efficiency and equity, and with enhanced cohesion to the intent and spirit of the OAA, as most recently amended[2]. Contemporary socioeconomic and demographic conditions in Missouri and the nation bolster the imperative to deliver aging program funding and services with maximum equity and efficiency.

Problem Statement:

- The front cusp of the Baby Boomers began eligibility for OAA programs in 2006.
  - With the emergence of this cohort, the population sixty and older in Missouri stands to grow 11% in the next five years, 26% in the next ten, and 49% from 2008 to 2030[3].
  - Aging program funding is not anticipated to keep pace with this exorbitant population growth.
- The current economic turmoil will bear disproportionately adverse effects on older individuals.
  - Seniors have less time to recoup losses in housing equity, pensions and stock assets[4].
  - On average, retirement accounts have devalued by 18% over the last year[4].
  - According to the Office of Federal Housing Enterprise and Oversight, house prices in Missouri increased less than 1% last year[5].
  - This modest growth was outpaced by the Consumer Price Index in the Midwest by more than four points over the same period[6].
  - The National Association of Realtors reports that existing home sales fell by nearly 17% in Missouri over the last year[7].
  - The demand for employment is rising among seniors; however the unemployment rate is approaching a twenty five-year high[4].

This implies that the aging network in Missouri faces an increasingly burgeoning group of potential recipients. Retirement nest eggs are rapidly diminishing, which will increase older individuals' dependence on home equity and labor force participation as supplements to retirement income. However, homes are depreciating (in real terms) and becoming more illiquid while the opportunity for gainful employment is becoming more elusive.

While the fallout from the current economic crisis has yet to unfold in its entirety, the rapid growth of the older population is certain. These conditions will impose a severe burden on the aging network in Missouri. In the absence of funding to accommodate this socioeconomic and demographic maelstrom, it is increasingly important to target scarce OAA resources to individuals with the most need and at the greatest risk of unwanted and unwarranted institutionalization.

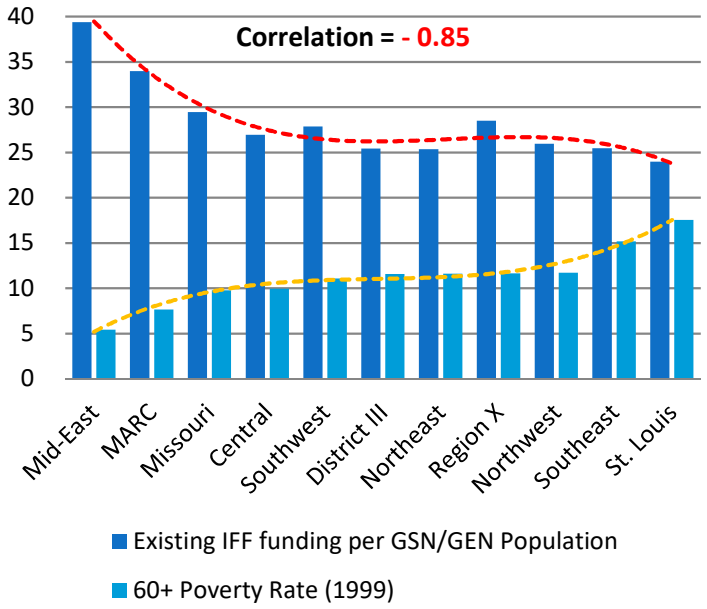
The Existing IFF in Missouri:

The current IFF is distributed to the 10 AAAs as determined by the county-level distribution of the total 60+ population and six socioeconomic subgroups across the state. The factors are subjectively weighted as follow:

Table 1: Existing IFF Factors	**Census Year**	**Factor Weight**
Total 60+ Population	2007	25%
Low-Income 60+ Population (at or below poverty)	2000	25%
Low-Income Minority 60+ Population	2000	25%
Limited Mobility/Self-Care (LM/SC) Disability 60+ Population	2000	6.25%
Limited English Speaking 60+ Population	2000	6.25%
Minority 60+ Population	2000	6.25%
Rural 60+ Population	2000	6.25%

Coupled with the construct of the current IFF, extreme data volatility and changes in the measure of Limited Mobility/Self-Care (LM/SC) disability have combined to present a counterintuitive distribution of OAA funding to Missouri's ten AAAs. The per capita funding for each high-need individual identified by the current IFF fails to correlate with the 60+ poverty rate across AAA regions and the state (figure 1). This is counterintuitive for the fact that each of the socioeconomic subgroups included in the current IFF correlate strongly with poverty, and for the prevalence of the mandate within the language of the OAA that the IFF pay "particular attention to low-income older individuals"[2].

Figure 1: Current IFF Funding Per Individual 60+ with Great Social or Economic Need (GSN/GEN) and the 60+ Poverty Rate



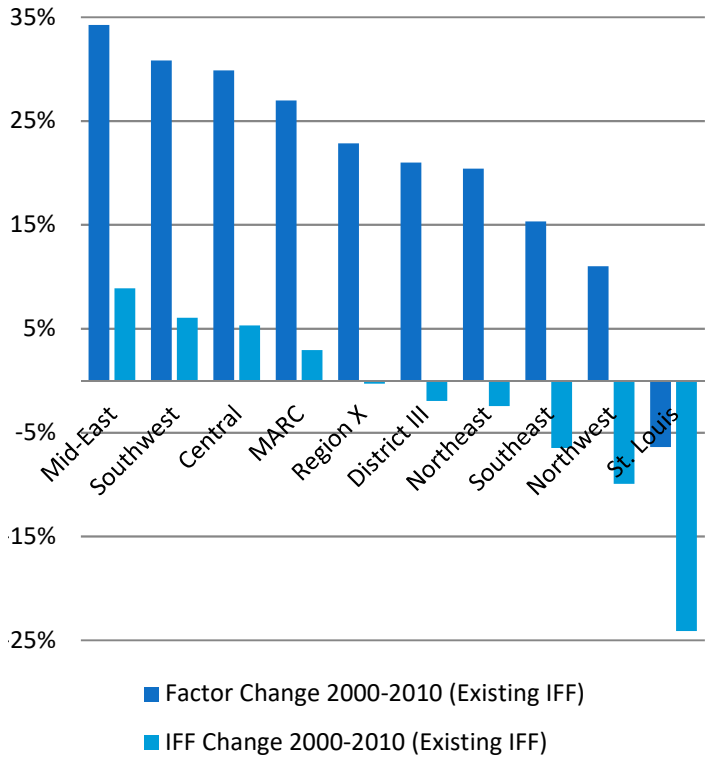
By updating the total 60+ population annually while keeping the low-income population constant from year to year, the current IFF makes the implicit assumption that the 60+ poverty rate is declining while current economic posture suggest it is advancing, most notably when evaluating more comprehensive measures of poverty[8]. This aspect of the current distribution leaves AAAs susceptible to volatile shifts in funding when new 10-year Census data is manifested. This also bears a disproportionately adverse impact on smaller, less affluent areas with higher concentrations of indigent elderly.

Beginning in SFY 2005 the IFF reflected the LM/SC[9] disability population under new 2000 Census disability classifications. The new classification moved from three types of disability in the previous decennial census to six types and an overall disability indicator[10]. The result of this definitional change produced an increase in the 60+ LM/SC population of more than 2.5 fold in Missouri. The asymmetrical increases in the St. Louis and Southeast AAA regions resulted in significant annual funding losses for the state's two most impoverished areas.

Another serious consideration for the current IFF is the rate at which the gap between factor growth and formula percentage is widening. Extreme variation in size among the AAA regions and the inability of the current IFF to annually update subgroup data alongside total 60+ population data has led to significant IFF percentage decreases in spite of significant factor increases, most notably among the state's smaller regions which feature larger ratios of high-need populations to total population (figure 2).

The distance between the two series in figure two represents the gap between growth in the factors of the existing IFF and changes in AAA percentages. Ideally we would see no gap—funding growth would reflect factor growth.

Figure 2: Factor and IFF Percentage Change: sfy2000-sfy2010 Existing IFF



The Recommended IFF for Missouri:

Simulations of the recommended IFF reveal its ability to reverse the inequitable and counterintuitive aspects of the current IFF. This is accomplished by implementing four basic revisions:

1. Including five additional factors of economic and social need (see table 2, the new factors appear in italics); these factors are identified by recent literature as high-risk subgroups in the older population[11]. Including these factors increases the precision with which the IFF can identify individuals who are socioeconomically disadvantaged, and at highest risk of unwanted institutionalization—the key tenets of the OAA as amended in 2006[2]. The population aged beyond average life expectancy at birth by race and gender is a measure of frailty, often referred to as an "oldest-old" factor. The key difference is that typical oldest-old factors use an arbitrary benchmark age which neglects to consider disparities in the longevity of minorities and males, fostering inequitable distributions.
2. Adjusting the factor weights to more objectively reflect the socioeconomic and demographic environment for older individuals from region to region; this is accomplished by setting equal precedence on the overall factors of social and economic need and setting proportional weights on the subgroups within each overall factor.
3. Updating a greater portion of IFF data annually.
4. Employing a more stable measure of the older population suffering disability.

Table 2: Proposed IFF Factors and Weights

Total Allocation	
Greatest Economic Need @ 50%	
Greatest Social Need @ 50%	

Greatest Economic Need Factors	**Counts**	**Weight of Economic Need**	**(By 0.5) Total IFF Weight**
Low-Income 60+	91,315	37.43%	**18.71%**
Low-Income Minority 60+	16,895	6.92%	**3.46%**
Low-Income with Physical Disability 60+	37,750	15.47%	**7.74%**
Low-Income Rural 60+	35,684	14.63%	**7.31%**
Low-Income Female 60+	62,345	25.55%	**12.78%**
Total	**243,989**	**100.00%**	**50.00%**

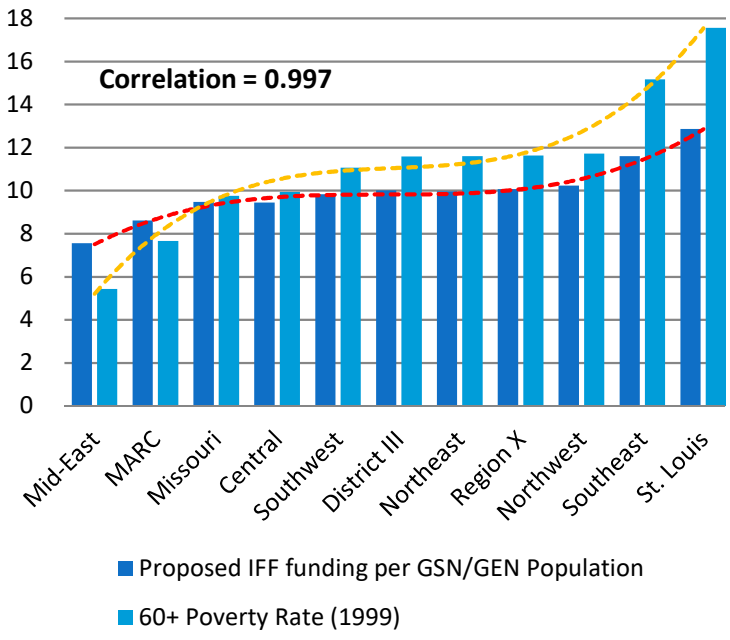
Greatest Social Need Factors	Counts	Weight of Social Need	(By 0.5) Total IFF Weight
Total 60+*	1,082,785	39.93%	**19.97%**
Minority 60+*	112,597	4.15%	**2.08%**
Physical Disability 60+	255,310	9.42%	**4.71%**
Rural 60+	325,740	12.01%	**6.01%**
Limited English 60+	5,806	0.21%	**0.11%**
*Female 60+**	613,369	22.62%	**11.31%**
*Aged > Average Life Expectancy by Race and Sex**	315,945	11.65%	**5.83%**
Total	**2,711,552**	**100.00%**	**50.00%**

* Updated with 2007 Census Intercensal Estimates. All other data from the 2000 Census.

An example of the objective proportional weights within the overall factor of greatest economic need is the 91,315 older individuals identified as living below the poverty level in Missouri in 2000. This is 37.43% of all of the 243,989 older individuals falling into the economic need category. Because the overall factor of economic need is designated to carry half of the total formula weight, the Low-Income 60+ group carries 18.71% of the total formula weight—this is half of the 37.43% it carries in the overall economic need factor.

Figure three is a companion to figure one above, the former depicting the same series under the recommended IFF. This is the recommended IFF

Figure 3: Proposed IFF Funding Per Individual 60+ with Great Social or Economic Need (GSN/GEN) and the 60+ Poverty Rate



funding per individual with great social or economic need against the 60+ poverty rate for each AAA region and the state. The chart depicts the enhanced ability of the recommended IFF to deliver a vastly more equitable transfer of OAA funding and more closely emulate the spirit and intent of the Act. It is worth noting that the existing and proposed formulas depict similar relationships with various determinants of socioeconomic status, including 60+ median household income and the ratio of GSN/GEN to total 60+ population.

Figure 4: Factor-Funding Gap, Existing IFF vs. Proposed IFF: sfy2000 - sfy2010

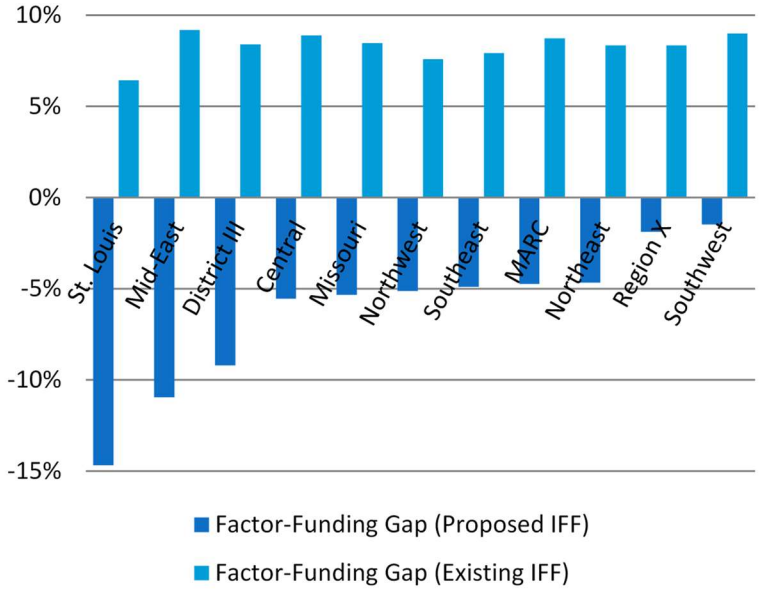


Figure four shows the gaps between factor and funding change for each IFF since SFY2000. The red bars, depict the gap experienced under the existing IFF; the blue bars represent the same gap simulated under the proposed IFF. From SFY2000 to SFY2010, factor growth has outpaced funding growth by 8% in the state under the current IFF. Simulating the same years using identical funding and data sources, the recommended IFF shows funding outpacing factor growth by 5% in the state. Based on the assumption that the recommended IFF factors more accurately depict the high-need and at-risk older population in the state, each AAA is made better off under the new distribution, meeting standard efficiency criteria. This gap will be further lessened with time and new funding injections, as DHSS and the AAAs have agreed to phase out hold harmless practices which impose disproportionate burden to regions experiencing significant growth.

Conclusion:

The proposed IFF for Missouri attempts to remove many of the inequities that can occur in formula allocations of this type. The tenet is to create a robust formula that mirrors the intent of the OAA while simultaneously addressing variation in population and need that exists within the state of Missouri. The net result is an IFF that distributes funding to the State's AAAs in a manner that more closely reflects need, both social and economic, and the rapidly evolving socioeconomic landscape. A much greater portion of the proposed IFF factor data can be updated annually; 72% of the inputs carrying 39% of the formula weight are updated by the Census at the county level every year. This will help to avoid extreme funding volatility when decennial Census data is manifested, at which point, the AAAs and DHSS have agreed to evaluate the impact and validity, and collaborate to develop a strategy to smooth the transition should such a strategy be merited. Additionally, the proposed IFF has the advantage of weighting the sub-factors explicitly based upon population data. Minimal assumptions are made by placing equal emphasis on each overall factor of need and proportional emphasis on the sub-factors. This removes much of the weighting bias from the formula, yielding allocations that are driven by actual populations as opposed to subjective interpretation. The recommended IFF will result in a more stable and equitable delivery of OAA funding, and alongside institutional change such as phasing out hold harmless, it will act to lessen the gap between funding and factor growth for Missouri AAAs over time.

[1] DHSS Document: Missouri Division of Senior and Disability Services, Area Agency on Aging Funding, SFY2008-3, Supplementary Schedule 2.

[1] U.S. Department of Health and Human Services. Administration on Aging. Unofficial Compilation of the Older Americans Act of 1965, As Amended in 2006 (Public Law 109-365). Available at: http://www.aoa.gov/OAA2006/Main_Site/oaa/oaa_full.asp#_Toc153957642 Accessed November 12, 2008.

[1] U.S. Department of Commerce. Census Bureau. State Interim Population Projections by Age and Sex: 2004-2030, Detailed Data Files File 2: Annual projections by 5-year and selected age groups by sex. Available at: http://www.census.gov/population/www/projections/projectionsagesex.html Accessed November 12, 2008.

[1] Johnson, Richard W., Soto, Mauricio, Zedlewski, Sheila R., "How is the Economic Turmoil Affecting Older Americans?" (October 2008). *Fact Sheet on Retirement Policy*, Urban Institute. Available at: http://www.urban.org/publications/411765.html Accessed November 12, 2008.

[1] Office of Federal Housing Enterprise and Oversight, Change in OFHEO House Price Indexes (2007 Q4 Data). Available at: http://www.ofheo.gov/hpi_state.aspx Accessed November 12, 2008.

[1] Bureau of Labor Statistics, CPI-U Midwest. Available at: http://data.bls.gov/cgi-bin/dsrv Accessed November 12, 2008.

[1] National Association of Realtors, State Existing-Home Sales, 2nd Quarter 2008. Available at: http://www.realtor.org/research/research/metroprice Accessed November 12, 2008.

[1] Butrica, Barbara A., Murphy, Daniel, Zedlewski, Sheila R., "How Many Struggle to Get By in Retirement?" (January 2008). *The Retirement Policy Program, Discussion Paper 08-01,* Urban Institute. Available at: http://www.urban.org/publications/411627.html Accessed November 17, 2008.

[1] While the 2000 Census no longer included LM/SC, these data were estimated and provided to DHSS by the Missouri State Demographer.

[1] U.S. Department of Commerce. Census Bureau. Census 2000 Special Tabulation Program, Special Tabulation on Aging (STP) 9 – Part A: Population Characteristics and Part B: Housing and Household Characteristics / prepared by the U.S. Census Bureau, 2004 (pp. B-7 to B-8). Available at: www.aoa.gov/prof/Statistics/Tab/techdoc/aoa.pdf Accessed November 17, 2008.

[1] See endnotes 4 and 8 above, and for example: McGarry and Schoeni, 2005; Munnell, 2004; Weir and Willis, 2002; Lusardi and Mitchell, 2006:

McGarry, Kathleen, Schoeni, Robert F., "Medicare Gaps and Widow Poverty" (2005). *Perspectives Social Security Bulletin*, Vol. 66 No. 1, Available at http://www.ssa.gov/policy/docs/ssb/v66n1/v66n1p58.pd Accessed May 8, 2008.

Munnell, Alicia H., "Why are so Many Older Women Poor?" (2004). *Just the Facts on Retirement Issues,* Center for Retirement Research at Boston College. Just the Facts 10, April 2004. Available at: http://crr.bc.edu/briefs/why_are_so_many_older_women_poor_.html Accessed May 8, 2008.

Weir, David R., Willis, Robert J., "Widowhood, Divorce, and Loss of Health Insurance Among Near-Elderly Women: Evidence From the Health and Retirement Study" (July 1, 2002). Economic Research Initiative on the Uninsured Working Paper Series, Working Paper No. 7, Available at http://umich.edu/~eriu/pdf/wp7.pdf Accessed May 8, 2008.

Lusardi, Annamaria and Mitchell, Olivia S., "Financial Literacy and Planning: Implications for Retirement Wellbeing" (2006). Available at SSRN: http://ssrn.com/abstract=881847 Accessed May 8, 2008.

Numerical Statement:

Assume: $IFF_T^{10} = \$18{,}317{,}051$

$$IFF_{sw}^{10} = \left(GEN_{sw}^{10} + GSN_{sw}^{10}\right)$$

$$GEN_{sw}^{10} = \frac{IFF_T^{10}}{2}\left[\frac{LIP_{sw}^{10}}{LIP_T^{10}}\left(\frac{LIP_T^{10}}{ENP_T^{10}}\right) + \frac{LIM_{sw}^{10}}{LIM_T^{10}}\left(\frac{LIM_T^{10}}{ENP_T^{10}}\right) + \frac{LID_{sw}^{10}}{LID_T^{10}}\left(\frac{LID_T^{10}}{ENP_T^{10}}\right) + \frac{LIR_{sw}^{10}}{LIR_T^{10}}\left(\frac{LIR_T^{10}}{ENP_T^{10}}\right) + \frac{LIF_{sw}^{10}}{LIF_T^{10}}\left(\frac{LIF_T^{10}}{ENP_T^{10}}\right)\right]$$

$\Rightarrow$

$$GEN_{sw}^{10} = \frac{\$18317051}{2}\left[\frac{12981}{91315}\left(\frac{91315}{243989}\right) + \frac{526}{16895}\left(\frac{16895}{243989}\right) + \frac{5595}{37750}\left(\frac{37750}{243989}\right) + \frac{8038}{35684}\left(\frac{35684}{243989}\right) + \frac{8545}{62345}\left(\frac{62345}{243989}\right)\right]$$

$$\Rightarrow GEN_{sw}^{10} = \$9{,}158{,}526\left(\frac{ENP_{sw}^{10}}{ENP_T^{10}}\right)$$

$$\Rightarrow GEN_{sw}^{10} = \$9{,}158{,}526\left(\frac{35{,}685}{243{,}989}\right)$$

$$\underline{GEN_{sw}^{10} = \$1{,}339{,}495}$$

$$GSN_{sw}^{10} = \frac{IFF_T^{10}}{2}\left[\frac{P_{sw}^{10}}{P_T^{10}}\left(\frac{P_T^{10}}{SNP_T^{10}}\right) + \frac{M_{sw}^{10}}{M_T^{10}}\left(\frac{M_T^{10}}{SNP_T^{10}}\right) + \frac{D_{sw}^{10}}{D_T^{10}}\left(\frac{D_T^{10}}{SNP_T^{10}}\right) + \frac{R_{sw}^{10}}{R_T^{10}}\left(\frac{R_T^{10}}{SNP_T^{10}}\right) + \frac{E_{sw}^{10}}{E_T^{10}}\left(\frac{E_T^{10}}{SNP_T^{10}}\right) + \frac{F_{sw}^{10}}{F_T^{10}}\left(\frac{F_T^{10}}{SNP_T^{10}}\right) + \frac{L_{sw}^{10}}{L_T^{10}}\left(\frac{L_T^{10}}{SNP_T^{10}}\right)\right]$$

$\Rightarrow$

$$GSN_{sw}^{10} = \frac{\$18317051}{2}\left[\frac{139793}{1082785}\left(\frac{1082785}{2711552}\right) + \frac{4396}{112597}\left(\frac{112597}{2711552}\right) + \frac{34585}{255310}\left(\frac{255310}{2711552}\right) + \frac{66065}{325740}\left(\frac{325740}{2711552}\right) +\right.$$

$$\left.\frac{303}{5806}\left(\frac{5806}{2711552}\right) + \frac{78352}{613369}\left(\frac{613369}{2711552}\right) + \frac{39887}{315945}\left(\frac{315945}{2711552}\right)\right]$$

$$\Rightarrow GSN_{sw}^{10} \approx \$9{,}158{,}526\left(\frac{SNP_{sw}^{10}}{SNP_{T}^{10}}\right)$$

$$\Rightarrow GSN_{sw}^{10} \approx \$9{,}158{,}526\left(\frac{363{,}371}{2{,}711{,}552}\right)$$

$$\underline{GSN_{sw}^{10} = \$1{,}227{,}320}$$

$$IFF_{sw}^{10} = \left(\$1{,}339{,}495 + \$1{,}227{,}320\right) = \$2{,}566{,}815$$

MO DHSS: Per OAA Title III (305)(d)(3-4) **Attachment 3**

- A listing of the population, economic, and social data to be used for each planning and service area in the State

- A demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State

Funding Based on SFY 2010-1 Allotment Tables, Supplement 2-4

$18,317,051 is the AoA funding distributed via IFF (base allocation excluded) for OAA Titles III (B, C1, C2, E, and Ombudsman-B), and IV (Ombudsman)

Demonstration: Data and Distribution of Funds (1 of 2)

Greatest Economic Need @ 50%	**$ 9,158,526**
Greatest Social Need @ 50%	**$ 9,158,526**
Total Allocation	**$ 18,317,051**

Derivation of Weights: Greatest Economic Need (GEN) Factors

Subfactor	Counts	GEN Weight	Allocation	IFF Weight
Low-Income 60+	91,315	37.43%	$ 3,427,658	18.71%
Low-Income Minority 60+	16,895	6.92%	$ 634,181	3.46%
Low-Income 60+ With Physical Disability	37,750	15.47%	$ 1,417,008	7.74%
Low-Income Rural 60+	35,684	14.63%	$ 1,339,457	7.31%
Low-Income Female 60+	62,345	25.55%	$ 2,340,221	12.78%
Total	**243,989**	**100.00%**	**$ 9,158,526**	**50.00%**

Derivation of Weights: Greatest Social Need (GSN) Factors

Subfactor	Counts	GSN Weight	Allocation	IFF Weight
Total 60+	1,082,785	39.93%	$ 3,657,210	19.97%
Minority 60+	112,597	4.15%	$ 380,307	2.08%
60+ With Physical Disability	255,310	9.42%	$ 862,334	4.71%
Rural 60+	325,740	12.01%	$ 1,100,218	6.01%
Limited English 60+	5,806	0.21%	$ 19,610	0.11%
Female 60+	613,369	22.62%	$ 2,071,712	11.31%
> Average Life Expectancy	315,945	11.65%	$ 1,067,134	5.83%
Total	**2,711,552**	**100.00%**	**$ 9,158,526**	**50.00%**

sfy2010 Greatest Economic Need (GEN) Factors

Subfactor	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	Total
Low-Income 60+	12,981	12,411	6,278	5,916	5,087	9,772	11,669	13,470	9,928	3,803	91,315
Low-Income Minority 60+	526	1,351	288	166	317	657	4,074	2,680	6,568	268	16,895
Low-Income 60+ With Physical Disability	5,595	5,655	2,535	2,470	2,080	4,225	4,885	4,835	3,880	1,590	37,750
Low-Income Rural 60+	8,038	6,968	3,944	3,334	3,420	5,948	1,029	1,132	-	1,871	35,684
Low-Income Female 60+	8,545	8,570	4,060	4,095	3,385	6,550	7,975	9,820	6,795	2,550	62,345
Total	**35,685**	**34,955**	**17,105**	**15,981**	**14,289**	**27,152**	**29,632**	**31,937**	**27,171**	**10,082**	**243,989**

sfy2010 Greatest Social Need (GSN) Factors

Subfactor	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	Total
Total 60+	139,793	91,345	60,241	54,103	50,643	114,768	180,038	298,298	55,537	38,019	1,082,785
Minority 60+	4,396	4,790	2,232	1,482	1,857	5,323	29,032	34,867	26,695	1,923	112,597
60+ With Physical Disability	34,585	26,605	15,545	14,995	12,190	27,715	39,650	55,815	18,410	9,800	255,310
Rural 60+	66,065	46,695	36,890	29,515	32,575	60,450	16,340	22,155	-	15,055	325,740
Limited English 60+	303	169	119	113	79	459	1,305	2,030	1,085	144	5,806
Female 60+	78,352	52,026	33,621	30,956	28,290	63,323	102,066	169,054	34,212	21,469	613,369
> Average Life Expectancy	39,877	26,976	18,523	17,553	15,338	31,690	50,902	82,917	21,278	10,891	315,945
Total	**363,371**	**248,606**	**167,171**	**148,717**	**140,972**	**303,728**	**419,333**	**665,136**	**157,217**	**97,301**	**2,711,552**

MO DHSS (continued): Per OAA Title III (305)(d)(3-4)

- A listing of the population, economic, and social data to be used for each planning and service area in the State

- A demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State

Funding Based on SFY 2010-1 Allotment Tables, Supplement 2-4

$18,317,051 is the AoA funding distributed via IFF (base allocation excluded) for OAA Titles III (B, C1, C2, E, and Ombudsman-B), and IV (Ombudsman)

Demonstration: Data and Distribution of Funds (2 of 2)

Funding Distribution: sfy2010 Greatest Economic Need (GEN) Factors											
Subfactor	**Southwest**	**Southeast**	**District III**	**Northwest**	**Northeast**	**Central**	**MARC**	**Mid-East**	**St. Louis**	**Region X**	**Total**
Low-Income 60+	$ 487,263	$ 465,867	$ 235,655	$ 222,067	$ 190,949	$ 366,808	$ 438,015	$ 505,618	$ 372,664	$ 142,752	$ 3,427,658
Low-Income Minority 60+	$ 19,744	$ 50,712	$ 10,811	$ 6,231	$ 11,899	$ 24,662	$ 152,924	$ 100,598	$ 246,541	$ 10,060	$ 634,181
Low-Income 60+ With Physical Disability	$ 210,017	$ 212,270	$ 95,155	$ 92,715	$ 78,076	$ 158,592	$ 183,366	$ 181,490	$ 145,642	$ 59,683	$ 1,417,008
Low-Income Rural 60+	$ 301,719	$ 261,555	$ 148,044	$ 125,147	$ 128,375	$ 223,268	$ 38,625	$ 42,491	$ -	$ 70,231	$ 1,339,457
Low-Income Female 60+	$ 320,751	$ 321,689	$ 152,399	$ 153,713	$ 127,062	$ 245,865	$ 299,355	$ 368,610	$ 255,061	$ 95,718	$ 2,340,221
Total	**$ 1,339,495**	**$ 1,312,093**	**$ 642,064**	**$ 599,873**	**$ 536,361**	**$ 1,019,195**	**$ 1,112,286**	**$ 1,198,807**	**$ 1,019,908**	**$ 378,444**	**$ 9,158,526**

Funding Distribution: sfy2010 Greatest Social Need (GSN) Factors											
Subfactor	**Southwest**	**Southeast**	**District III**	**Northwest**	**Northeast**	**Central**	**MARC**	**Mid-East**	**St. Louis**	**Region X**	**Total**
Total 60+	$ 472,164	$ 308,526	$ 203,470	$ 182,738	$ 171,052	$ 387,640	$ 608,096	$ 1,007,530	$ 187,582	$ 128,413	$ 3,657,210
Minority 60+	$ 14,848	$ 16,179	$ 7,539	$ 5,006	$ 6,272	$ 17,979	$ 98,058	$ 117,767	$ 90,165	$ 6,495	$ 380,307
60+ With Physical Disability	$ 116,814	$ 89,861	$ 52,505	$ 50,647	$ 41,173	$ 93,610	$ 133,922	$ 188,520	$ 62,182	$ 33,100	$ 862,334
Rural 60+	$ 223,141	$ 157,717	$ 124,599	$ 99,690	$ 110,025	$ 204,176	$ 55,190	$ 74,831	$ -	$ 50,850	$ 1,100,218
Limited English 60+	$ 1,023	$ 571	$ 402	$ 382	$ 267	$ 1,550	$ 4,408	$ 6,857	$ 3,665	$ 486	$ 19,610
Female 60+	$ 264,641	$ 175,723	$ 113,558	$ 104,557	$ 95,552	$ 213,879	$ 344,738	$ 570,996	$ 115,554	$ 72,514	$ 2,071,712
> Average Life Expectancy	$ 134,688	$ 91,114	$ 62,563	$ 59,287	$ 51,806	$ 107,036	$ 171,926	$ 280,060	$ 71,868	$ 36,785	$ 1,067,134
Total	**$ 1,227,320**	**$ 839,690**	**$ 564,636**	**$ 502,306**	**$ 476,146**	**$ 1,025,870**	**$ 1,416,337**	**$ 2,246,560**	**$ 531,015**	**$ 328,643**	**$ 9,158,526**

Percent Total sfy2010 Funding Distribution											
PSA	**Southwest**	**Southeast**	**District III**	**Northwest**	**Northeast**	**Central**	**MARC**	**Mid-East**	**St. Louis**	**Region X**	**Total**
Proposed IFF Percentage	14.01%	11.75%	6.59%	6.02%	5.53%	11.16%	13.80%	18.81%	8.47%	3.86%	**100.00%**

Data Sources:

Low-Income 60+ Low-Income Minority 60+ Low-Income Rural 60+	U.S. Department of Commerce. Census Bureau. Census 2000 Special Tabulations on Aging. Tables P076 available at: http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html Accessed March 2, 2009.
Low-Income 60+ With Physical Disability	U.S. Department of Commerce. Census Bureau. Census 2000 Special Tabulations on Aging. Tables P086 available at: http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html Accessed March 2, 2009.
Low-Income Female 60+	U.S. Department of Commerce. Census Bureau. Census 2000 Special Tabulations on Aging. Tables P093 available at: http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html Accessed March 2, 2009.
Total 60+ Minority 60+ Female 60+ > Average Life Expectancy	U.S. Department of Commerce. Census Bureau. Population Estimates Program. County population estimates – characteristics; County Population by Age, Sex, Race, and Hispanic Origin: April 1, 2000 through July 1, 2007. Available at: http://www.census.gov/popest/counties/asrh/files/ccest2007-alldata-29.csv Accessed March 2, 2009.
60+ With Physical Disability	U.S. Department of Commerce. Census Bureau. Census 2000 Special Tabulations on Aging. Tables P086 available at: http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html Accessed March 2, 2009.
Rural 60+	U.S. Department of Commerce. Census Bureau. Census 2000 Special Tabulations on Aging. Tables P007 available at: http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html Accessed March 2, 2009.
Limited English 60+	U.S. Department of Commerce. Census Bureau. Census 2000 Special Tabulations on Aging. Tables P017 available at: http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html Accessed March 2, 2009.

MO DHSS: Program Instruction AoA-PI-08-01 (section V attachment A)

- Information on how the proposed formula will affect funding to each planning and service area
- Funding Based on SFY 2010-1 Allotment Tables, Supplement 2-4 ($18,317,051 allocated via IFF and $2,982,060 allocated equally via base)

Existing IFF sfy2010

	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Intra State Formula %	13.60%	9.78%	6.46%	5.67%	5.45%	11.55%	14.89%	22.56%	6.42%	3.62%	100.00%
Part B Base Allocation	$ 93,344	$ 93,344	$ 93,344	$ 93,344	$ 93,344	$ 93,344	$ 93,344	$ 93,344	$ 93,344	$ 93,344	$ 933,440
Part B % Allocation	$ 779,773	$ 560,749	$ 370,392	$ 325,097	$ 312,483	$ 662,234	$ 853,737	$ 1,293,506	$ 368,099	$ 207,557	$ 5,733,626
Part B Total	$ 873,117	$ 654,093	$ 463,736	$ 418,441	$ 405,827	$ 755,578	$ 947,081	$ 1,386,850	$ 461,443	$ 300,901	$ 6,667,066
Part C1 Base Allocation	$ 113,620	$ 113,620	$ 113,620	$ 113,620	$ 113,620	$ 113,620	$ 113,620	$ 113,620	$ 113,620	$ 113,620	$ 1,136,200
Part C1 % Allocation	$ 949,144	$ 682,546	$ 450,843	$ 395,709	$ 380,356	$ 806,075	$ 1,039,173	$ 1,574,462	$ 448,052	$ 252,640	$ 6,979,000
Part C1 Total	$ 1,062,764	$ 796,166	$ 564,463	$ 509,329	$ 493,976	$ 919,695	$ 1,152,793	$ 1,688,082	$ 561,672	$ 366,260	$ 8,115,200
Part C2 Base Allocation	$ 50,762	$ 50,762	$ 50,762	$ 50,762	$ 50,762	$ 50,762	$ 50,762	$ 50,762	$ 50,762	$ 50,762	$ 507,620
Part C2 % Allocation	$ 424,044	$ 304,938	$ 201,421	$ 176,789	$ 169,930	$ 360,126	$ 464,266	$ 703,415	$ 200,174	$ 112,871	$ 3,117,973
Part C2 Total	$ 474,806	$ 355,700	$ 252,183	$ 227,551	$ 220,692	$ 410,888	$ 515,028	$ 754,177	$ 250,936	$ 163,633	$ 3,625,593
Part E Base Allocation	$ 40,480	$ 40,480	$ 40,480	$ 40,480	$ 40,480	$ 40,480	$ 40,480	$ 40,480	$ 40,480	$ 40,480	$ 404,800
Part E % Allocation	$ 338,157	$ 243,175	$ 160,625	$ 140,982	$ 135,512	$ 287,185	$ 370,233	$ 560,944	$ 159,630	$ 90,010	$ 2,486,452
Part E Total	$ 378,637	$ 283,655	$ 201,105	$ 181,462	$ 175,992	$ 327,665	$ 410,713	$ 601,424	$ 200,110	$ 130,490	$ 2,891,252
% IIIB Ombuds Allocation	$ 6,349	$ 4,565	$ 3,016	$ 2,647	$ 2,544	$ 5,392	$ 6,951	$ 10,531	$ 2,997	$ 1,690	$ 46,681
% VII Ombuds Allocation	$ 12,661	$ 9,105	$ 6,014	$ 5,278	$ 5,074	$ 10,752	$ 13,862	$ 21,002	$ 5,977	$ 3,370	$ 93,095
Ombudsman Total	$ 19,010	$ 13,670	$ 9,030	$ 7,925	$ 7,618	$ 16,144	$ 20,813	$ 31,533	$ 8,974	$ 5,060	$ 139,776
Total:	**$ 2,808,334**	**$ 2,103,284**	**$ 1,490,517**	**$ 1,344,708**	**$ 1,304,103**	**$ 2,429,970**	**$ 3,046,428**	**$ 4,462,066**	**$ 1,483,134**	**$ 966,343**	**$ 21,438,887**

Proposed IFF sfy2010

	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Intra State Formula %	14.01%	11.75%	6.59%	6.02%	5.53%	11.16%	13.80%	18.81%	8.47%	3.86%	100.00%
Part B Base Allocation	$ 93,344	$ 93,344	$ 93,344	$ 93,344	$ 93,344	$ 93,344	$ 93,344	$ 93,344	$ 93,344	$ 93,344	$ 933,440
Part B % Allocation	$ 803,281	$ 673,701	$ 377,846	$ 345,164	$ 317,070	$ 639,873	$ 791,240	$ 1,078,495	$ 485,638	$ 221,318	$ 5,733,626
Part B Total	$ 896,625	$ 767,045	$ 471,190	$ 438,508	$ 410,414	$ 733,217	$ 884,584	$ 1,171,839	$ 578,982	$ 314,662	$ 6,667,066
Part C1 Base Allocation	$ 113,620	$ 113,620	$ 113,620	$ 113,620	$ 113,620	$ 113,620	$ 113,620	$ 113,620	$ 113,620	$ 113,620	$ 1,136,200
Part C1 % Allocation	$ 977,758	$ 820,033	$ 459,916	$ 420,136	$ 385,939	$ 778,856	$ 963,102	$ 1,312,750	$ 591,121	$ 269,389	$ 6,979,000
Part C1 Total	$ 1,091,378	$ 933,653	$ 573,536	$ 533,756	$ 499,559	$ 892,476	$ 1,076,722	$ 1,426,370	$ 704,741	$ 383,009	$ 8,115,200
Part C2 Base Allocation	$ 50,762	$ 50,762	$ 50,762	$ 50,762	$ 50,762	$ 50,762	$ 50,762	$ 50,762	$ 50,762	$ 50,762	$ 507,620
Part C2 % Allocation	$ 436,828	$ 366,362	$ 205,474	$ 187,702	$ 172,424	$ 347,966	$ 430,280	$ 586,491	$ 264,092	$ 120,354	$ 3,117,973
Part C2 Total	$ 487,590	$ 417,124	$ 256,236	$ 238,464	$ 223,186	$ 398,728	$ 481,042	$ 637,253	$ 314,854	$ 171,116	$ 3,625,593
Part E Base Allocation	$ 40,480	$ 40,480	$ 40,480	$ 40,480	$ 40,480	$ 40,480	$ 40,480	$ 40,480	$ 40,480	$ 40,480	$ 404,800
Part E % Allocation	$ 348,352	$ 292,158	$ 163,857	$ 149,684	$ 137,501	$ 277,488	$ 343,130	$ 467,702	$ 210,602	$ 95,977	$ 2,486,452
Part E Total	$ 388,832	$ 332,638	$ 204,337	$ 190,164	$ 177,981	$ 317,968	$ 383,610	$ 508,182	$ 251,082	$ 136,457	$ 2,891,252
% IIIB Ombuds Allocation	$ 6,540	$ 5,485	$ 3,076	$ 2,810	$ 2,581	$ 5,210	$ 6,442	$ 8,781	$ 3,954	$ 1,802	$ 46,681
% VII Ombuds Allocation	$ 13,043	$ 10,939	$ 6,135	$ 5,604	$ 5,148	$ 10,389	$ 12,847	$ 17,511	$ 7,885	$ 3,593	$ 93,095
Ombudsman Total	$ 19,583	$ 16,424	$ 9,211	$ 8,415	$ 7,730	$ 15,599	$ 19,289	$ 26,292	$ 11,839	$ 5,395	$ 139,776
Total:	**$ 2,884,007**	**$ 2,466,883**	**$ 1,514,511**	**$ 1,409,307**	**$ 1,318,869**	**$ 2,357,988**	**$ 2,845,248**	**$ 3,769,935**	**$ 1,861,499**	**$ 1,010,640**	**$ 21,438,887**

Impact

IFF Percentage Change	0.41%	1.97%	0.13%	0.35%	0.08%	-0.39%	-1.09%	-3.75%	2.05%	0.24%	0.00%
Funding Percent Change	2.69%	17.29%	1.61%	4.80%	1.13%	-2.96%	-6.60%	-15.51%	25.51%	4.58%	0.00%
Funding Change	$ 75,673	$ 363,599	$ 23,994	$ 64,599	$ 14,765	$ (71,982)	$ (201,179)	$ (692,131)	$ 378,365	$ 44,296	$ -

1. Including five additional factors of economic and social need (see table 2, the new factors appear in italics); these factors are identified by recent literature as high-risk subgroups in the older population[1]. Including these factors increases the precision with which the IFF can identify individuals who are socioeconomically disadvantaged, and at highest risk of unwanted institutionalization—the key tenets of the OAA as amended in 2006[2]. The population aged beyond average life expectancy at birth by race and gender is a measure of frailty, often referred to as an "oldest-old" factor. The key difference is that typical oldest-old factors use an arbitrary benchmark age which neglects to consider disparities in the longevity of minorities and males, fostering inequitable distributions.

2. Adjusting the factor weights to more objectively reflect the socioeconomic and demographic environment for older individuals from region to region; this is accomplished by setting equal precedence on the overall factors of social and economic need and setting proportional weights on the subgroups within each overall factor.

3. Updating a greater portion of IFF data annually.

4. Employing a more stable measure of the older population suffering disability.

Table 2: Proposed IFF Factors and Weights

Total Allocation
Greatest Economic Need @ 50%
Greatest Social Need @ 50%

Greatest Economic Need Factors	Counts	Weight of Economic Need	(By 0.5) Total IFF Weight
Low-Income 60+	91,315	37.43%	**18.71%**
Low-Income Minority 60+	16,895	6.92%	**3.46%**
Low-Income with Physical Disability 60+	37,750	15.47%	**7.74%**
Low-Income Rural 60+	35,684	14.63%	**7.31%**
Low-Income Female 60+	62,345	25.55%	**12.78%**
Total	**243,989**	**100.00%**	**50.00%**

Greatest Social Need Factors	Counts	Weight of Social Need	(By 0.5) Total IFF Weight
Total 60+*	1,082,785	39.93%	**19.97%**
Minority 60+*	112,597	4.15%	**2.08%**
Physical Disability 60+	255,310	9.42%	**4.71%**
Rural 60+	325,740	12.01%	**6.01%**
Limited English 60+	5,806	0.21%	**0.11%**
Female 60+ *	613,369	22.62%	**11.31%**
*Aged > Average Life Expectancy by Race and Sex**	315,945	11.65%	**5.83%**
Total	**2,711,552**	**100.00%**	**50.00%**

* Updated with 2007 Census Intercensal Estimates. All other data from the 2000 Census.

An example of the objective proportional weights within the overall factor of greatest economic need is the 91,315 older individuals identified as living below the poverty level in Missouri in 2000. This is 37.43% of all of the 243,989 older individuals falling into the economic need category. Because the overall factor of economic need is designated to carry half of the total formula weight, the Low-Income 60+ group carries 18.71% of the total formula weight—this is half of the 37.43% it carries in the overall economic need factor.

Figure 3: Proposed IFF Funding Per Individual 60+ with Great Social or Economic Need (GSN/GEN) and the 60+ Poverty Rate

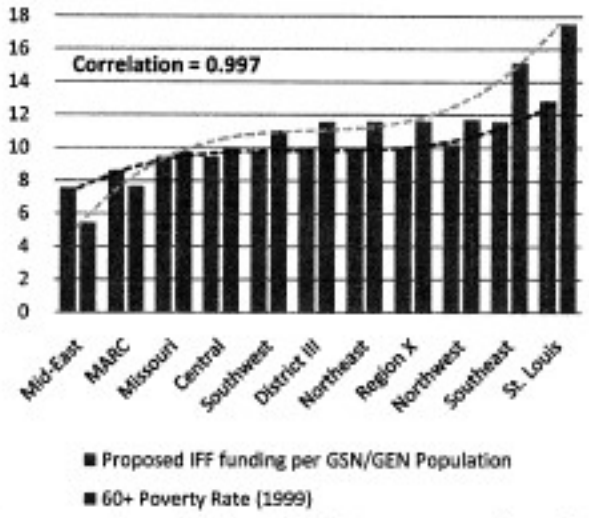
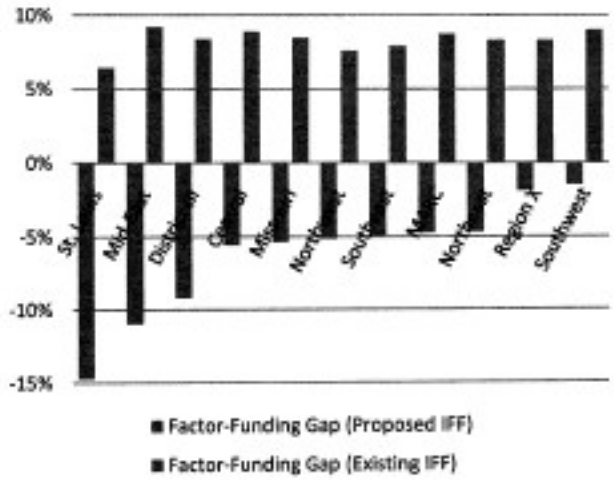


Figure three is a companion to figure one above, the former depicting the same series under the recommended IFF. This is the recommended IFF funding per individual with great social or economic need against the 60+ poverty rate for each AAA region and the state. The chart depicts the enhanced ability of the recommended IFF to deliver a vastly more equitable transfer of OAA funding and more closely emulate the spirit and intent of the Act. It is worth noting that the existing and proposed formulas depict similar relationships with various determinants of socioeconomic status, including 60+ median household income and the ratio of GSN/GEN to total 60+ population.

Figure four shows the gaps between factor and funding change for each IFF since SFY2000. The red bars, depict the gap experienced under the existing IFF; the blue bars represent the same gap simulated under the proposed IFF. From SFY2000 to SFY2010, factor growth has outpaced funding growth by 8% in the state under the current IFF. Simulating the same years using identical funding and data sources, the recommended IFF shows funding outpacing factor growth by 5% in the state. Based on the assumption that the recommended IFF factors more accurately depict the high-need and

Figure 4: Factor-Funding Gap, Existing IFF vs. Proposed IFF: sfy2000 - sfy2010



at-risk older population in the state, each AAA is made better off under the new distribution, meeting standard efficiency criteria. This gap will be further lessened with time and new funding injections, as DHSS and the AAAs have agreed to phase out hold harmless practices which impose disproportionate burden to regions experiencing significant growth.

Conclusion:

The proposed IFF for Missouri attempts to remove many of the inequities that can occur in formula allocations of this type. The tenet is to create a robust formula that mirrors the intent of the OAA while simultaneously addressing variation in population and need that exists within the state of Missouri. The net result is an IFF that distributes funding to the State's AAAs in a manner that more closely reflects need, both social and economic, and the rapidly evolving socioeconomic landscape. A much greater portion of the proposed IFF factor data can be updated annually; 72% of the inputs carrying 39% of the formula weight are updated by the Census at the county level every year. This will help to avoid extreme funding volatility when decennial Census data is manifested, at which point, the AAAs and DHSS have agreed to evaluate the impact and validity, and collaborate to develop a strategy to smooth the transition should such a strategy be merited. Additionally, the proposed IFF has the advantage of weighting the sub-factors explicitly based upon population data. Minimal assumptions are made by placing equal emphasis on each overall factor of need and proportional emphasis on the sub-factors. This removes much of the weighting bias from the formula, yielding allocations that are driven by actual populations as opposed to subjective interpretation. The recommended IFF will result in a more stable and equitable delivery of OAA funding, and alongside institutional change such as phasing out hold harmless, it will act to lessen the gap between funding and factor growth for Missouri AAAs over time.

[1] DHSS Document: Missouri Division of Senior and Disability Services, Area Agency on Aging Funding, SFY2008-3, Supplementary Schedule 2.

[2] U.S. Department of Health and Human Services. Administration on Aging. Unofficial Compilation of the Older Americans Act of 1965, As Amended in 2006 (Public Law 109-365). Available at: http://www.aoa.gov/OAA2006/Main_Site/oaa/oaa_full.asp#_Toc153957642 Accessed November 12, 2008.

[3] U.S. Department of Commerce. Census Bureau. State Interim Population Projections by Age and Sex: 2004-2030, Detailed Data Files File 2: Annual projections by 5-year and selected age groups by sex. Available at: http://www.census.gov/population/www/projections/projectionsagesex.html Accessed November 12, 2008.

[4] Johnson, Richard W., Soto, Mauricio, Zedlewski, Sheila R., "How is the Economic Turmoil Affecting Older Americans?" (October 2008). *Fact Sheet on Retirement Policy*, Urban Institute. Available at: http://www.urban.org/publications/411765.html Accessed November 12, 2008.

[5] Office of Federal Housing Enterprise and Oversight, Change in OFHEO House Price Indexes (2007 Q4 Data). Available at: http://www.ofheo.gov/hpi_state.aspx Accessed November 12, 2008.

[6] Bureau of Labor Statistics, CPI-U Midwest. Available at: http://data.bls.gov/cgi-bin/dsrv Accessed November 12, 2008.

[7] National Association of Realtors, State Existing-Home Sales, 2nd Quarter 2008. Available at: http://www.realtor.org/research/research/metroprice Accessed November 12, 2008.

[8] Butrica, Barbara A., Murphy, Daniel, Zedlewski, Sheila R., "How Many Struggle to Get By in Retirement?" (January 2008). *The Retirement Policy Program, Discussion Paper 08-01*. Urban Institute. Available at: http://www.urban.org/publications/411627.html Accessed November 17, 2008.

[9] While the 2000 Census no longer included LM/SC, these data were estimated and provided to DHSS by the Missouri State Demographer.

[10] U.S. Department of Commerce. Census Bureau. Census 2000 Special Tabulation Program, Special Tabulation on Aging (STP) 9 – Part A: Population Characteristics and Part B: Housing and Household Characteristics / prepared by the U.S. Census Bureau, 2004 (pp. B-7 to B-8). Available at: www.aoa.gov/prof/Statistics/Tab/techdoc/aoa.pdf Accessed November 17, 2008.

[11] See endnotes 4 and 8 above, and for example: McGarry and Schoeni, 2005; Munnell, 2004; Weir and Willis, 2002; Lusardi and Mitchell, 2006:

McGarry, Kathleen, Schoeni, Robert F., "Medicare Gaps and Widow Poverty" (2005). *Perspectives Social Security Bulletin*, Vol. 66 No. 1, Available at http://www.ssa.gov/policy/docs/ssb/v66n1/v66n1p58.pd Accessed May 8, 2008.

Munnell, Alicia H., "Why are so Many Older Women Poor?" (2004). *Just the Facts on Retirement Issues*, Center for Retirement Research at Boston College. Just the Facts 10, April 2004. Available at: http://crr.bc.edu/briefs/why_are_so_many_older_women_poor_.html Accessed May 8, 2008.

Weir, David R., Willis, Robert J., "Widowhood, Divorce, and Loss of Health Insurance Among Near-Elderly Women: Evidence From the Health and Retirement Study" (July 1, 2002). Economic Research Initiative on the Uninsured Working Paper Series, Working Paper No. 7, Available at http://umich.edu/~eriu/pdf/wp7.pdf Accessed May 8, 2008.

Lusardi, Annamaria and Mitchell, Olivia S., "Financial Literacy and Planning: Implications for Retirement Wellbeing" (2006). Available at SSRN: http://ssrn.com/abstract=881847 Accessed May 8, 2008.

Numerical Statement

The Missouri Intrastate Funding Formula
For Area Agencies on Aging
March, 2009

Proposal for the Missouri Intrastate Funding Formula (IFF) for Area Agencies on Aging (AAA):

The recommended IFF for Missouri AAAs is based on two overall factors of need, one is made up of indicators of Great Social Need, the other consists of indicators of Great Economic Need, each reflecting the 60+ population. These broad categories of need carry a constant weight in the recommended IFF of 50% apiece. The Greatest Social Need factor is comprised of seven sub-indicators of social need among the 60+ population. The Greatest Economic Need factor is comprised of five sub-indicators of economic need among the 60+ population. Each sub-factor of the overall Social and Economic need categories carries a factor weight of one (weighted proportionally) within its respective category and each will be updated annually. The inclusion of each is supported by the Older American's Act as amended and contemporary research.

Derivation of the Recommended IFF: Equation 1 depicts the total IFF allocation in a given year (for OAA Title III-B, C1, C2, E, and Ombudsman-IIIB and IV). The superscript 't' denotes the time or year and indicates that the IFF will be updated annually. The subscript 'T' denotes total, indicating the statewide level. For example, IFF_T^{10} would read "the total IFF allocation to all AAAs in state fiscal year (SFY) 2010". The total IFF allocation, which is roughly $18.3 million in SFY2010, is equal to the sum of the IFF allocations for each of the ten AAAs, denoted with a subscript 'i'; for example, IFF_i^{10} would read "the IFF allocation to AAA 'i' in SFY2010".

Equation 1

$$IFF_T^t = \sum_{i=1}^{n=10} IFF_i^t \approx \$18.3M$$

Equation 2 depicts the IFF allocation for the individual AAA in a given year, again, denoted by the subscript 'i' and superscript 't', respectively. GEN_i^t denotes the IFF allocation to the individual AAA_i for its 60+ population identified as having Great Economic Need in SFY^t. GSN_i^t denotes the IFF allocation to the individual AAA_i for its 60+ population identified as having Great Social Need in SFY^t.

Equation 2

$$IFF_i^t = \left(GEN_i^t + GSN_i^t\right)$$

The superscript 't' on the demographic variables below actually depicts the year of the most contemporary data during SFY^t. Typically in Missouri this difference is a three-year lag. For example, during SFY^{10} the most recent intercensal population estimates stem from calendar year 2007 so that the technically apropos superscript on the demographic variables would be 't-3'. For the sake of facsimile we will not specifically differentiate between the two in this demonstration.

Equation 3a depicts the Greatest Economic Need allocation to AAA_i in FY^t. This is derived by taking half of the total IFF by the portion of the total 60+ population in Missouri with Great Economic Need

Numerical Statement (continued):

residing within the jurisdictional boundaries of AAA_i in SFY^t. In other words, this is half of the total IFF allocation multiplied by the quotient of the Greatest Economic Need population in AAA_i and the Greatest Economic Need population in all Missouri in SFY^t, as depicted in equation 3b.

For brevity, assume the following for each factor of economic need described below: "population" refers to the population 60 and older, and "low-income" refers to individuals living at or below the federal poverty level.

- LIP_i^t is the low-income population in AAA 'i' at time 't'.
- LIM_i^t is the low-income minority population in AAA 'i' at time 't'.
- LID_i^t is the low-income population with a physical disability in AAA 'i' at time 't'.
- LIR_i^t is the low-income rural population in AAA 'i' at time 't'.
- LIF_i^t is the low-income female population in AAA 'i' at time 't'.
- ENP_i^t is the total Greatest Economic Need population in AAA 'i' at time 't'.

Equation 3a

$$GEN_i^t = \frac{IFF_T}{2}\left[\frac{LIP_i^t}{LIP_T^t}\left(\frac{LIP_T^t}{ENP_T^t}\right)+\frac{LIM_i^t}{LIM_T^t}\left(\frac{LIM_T^t}{ENP_T^t}\right)+\frac{LID_i^t}{LID_T^t}\left(\frac{LID_T^t}{ENP_T^t}\right)+\frac{LIR_i^t}{LIR_T^t}\left(\frac{LIR_T^t}{ENP_T^t}\right)+\frac{LIF_i^t}{LIF_T^t}\left(\frac{LIF_T^t}{ENP_T^t}\right)\right]$$

Where:

$$\left(LIP_T^t=\sum_{i=1}^{n=10}LIP_i^t\right);\left(ENP_T^t=\sum_{i=1}^{n=10}ENP_i^t\right);\left(LIM_T^t=\sum_{i=1}^{n=10}LIM_i^t\right);\left(LID_T^t=\sum_{i=1}^{n=10}LID_i^t\right);$$

$$\left(LIR_T^t=\sum_{i=1}^{n=10}LIR_i^t\right);\text{ and }\left(LIF_T^t=\sum_{i=1}^{n=10}LIF_i^t\right)$$

Equation 3b

$$GEN_i^t \approx \$9.16M\left(\frac{ENP_i^t}{ENP_T^t}\right)$$

Equation 4a depicts the Greatest Social Need allocation to AAA_i in SFY^t. This is derived by taking half of the total IFF by the portion of the total 60+ population in Missouri with Great Social Need residing within the jurisdictional boundaries of AAA_i in SFY^t. In other words, this is half of the total IFF allocation multiplied by the quotient of the Greatest Social Need population in AAA_i divided by the Greatest Social Need population in all Missouri in SFY^t, as depicted in equation 4b.

Numerical Statement (continued):

For brevity, "population" refers to the population 60 and older in each factor of social need described below.

- P_i^t is the total population in AAA 'i' at time 't'.
- M_i^t is the minority population in AAA 'i' at time 't'.
- D_i^t is the population with a physical disability in AAA 'i' at time 't'.
- R_i^t is the rural population in AAA 'i' at time 't'.
- E_i^t is the population with limited English proficiency in AAA 'i' at time 't'.
- F_i^t is the female population in AAA 'i' at time 't'.
- L_i^t is the population older than average life expectancy by race and sex in AAA 'i' at time 't'.
- SNP_i^t is the total Greatest Social Need population in AAA 'i' at time 't'.

Equation 4a

$$GSN_i^t = \frac{IFF_T}{2}\left[\frac{P_i^t}{P_T^t}\left(\frac{P_T^t}{SNP_T^t}\right)+\frac{M_i^t}{M_T^t}\left(\frac{M_T^t}{SNP_T^t}\right)+\frac{D_i^t}{D_T^t}\left(\frac{D_T^t}{SNP_T^t}\right)+\frac{R_i^t}{R_T^t}\left(\frac{R_T^t}{SNP_T^t}\right)+\frac{E_i^t}{E_T^t}\left(\frac{E_T^t}{SNP_T^t}\right)+\frac{F_i^t}{F_T^t}\left(\frac{F_T^t}{SNP_T^t}\right)+\frac{L_i^t}{L_T^t}\left(\frac{L_T^t}{SNP_T^t}\right)\right]$$

Where:

$$\left(P_T^t=\sum_{i=1}^{n=10}P_i^t\right);\left(SNP_T^t=\sum_{i=1}^{n=10}SNP_i^t\right);\left(M_T^t=\sum_{i=1}^{n=10}M_i^t\right);\left(D_T^t=\sum_{i=1}^{n=10}D_i^t\right);$$

$$\left(R_T^t=\sum_{i=1}^{n=10}R_i^t\right);\left(E_T^t=\sum_{i=1}^{n=10}E_i^t\right);\left(F_T^t=\sum_{i=1}^{n=10}F_i^t\right);\text{ and }\left(L_T^t=\sum_{i=1}^{n=10}L_i^t\right)$$

Equation 4b

$$GSN_i^t \approx \$9.16M\left(\frac{SNP_i^t}{SNP_T^t}\right)$$

Numerical Statement (continued):

Numerical Example: Tables one and two contain the most recent demographic and socioeconomic data for Missouri for calendar year 2007.

Table 1

Indicators of Greatest Economic Need for the 60+ Population In Missouri						
AAA	**LIP**	**LIM**	**LID**	**LIR**	**LIF**	**ENP**
Southwest	12,981	526	5,595	8,038	8,545	**35,685**
Southeast	12,411	1,351	5,655	6,968	8,570	**34,955**
District III	6,278	288	2,535	3,944	4,060	**17,105**
Northwest	5,916	166	2,470	3,334	4,095	**15,981**
Northeast	5,087	317	2,080	3,420	3,385	**14,289**
Central	9,772	657	4,225	5,948	6,550	**27,152**
MARC	11,669	4,074	4,885	1,029	7,975	**29,632**
Mid-East	13,470	2,680	4,835	1,132	9,820	**31,937**
St. Louis	9,928	6,568	3,880	-	6,795	**27,171**
Region X	3,803	268	1,590	1,871	2,550	**10,082**
Total	**91,315**	**16,895**	**37,750**	**35,684**	**62,345**	**243,989**

Table 2

Indicators of Greatest Social Need for the 60+ Population in Missouri								
AAA	**P**	**M**	**D**	**R**	**E**	**F**	**L**	**SNP**
Southwest	139,793	4,396	34,585	66,065	303	78,352	39,877	**363,371**
Southeast	91,345	4,790	26,605	46,695	169	52,026	26,976	**248,606**
District III	60,241	2,232	15,545	36,890	119	33,621	18,523	**167,171**
Northwest	54,103	1,482	14,995	29,515	113	30,956	17,553	**148,717**
Northeast	50,643	1,857	12,190	32,575	79	28,290	15,338	**140,972**
Central	114,768	5,323	27,715	60,450	459	63,323	31,690	**303,728**
MARC	180,038	29,032	39,650	16,340	1,305	102,066	50,902	**419,333**
Mid-East	298,298	34,867	55,815	22,155	2,030	169,054	82,917	**665,136**
St. Louis	55,537	26,695	18,410	-	1,085	34,212	21,278	**157,217**
Region X	38,019	1,923	9,800	15,055	144	21,469	10,891	**97,301**
Total	**1,082,785**	**112,597**	**255,310**	**325,740**	**5,806**	**613,369**	**315,945**	**2,711,552**

Using these data we will derive the proposed allocation under the recommended IFF for FY 2010 for the Southwest Missouri AAA, abbreviated SW.

APPENDIX

Appendix 1 - Other DHSS Divisions

The Division of Regulation and Licensure (DRL) ensures the quality of care provided within a variety of entities including child care facilities, hospitals and ambulatory surgical centers, home health and hospice providers, long-term care facilities including residential care, intermediate care and skilled nursing facilities, emergency medical services, pharmacies and persons authorized to prescribe or dispense controlled substances.

The Family Care Safety Registry[23], a bureau within DRL, was established by law to promote family and community safety. Families may and employers, many who are required, can call the registry's toll-free line to request background information on registered child care, elder care and personal care workers.

The Section for Long-Term Care Regulation is responsible for conducting state inspections and federal surveys, and for investigating complaints regarding long-term care facilities. The section also conducts the federal participation survey of habilitative facilities servicing clients diagnosed with mental retardation and/or developmental disabilities that participate in the Medicaid program. The section oversees the Pre-Admission Screening and Annual Resident Review process, provides construction plan review services to healthcare facilities regarding new construction and extensive remodeling projects and maintains the level one medication aide register, certified medication technician register and the federally mandated nurse assistant register.

The Division of Community and Public Health administers programs that impact family health, the prevention of chronic diseases, nutrition and other programs that improve the health of communities. It is also the principal unit involved in the surveillance and investigation of the cause, origin and method of transmission of communicable (or infectious) diseases and environmentally related medical conditions.

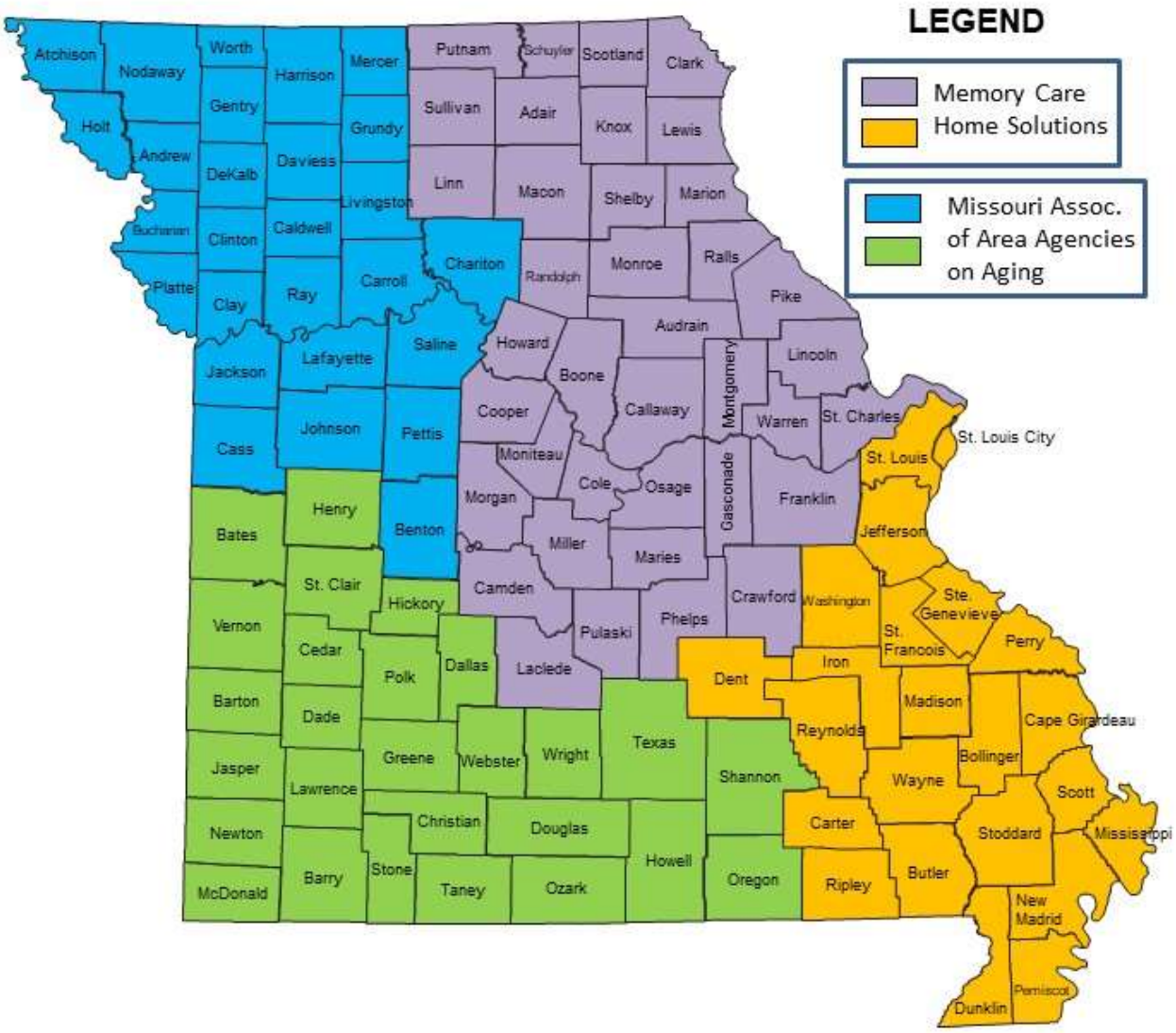
[23] Missouri Department of Health and Senior Services, *Family Care Safety Registry* - https://health.mo.gov/safety/fcsr/ (accessed 2/14/2019)

Appendix 2 - Missouri Medicaid Waivers

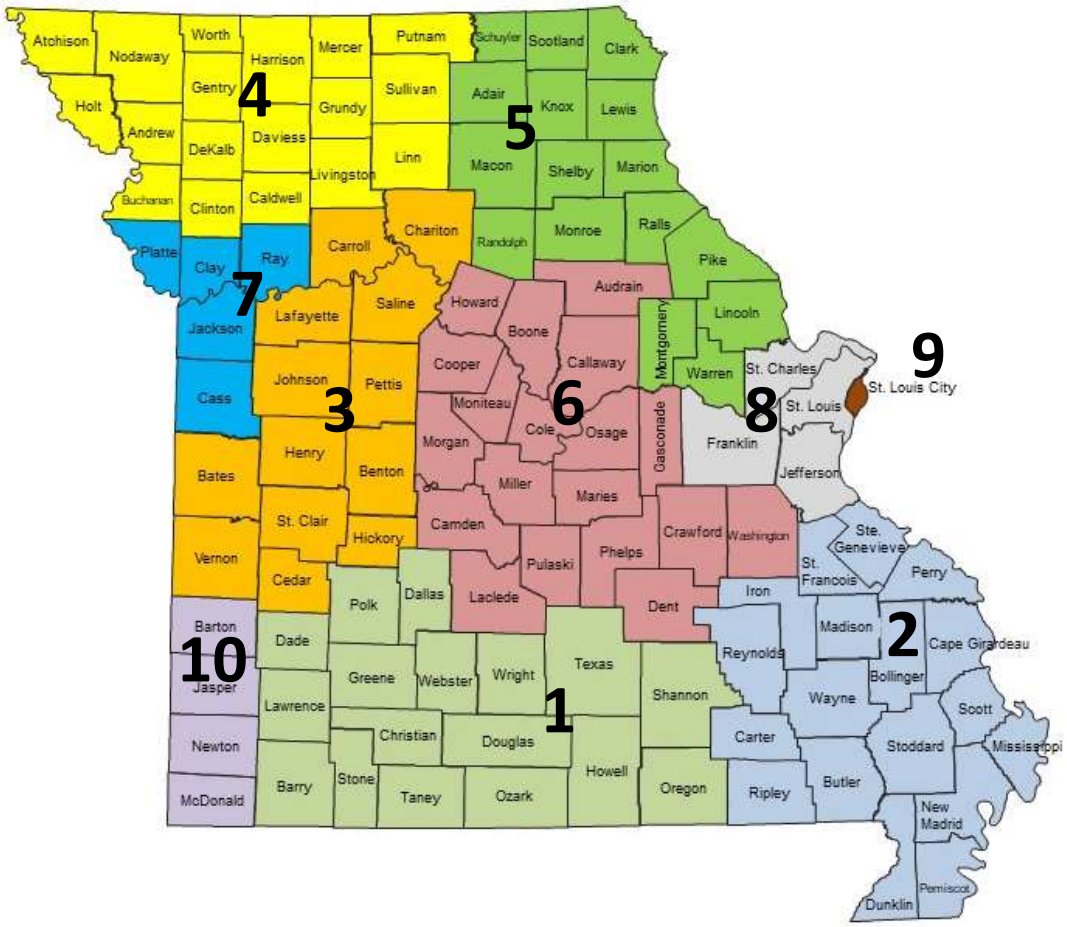
Waiver Program	Administrative Department/Division
AIDS	Department of Health and Senior Services/Division of Community and Public Health
Autism	Department of Mental Health/Division of Developmental Disabilities
Independent Living	Department of Health and Senior Services/Division of Senior and Disability Services
Aged and Disabled	Department of Health and Senior Services/Division of Senior and Disability Services
Missouri Children's Developmental Disabilities (MOCDD)	Department of Mental Health/Division of Developmental Disabilities
Partnership for Hope (PfH)	Department of Mental Health/Division of Developmental Disabilities
Comprehensive	Department of Mental Health/Division of Developmental Disabilities
Community Support	Department of Mental Health/Division of Developmental Disabilities
Medically Fragile Adult	Department of Health and Senior Services/Division of Community and Public Health
Adult Daycare	Department of Health and Senior Services/Division of Senior and Disability Services

Appendix 3 - Customized In-home Caregiver Training

Customized In-Home Caregiver Training Contractors SFY2019



Appendix 4 - Missouri Area Agencies on Aging



1. **Senior Age AAA**
   1735 S. Fort Ave.
   Springfield, MO 65807
   (800) 497-0822

2. **Aging Matters**
   1078 Wolverine, Suite J
   Cape Girardeau, MO 63701
   (800) 392-8771

3. **Care Connection**
   106 W. Young St.
   Warrensburg, MO 64093
   (800) 748-7826

4. **Northwest MO AAA**
   809 N. 13th St.
   Albany, MO 64402
   (888) 844-5626

5. **Northeast MO AAA**
   815 N. Osteopathy
   Kirksville, MO 63501
   (800) 664-6338

6. **Central MO AAA**
   1121 Bus. Loop 70 E. Ste. 2A
   Columbia, MO 65201
   (800) 369-5211

7. **MARC**
   600 Broadway, Ste. 200
   Kansas City, MO 64105
   (800) 593-7948

8. **Aging Ahead**
   14535 Manchester Rd.
   St. Louis, MO 63011
   (800) 243-6060

9. **St. Louis AAA**
   1520 Market St., 4th Floor, Rm. 4086
   St. Louis, MO 63103
   (877) 612-5918

10. **Region X AAA**
    531 E. 15th St.
    Joplin, MO 64804
    (417) 781-7562

Missouri State Plan on Aging 2020-2023 Survey Results

Missouri State Plan on Aging 2020-2023 Survey Process

The Bureau of Senior Programs (BSP) developed a targeted outreach plan, webinar and surveys in an effort to elicit feedback from specific stakeholder populations regarding priorities for the Missouri State Plan on Aging 2020-2023. The basis of the survey choices were derived from combining the needs assessments submitted by all 10 of the AAAs in their most recent Area Plans. In addition, several emerging health topics such as social isolation and caregiver needs were included.[24]

Outreach was implemented via the division list serve, the department's webpage, social media and newsletters, targeted notification to specific representative groups and e-mail contact with city and county government officials. Page counts taken for Facebook and Twitter hits as well as the number of people who accessed the department webpage were taken to determine the success of the outreach efforts.[25]

A total of 249 individuals[26] registered for the Missouri State Plan on Aging informational webinar. This webinar covered the responsibility of the BSP to develop the Missouri State Plan on Aging, requirements in the Missouri State Plan on Aging and potential priorities which had been developed from the AAA Area Plans.

Surveys were offered at two conferences and available online in an attempt to gather the opinions of older adults and adults with disabilities on the priorities for the upcoming Missouri State Plan on Aging. The first conference was the Missouri Institute on Minority Aging which was held in August 2018 in Columbia, MO. Of the 120 participants in attendance, 94 completed and returned their survey (78 percent of those in attendance).

The second conference where surveys were offered to participants was the Missouri Silver Haired Legislature Annual Conference. Of the 103 Silver Haired Legislature participants in attendance, 86 completed surveys (83 percent of those in attendance).

In addition, two surveys were advertised on the department's webpage, through Facebook, Twitter and email blasts. The first survey, the Older Adults and Adults with Disabilities State Plan on Aging Survey, resulted in 127 completed online surveys. The second survey, the Aging and Disability Network Partners and Stakeholders State Plan on Aging Survey resulted in 131 completed online surveys.

The fifth and final survey was sent to the DSDS field and central office staff to complete. A total of 84 DSDS staff completed and submitted their surveys.

In total 522 surveys were completed and submitted.

[24] A list of the possible priorities and their definitions is in Attachment A.
[25] A total of 1,285 people accessed the State Plan on Aging webpage on the department's website.
[26] Chart of professions for those who registered in Attachment B.

Older Adults and Adults with Disabilities Survey Results[27]

Missouri Institute on Minority Aging Conference

Ninety-four surveys were completed by older adults and adults with disabilities at this conference. The average age of the participants was 70.29 years old with an overall age range of 49-89. A total of 12 counties were represented in submitted surveys.

The top five ranked utilized services of the participants were:

1. Health Information
2. Educational Programs
3. Volunteering or Social Opportunities
4. Disease Prevention/Fitness Classes
5. Dental/Oral Health

The top five ranked services participants tried but were unable to locate in their community were:

1. Home Repair/Updates
2. Dental/Oral Health
3. Employment Opportunities
4. Fitness/Falls Prevention
5. Help Finding Programs and Services

The top five services participants identified as important to help them remain in their home as long as possible were:

1. Home Repair/Updates
2. Fitness/Falls Prevention
3. Educational Programs
4. Dental/Oral Health
5. Help Finding Programs and Services

Missouri Silver Haired Legislature Conference

Eighty-six surveys were completed by the older adult participants at this conference. The average age of the participants was 73.29 years old with an overall age range of 60-98. A total of 55 counties were represented in the submitted surveys.

The top five ranked utilized services of the participants were:

1. Volunteering or Social Opportunities
2. Meals at Senior Centers

[27] A copy of the survey is contained in Attachment C.

3. Health Information
4. Educational Programs
5. Information to Avoid Scams

The top five ranked services participants tried but were unable to locate in their community were:

1. Home Repair/Updates
2. Information to Avoid Scams
3. Help Finding Programs and Services
4. Transportation
5. Fitness/Falls Prevention

The top five services identified as important to help participants remain in their home as long as possible were:

1. Transportation
2. Home-delivered Meals
3. Health Information
4. Fitness/Falls Prevention
5. Help Finding Programs and Services

Older Adults and Adults with Disabilities Online Survey

A total of 127 surveys were completed. The average age of the participants was 58.94 years old (age range of 25-90). A total of 54 counties were represented by these surveys.

The top five ranked utilized services of the participants were:

1. Volunteering or Social Opportunities
2. Health Information
3. Dental/Oral Health
4. Safe Outdoor Spaces
5. Help Finding Programs and Services

The top five ranked services participants tried but were unable to locate in their community were:

1. Home Repair/Updates
2. Help Finding Programs and Services
3. Caregiver Support Services
4. Information to Avoid Scams
5. Disease Prevention/ Fitness Classes

The top five services participants identified as important to help them remain in their home as long as possible were:

1. Transportation
2. Home Repairs/Updates
3. Help Finding Programs and Services
4. Caregiver Support Services
5. Home-Delivered Meals

Combined Older Adults and Adults with Disabilities Survey Results[28]

In total 307 older adults, adults with disabilities, and/or their caregivers, relatives and support professionals completed surveys. The average age of the survey respondents was 67.51 years old (age range of 25 to 98). A total of 84 counties were represented in the completed surveys.[29] This county coverage was a fair representation from each of the AAA service and planning areas. The survey counties also contained representation of individuals from seven of the 10 counties in Missouri with the highest poverty rate. The top 10 Missouri counties with the highest poverty rates are identified in Attachment E.

Survey respondents were asked a series of questions regarding specific issues affecting older adults and adults with disabilities to obtain their personal opinions. Respondents were given five possible answers, each with a corresponding score. Strongly Agree = 1; Somewhat Agree = 2; Agree = 3; Somewhat Disagree = 4 and Disagree = 5. Each of these statements is listed below along with the average answer for each statement. The higher the overall response score (highest possible response score of 5), the more participants felt like their personal needs were not being met on the issues.

1) I have enough food, or can buy enough food, to not be hungry each day. Response 1.53

2) I have never had to choose between paying bills, purchasing medications or visiting a doctor in order to buy food. Response 2.00

3) I always have transportation to all of my doctors and medical appointments. Response 1.67

4) I always have transportation to get to the grocery store, senior center or other places I want to go. Response 1.73

5) I am concerned about falling and injuring myself. Response 2.80

6) I feel like I am able to be an active part of my community. Response 1.67

7) I have someone to call whenever I need help or just want someone to talk to. Response 1.73

[28] A Comparison Chart is contained in Attachment D.
[29] See a map of the represented counties in Attachment E.

8) My home is safe and easy for me to get around in and is not in need of repairs. Response 2.03

9) I know who to contact to find out about services or programs in my area to help me stay safe, healthy and independent in my home. Response 2.10

10) I or someone I know has been a victim of abuse, neglect, or financial exploitation. Response 3.1

11) Outdoor recreation spaces in my community such as sidewalks, parks and walking trails are safe and appropriate for me to use. Response 2.47

12) I see a dentist for a check-up at least every six months. Response 2.83

Participants were also asked if they provide care on at least a weekly basis for someone who is elderly, for someone who has a disability or for a minor child to help keep them safe and healthy. The answers from each population are contained below:

13) I provide care on at least a weekly basis for someone who is elderly, disabled or a minor child to help them stay safe and healthy. If yes, do your care for a person who is elderly, a person who is disabled or a minor child?	• 41 Yes; 46 No (7 no response) • 21-elderly • 10-disabled • 17-minor child • (4 marked yes, but didn't specify for whom they care; 1 picked all three; 5 picked elderly and disabled; 3 selected elderly and child and 1 selected disabled and child)	• 37 yes; 49 No • 28-elderly • 12-disabled • 3-minor child • (5 marked they were caring for elderly and disabled; 1 caring for elderly and child.)37 yes; 49 No	• 60 yes; 67 no • 33- elderly • 27- disabled • 19- minor child • (5 marked they were caring for elderly and disabled, 2 marked they were caring for elderly and child, and 1 marked all three categories)

Aging and Disability Network Providers and Stakeholders Online Survey[30]

A total of 131 people completed and submitted surveys online. Fifty-one counties were represented in the submitted surveys. Twenty different organization types were identified by the participants.[31] Sixty-eight different professions were identified by the participants in that completed the survey.

Thirty-two participants worked with Older Adults only, 29 participants worked with Adults with Disabilities only and 70 participants worked with both populations.

[30] A copy of the survey is contained in Attachment F.
[31] A chart showing the organizations participants belong to is contained in Attachment G.

Similar to the Older Adult and Adults with Disabilities survey, this population was asked three questions regarding services. The top five ranked services for each question are below.

The top five ranked referred services of the respondents were:

1. In-home Services
2. Health Care
3. Information and Referral
4. Help Paying Bills
5. Transportation

The top five ranked services they tried to refer to but were unable to locate in their community were:

1. Home Repair/Updates
2. Dental/Oral Health
3. Help Paying for Bills
4. Legal Services
5. Educational Programs

The top five services they feel are necessary to help their clients remain in their home as long as possible were:

1. Affordable Housing
2. In-home Services
3. Health Care
4. Help Paying for Bills
5. Falls Prevention

In addition, these providers and stakeholders were asked to identify services they feel are necessary, but were not listed as possible priority services on the survey. Their responses can be found in Attachment H.

DSDS Staff Survey[32]

A total of 84 field and central office staff completed the survey. All five regions in the state and Central Office are represented in the survey. Field staff included HCBS Assessors, APS staff, SIU staff and Central Office staff. A breakdown of community based staff by region is below:

DSDS Region	Count
Region 1	16
Region 2	19
Region 3	9
Region 4	11
Region 5	20
Central Office	9

[32] A copy of the survey can be found in Appendix I.

Similar to the Aging and Disability Network Providers and Stakeholders survey, this population was asked three questions regarding services. The top five ranked services for each question are below.

The top five ranked referred services listed were:

1. In-home Services
2. Home-delivered Meals
3. Help Paying Bills
4. Affordable Housing
5. Information about Abuse, Neglect and Exploitation

The top five ranked services they tried to refer but were not able to locate to in their community were:

1. Home Repair/Updates
2. Dental/Oral Health
3. Volunteer/Social Opportunities
4. Educational Programs
5. Fitness/Falls Prevention

The top five services they feel are necessary to help their clients remain in their home as long as possible were:

1. In-home Services
2. Affordable Housing
3. Help Paying for Bills
4. Home-delivered Meals
5. Health Care

DSDS Staff were asked to identify services they feel are needed that were not listed in the possible priority services. Their answers are contained in Attachment J.

Summary of Findings

Older Adults and Adults with Disabilities Survey Findings

Sixty-two percent of Older Adults and Adults with Disabilities survey respondents indicated that they or someone they know has experienced abuse, neglect or exploitation. Access to dental and oral health care was a concern for over half of the participants in the surveys. In addition, more than half of the respondents expressed concerns about falling and hurting themselves. Safe outdoor recreational spaces were identified as a need by almost 50 percent of the participants. Forty-two percent indicated that they did not know who to contact to find out about services or programs in their area to help them stay safe, healthy and independent in their homes.

The analysis of the combined Older Adult and Adults with Disabilities surveys also reveals that 49 percent of the survey participants provide care on at least a weekly basis for someone who is elderly, disabled or a minor child to help them stay safe and healthy. Fifty-nine percent of those who provide care on at least a weekly basis provide care to only older adults; 35 percent provide care to only adults with disabilities and 28 percent provide care to a minor child only. In addition, a little over one percent provides care to an elderly person and an adult with disabilities adult; .04 percent provides care to an elderly person and a minor child; less than .01 percent provides care to a person with disabilities and a child and .1 percent provides care to all three populations.

The top services that participants have used in the combined surveys include:

- Health Information
- Educational Programs
- Volunteering and Social Opportunities
- Disease Prevention/Fall Prevention Classes
- Dental/Oral Health Care
- Meals at Senior Centers
- Information to Avoid Scams
- Safe Outdoor Spaces
- Help Finding Programs and Services

The top services that participants have tried to use but were unable to locate in the combined surveys include:

- Home Repair/Updates
- Dental/Oral Health
- Employment Opportunities
- Disease Prevention/Falls Prevention Classes
- Help Finding Programs and Services
- Information to Avoid Scams
- Transportation
- Caregiver Support Services

The top services that participants believe they will need to help them stay in their homes for as long as they want to be there in the combined surveys include:

- Home Repair/Updates
- Disease Prevention/Fall Prevention Classes
- Educational Programs
- Dental/Oral Health
- Help Finding Programs and Services
- Transportation

- Home-delivered Meals
- Health Information
- Caregiver Support Services

Aging and Disability Network Partners and Stakeholder and DSDS Survey Findings

An analysis of the combined Aging and Disabled Network Providers and Stakeholders surveys and the DSDS Staff Surveys was completed. The top services that survey respondents had referred individuals to in the combined surveys include:

- In-home services
- Health Care
- Information and Referral
- Help Paying Bills
- Transportation
- Home-delivered Meals
- Affordable Housing
- Information About Abuse, Neglect and Exploitation

The top services that survey respondents had wanted to refer individuals to but were unable to locate the service were:

- Home Maintenance and Repair
- Oral Health Care
- Help Paying Bills
- Legal Services
- Educational Programs
- Social or Volunteer Opportunities
- Fitness/Falls Prevention Classes

The top services that survey respondents believed would help their clients stay in their homes for as long as they want to be there were:

- Affordable Housing
- In-home Services
- Health Care
- Help Paying Bills
- Fitness/Falls Prevention Classes
- Home-Delivered Meals

Comparison of All Survey Populations Results

Finally, a comparison was done on all submitted surveys to see which services were mentioned the most often by all populations.[33] The services most used, searched for but unable to locate or referred to by survey participants are included in the chart below:

Question	Older Adults and Adults with Disabilities Combined Survey Results	Aging and Disability Network Provider and Stakeholders and DSDS Staff Combined Survey Results
Of the services below, please check the ones you have personally used (or referred to for the last two columns) in your community, if any.	Health Info; Educational Programs; Volunteering/Social Opportunities; Disease Prevention/Fitness Classes; Dental/Oral Health; Meals at Senior Centers; Info to Avoid Scams; Safe Outdoor Spaces; Help Finding Programs and Services	In-home services; Health Care; Information and Referral; Help Paying Bills; Transportation; Home-delivered Meals; Affordable Housing and Information About Abuse, Neglect and Exploitation.
Of the services below, please check the ones you have tried to use (or tried to refer to for providers/staff), but were unable to find them in your community.	Home Repair/Updates; Dental/Oral Health; Employment Opportunities; Fitness/Falls Prevention; Help Finding Programs and Services; Info to Avoid Scams; Transportation; Caregiver Support Services; Disease Prevention/Fitness Classes.	Home Maintenance and Repair; Oral Health Care; Help Paying Bills; Legal Services; Educational Programs; Social or Volunteer Opportunities and Fitness/Falls Prevention Classes.
Of the services below, please check the top five services you feel you will need to help you stay in your home for as long as you want to be there (or what services will help OAs or ADs to stay in their homes for as long as they want to be there for the last two columns).	Home Repair/ Updates; Fitness/Falls Prevention; Educational Programs; Dental/Oral Health; Help Finding Programs and Services; Transportation; Home-Delivered Meals; Health Info; Caregiver Support Services	Affordable Housing; In-home Services; Health Care; Help Paying Bills; Fitness/Falls Prevention Classes and Home-Delivered Meals.

When combining the services that all populations tried to use or refer to but were unable to find with the services which all populations feel will help older adults remain in their homes for as long as they want to be there, a list of eight possible priority services emerged.

- Caregiver Support Services
- Dental/Oral Health

[33] A comparison document for all survey groups can be found in Attachment K.

- Educational Programs
- Fitness/Falls Prevention
- Help Finding Programs and Services
- Help Paying Bills
- Home Repair/Updates
- Transportation

The findings from these surveys will be used to help DSDS develop the goals and objectives in the upcoming Missouri State Plan on Aging 2020-2023.

Definitions of Services listed on Surveys for Missouri State Plan on Aging

Home-Delivered Meal- A meal provided to a qualified individual in his/her place of residence.

Meals at Senior Center (Congregate Meal)- A meal provided to a qualified individual in a congregate or group setting.

Transportation- Transportation from one location to another.

Information and Referral at Area Agency on Aging/Senior Center- A service that provides individuals with information on services available within the communities and/or links individuals to the services and opportunities that are available within the communities.

Disease Prevention/Health Promotion- Services that include health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; and/or information, education and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life.

Falls Prevention Classes- Classes that help reduce the risk of falls through education, behavior change and exercise.

Education Programs- Programs provided to older adults or adults with disabilities to educate them on issues, programs and services to improve their health, safety and overall wellbeing.

Volunteer Opportunities- Provides the possibility for an older adult or adult with disabilities to donate their time to a service willingly and without pay.

Home Maintenance and Repair- A service involving minor modifications or repairs to homes allowing the person to remain at home.

Help Paying Bills (rent, fuel, insurance)- Financial assistance in paying necessary bills.

Information about Abuse, Neglect and Financial Exploitation- Educational opportunities to inform older adults or adults with disabilities about these issues, how to prevention them and how to report them if necessary.

Social Opportunities- Provides the chance for older adults or adults with disabilities to interact with others to help reduce social isolation and loneliness.

Health Care- The maintenance and improvement of physical and mental health, especially through the provision of medical services.

Oral Health Care- The maintenance and improvement of oral health including gum, teeth, tongue, mouth and face.

Family Caregiver Services- A service that assists caregivers in obtaining access to the services and resources available within their communities.

Legal Services- Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

Nursing Home Residents Rights- the legal and moral rights of the residents of a nursing home.

In-Home Services- Include the following:

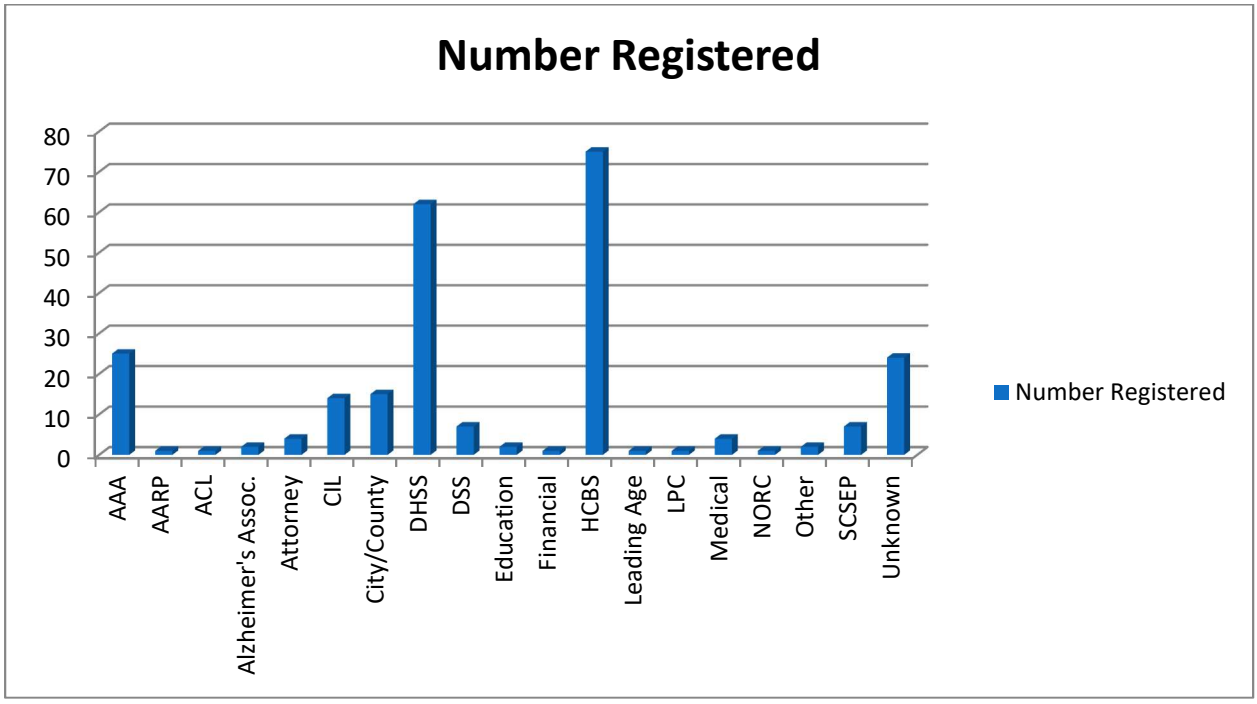
- Personal Care (1 Hour) - Personal assistance, stand-by assistance, supervision or cues.
- Homemaker (1 Hour) - Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.
- Chore (1 Hour) - Assistance such as heavy housework, yard work or sidewalk maintenance for a person.
- Respite Care - (1 hour) Services which offer a brief period of relief or rest for caregivers.

Affordable Housing- is housing which is deemed affordable to those with a median household income.

Alzheimer's or other Dementia Services- Supportive or educational programs available to individuals with dementia and/or their caregivers

Attachment B- Chart of Professions for those who registered for the webinar

Provider/Agency Type	Number Registered	Provider/Agency Type	Number Registered
Area Agency on Aging	25	Dept. of Social Services	7
AARP	1	Education	2
Administration for Community Living	1	Financial	1
Alzheimer's Association	2	Home and Community Based Services Provider	75
Attorney	4	Leading Age	1
Centers for Independent Living	14	LPC	1
City/County Government Officials	15	Medical	4
Dept. of Health and Senior Services	62	Naturally Occurring Retirement Community	1
Other	2	Unknown	24
Senior Community Service Employment Program	7	**Total**	**249**



Attachment C- Older Adults and Adults with Disabilities State Plan on Aging Survey

Older Adult and Adults with Disabilities State Plan on Aging Survey

State Plan on Aging Needs Survey

* 1. What county do you live in? How old are you?

County (i.e., Jackson County, St. Louis County, Boone County, Pemiscot County)

Age

* 2. I have enough food, or can buy enough food, to not be hungry each day.

Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Disagree
○	○	○	○	○

* 3. I have never had to choose between paying bills, purchasing medications or visiting a doctor in order to buy food.

Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Disagree
○	○	○	○	○

* 4. I always have transportation to all of my doctors and medical appointments.

Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Disagree
○	○	○	○	○

* 5. I always have transportation to get to the grocery store, senior center, or other places I want to go.

Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Disagree
○	○	○	○	○

* 6. I am concerned about falling and injuring myself.

Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Disagree
○	○	○	○	○

* 7. I feel like I am able to be an active part of my community.

Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Disagree
○	○	○	○	○

* 8. I have someone to call whenever I need help or just want someone to talk to.

Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Disagree
○	○	○	○	○

* 9. My home is safe and easy for me to get around in and is not in need of repairs.

Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Disagree
○	○	○	○	○

* 10. I know who to contact to find out about services or programs in my area to help me stay safe, healthy and independent in my home.

Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Disagree
○	○	○	○	○

* 11. I or someone I know has been a victim of abuse, neglect, or financial exploitation.

Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Disagree
○	○	○	○	○

* 12. Outdoor recreation spaces in my community such as sidewalks, parks and walking trails are safe and appropriate for me to use.

Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Disagree
○	○	○	○	○

* 13. I provide care on at least a weekly basis for someone who is elderly, disabled or a minor child to help them stay safe and healthy.

- ☐ No
- ☐ Yes- An individual who is elderly
- ☐ Yes-An individual who is disabled
- ☐ Yes- A Minor Child

* 14. I see a dentist for a check-up at least every six months.

Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Disagree
○	○	○	○	○

* 15. Of the services below, please check the ones you have personally used in your community, if any.

- [ ] Home-delivered Meals
- [ ] Meals at Senior Center
- [ ] Disease Prevention/Fitness Classes
- [ ] Falls Prevention Classes
- [ ] Help Finding Programs or Services
- [ ] Educational Programs
- [ ] Volunteering/Social Opportunities
- [ ] Home Repair/Updates
- [ ] Safe Outdoor Spaces (Parks/Paths)
- [ ] Health Information
- [ ] Employment Opportunities
- [ ] Caregiver Support Services
- [ ] Dental/Oral Health
- [ ] Transportation
- [ ] Information about Abuse, Neglect, or Financial Exploitation
- [ ] Information to Avoid Scams

* 16. Of the services below, please check the ones you have tried to use, but were unable to find them in your community.

- [ ] Home-delivered Meals
- [ ] Meals at Senior Center
- [ ] Disease Prevention/Fitness Classes
- [ ] Falls Prevention Classes
- [ ] Help Finding Programs or Services
- [ ] Educational Programs
- [ ] Volunteering/Social Opportunities
- [ ] Home Repair/Updates
- [ ] Safe Outdoor Spaces (Parks/Paths)
- [ ] Health Information
- [ ] Employment Opportunities
- [ ] Caregiver Support Services
- [ ] Dental/Oral Health
- [ ] Transportation
- [ ] Information about Abuse, Neglect, or Financial Exploitation
- [ ] Information to Avoid Scams

* 17. Of the services below, please check the top five services you feel you will need to help you stay in your home for as long as you want to be there.

- [ ] Home-delivered Meals
- [ ] Meals at Senior Center
- [ ] Disease Prevention/Fitness Classes
- [ ] Falls Prevention Classes
- [ ] Help Finding Programs or Services
- [ ] Educational Programs
- [ ] Volunteering/Social Opportunities
- [ ] Home Repair/Updates
- [ ] Safe Outdoor Spaces (Parks/Paths)
- [ ] Health Information
- [ ] Employment Opportunities
- [ ] Caregiver Support Services
- [ ] Dental/Oral Health
- [ ] Transportation
- [ ] Information about Abuse, Neglect, or Financial Exploitation
- [ ] Information to Avoid Scams

Attachment D- Older Adult and Adults with Disabilities Combined Survey Results

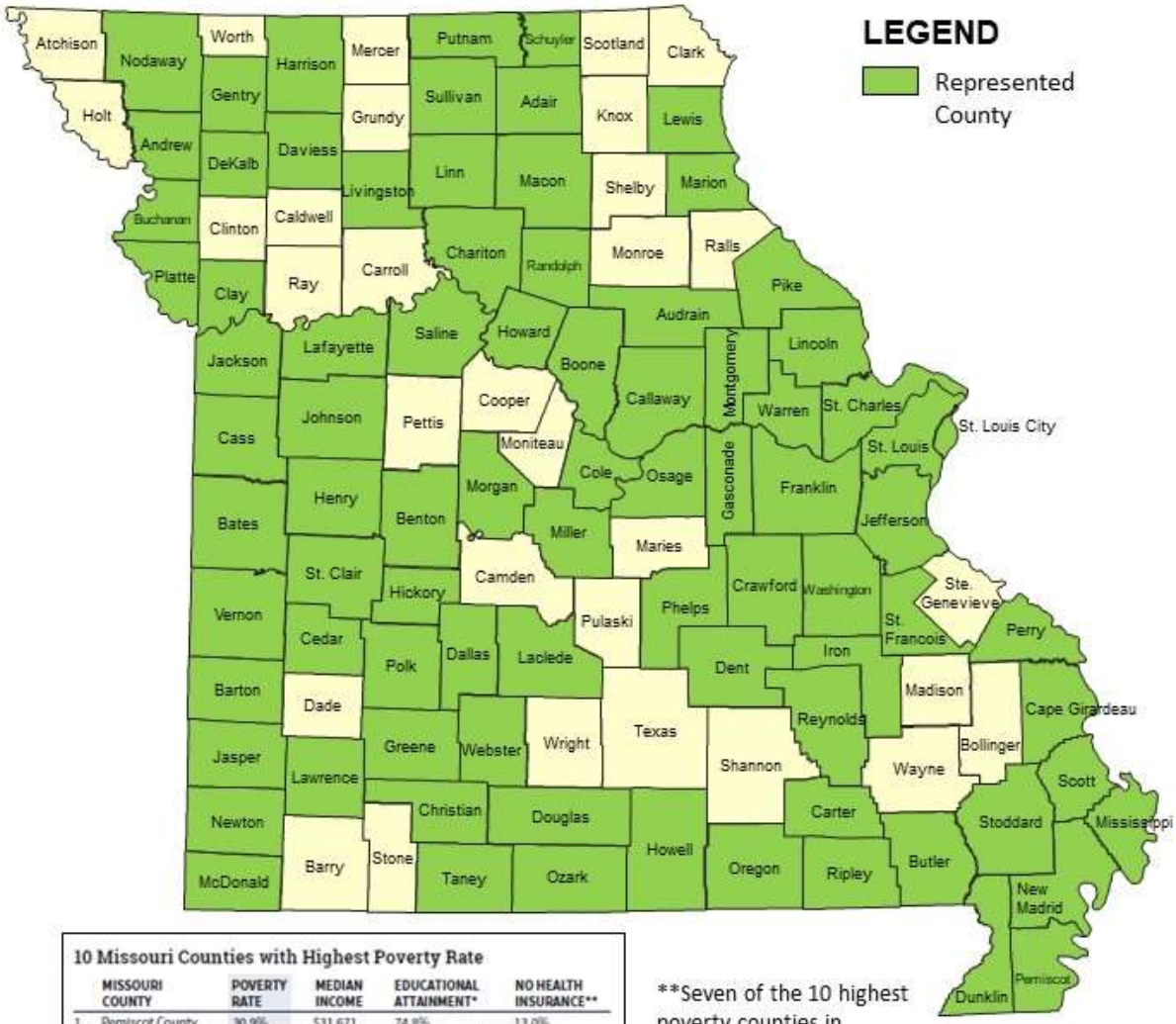
Item	MIMA Surveys	SHL Surveys	Online Surveys	Totals/Averages
Number of Surveys Completed	94	86	127	307
Average Age	70.29 (range of 49-89)	73.29 (range of 60-98)	58.94 (range of 25-90)	67.51 (range of 25-98)
# Counties Included (84 of 115 Counties Represented- 73%)	12 counties	55 counties	54 counties	84
Questions 1 through 12 below have a rating scale of 1 to 5. (1= Strongly Agree; 2= Somewhat Agree; 3= Agree; 4= Somewhat Disagree; 5=Disagree)				
1) I have enough food, or can buy enough food, to not be hungry each day.	1.3	1.3	2.0	1.53
2) I have never had to choose between paying bills, purchasing medications or visiting a doctor in order to buy food.	1.9	1.6	2.5	2.00
3) I always have transportation to all of my doctors and medical appointments.	1.5	1.5	2.0	1.67
4) I always have transportation to get to the grocery store, senior center, or other places I want to go.	1.5	1.5	2.2	1.73
5) I am concerned about falling and injuring myself.	2.6	2.9	2.9	2.80
6) I feel like I am able to be an active part of my community.	1.4	1.4	2.2	1.67
7) I have someone to call whenever I need help or just want someone to talk to.	1.3	1.7	2.2	1.73
8) My home is safe and easy for me to get around in and is not in need of repairs.	1.9	1.8	2.4	2.03
9) I know who to contact to find out about services or programs in my area to help me stay safe, healthy and independent in my home.	2.0	1.8	2.5	2.10
10) I or someone I know has been a victim of abuse, neglect, or financial exploitation.	3.2	3.0	3.3	3.1
11) Outdoor recreation spaces in my community such as sidewalks, parks and walking trails are safe and appropriate for me to use.	2.1	2.4	2.9	2.47
12) I see a dentist for a check-up at least every six months.	2.9	2.7	2.9	2.83

Item	MIMA Surveys	SHL Surveys	Online Surveys	Totals/Averages
13) I provide care on at least a weekly basis for someone who is elderly, disabled or a minor child to help them stay safe and healthy. If yes, do your care for a person who is elderly, a person who is disabled or a minor child?	41 Yes; 46 No (7 no response) 21-elderly 10-disabled 17-minor child (4 marked yes, but didn't specify for whom they care; 1 picked all three; 5 picked elderly and disabled; 3 selected elderly and child and 1 selected disabled and child)	37 yes; 49 No 28-elderly 12-disabled 3-minor child (5 marked they were caring for elderly and disabled; 1 caring for elderly and child.)	60 yes; 67 no 33- elderly 27- disabled 19- minor child (5 marked they were caring for elderly and disabled, 2 marked they were caring for elderly and child, and 1 marked all three categories)	138 Yes; 162 No (7 no response) 82- Elderly 49 Disabled 39- Minor Child 4- marked yes, but didn't specify 15- marked elderly and disabled 6- marked elderly and child 1- marked disabled and child and 2- marked all three categories
Of the services below, please check the ones you have personally used in your community, if any. (Top 5 listed)	Health Info; Educational Programs; Volunteering or Social Opportunities; Disease Prevention. /Fitness Classes and Dental/oral health.	Volunteering/Social Opportunities; Meals at Senior Centers; Health Info; Educational Programs; Info to Avoid Scams.	Volunteering/Social Opportunities; Health Info; Dental/Oral Health; Safe Outdoor Spaces; Help Finding Programs and Services	Health Info; Educational Programs; Volunteering/Social Opportunities; Disease Prevention/Fitness Classes; Dental/Oral Health; Meals at Senior Centers; Info to Avoid Scams; Safe Outdoor Spaces; Help Finding Programs and Services
Of the services below, please check the ones you have tried to use, but were unable to find them in your community. (Top 5 listed)	Home Repair/updates; Dental/oral Health; Employ Opportunities; Fitness/Falls Prevention; Help Finding Programs and Services.	Home Repair/ Updates; Info to Avoid Scams; Help Finding Programs and Services; Transportation; Fitness/Falls Prevention.	Home Repair/Updates; Help Finding Programs or Services; Caregiver Support Services; Info to Avoid Scams; Disease Prevention/ Fitness Classes	Home Repair/Updates; Dental/Oral Health; Employment Opportunities; Fitness/Falls Prevention; Help Finding Programs and Services; Info to Avoid Scams; Transportation; Caregiver Support Services; Disease Prevention/Fitness Classes.

Item	MIMA Surveys	SHL Surveys	Online Surveys	Totals/Averages
Of the services below, please check the top five services you feel you will need to help you stay in your home for as long as you want to be there. (Top 5 listed)	Home Repair/Updates; Fitness/Falls Prevention; Educational Programs; Dental/Oral Health; Help Finding Programs and Services.	Transportation; Home-Delivered Meals; Health Info; Falls Prevention; Help Finding Programs and Services.	Transportation; Home Repair/Updates; Help Finding Programs and Services; Caregiver Support Services; Home-delivered Meals	Home Repair/ Updates; Fitness/Falls Prevention; Ed Programs; Dental/Oral Health; Help Finding Programs and Services; Transportation; HDMs; Health Info; Caregiver Support Services

Attachment E- Map of counties represented in the combined Older Adult and Adults with Disabilities survey

Counties Represented in SPOA Survey Results for OA and AD



10 Missouri Counties with Highest Poverty Rate

	MISSOURI COUNTY	POVERTY RATE	MEDIAN INCOME	EDUCATIONAL ATTAINMENT*	NO HEALTH INSURANCE**
1.	Pemiscot County	30.9%	$31,671	74.8%	13.0%
2.	Texas County	29.9%	$35,730	82.1%	15.8%
3.	Mississippi County	28.4%	$29,214	72.8%	15.1%
4.	Ripley County	27.7%	$34,145	78.2%	16.1%
5.	Dunklin County	27.2%	$31,220	73.9%	15.1%
6.	Shannon County	26.4%	$32,284	81.7%	16.6%
7.	Wayne County	26.0%	$33,954	75.3%	15.9%
8.	Ozark County	25.3%	$31,087	83.8%	17.8%
9.	New Madrid County	25.0%	$31,615	75.9%	13.6%
10.	Oregon County	24.9%	$30,442	83.6%	15.3%

*Percent of population with high school graduation or higher **Percent of population without health insurance under age 65

**Seven of the 10 highest poverty counties in Missouri reached.

Community Action Agency of St. Louis. Poverty Report 2018 Missouri. http://www.caastlc.org/wpsite/wp-content/uploads/2018/03/MCAN-MEP-2018-MissouriPovertyReport-DigitalDownload.pdf. Accessed 11/29/2018.

Attachment F- Aging and Disability Network Provider and Stakeholder State Plan on Aging Survey

Aging and Disability Network Provider and Stakeholders State Plan on Aging Survey

1. What county are you based out of?

2. What is your profession?

3. What type of organization do you work for?

- In-home health company (In-home personal care services, chore services, respite services, home health care services, etc.)
- Medical Provider (Doctor's Office, Local Health Department, FQHC, Hospital, Clinic, etc.)
- Centers for Independent Living
- Local government (City or County)
- State Government
- Law Enforcement
- Other (please specify)
- Adult Daycare Provider
- Employment Services
- Local Community Supportive Services Agency (Non-profit that provides supportive services)
- Homeless Shelter
- Faith Based Agency

4. What population do you primarily work with?

- Older Adults
- Adults with Disabilities
- Both

5. Of the service below, please rank the top 5 services that you refer your clients to the most often. (1= refer to the most)

- [ ] Home-Delivered Meals
- [ ] Meals at Senior Center
- [ ] Transportation
- [ ] Information and Referral at Area Agency on Aging/Senior Center
- [ ] Disease Prevention/Health Promotion Fitness Classes
- [ ] Falls Prevention Classes
- [ ] Education Programs (fraud prevention, healthy living, etc.)
- [ ] Volunteer Opportunities
- [ ] Home Maintenance and Repair
- [ ] Help Paying Bills (rent, fuel, insurance)
- [ ] Information about Abuse, Neglect and Financial Exploitation
- [ ] Social Opportunities
- [ ] Health Care
- [ ] Oral Care
- [ ] Family Caregiver Services
- [ ] Legal Services
- [ ] Nursing Home Resident's Rights
- [ ] In-home Services (Personal Care, Homemaker, Chore, Respite)
- [ ] Affordable Housing
- [ ] Alzheimer's or other Dementia Services

6. Of the service below, mark the services that you would like to refer your clients to, but do not have the service/program available in your area.

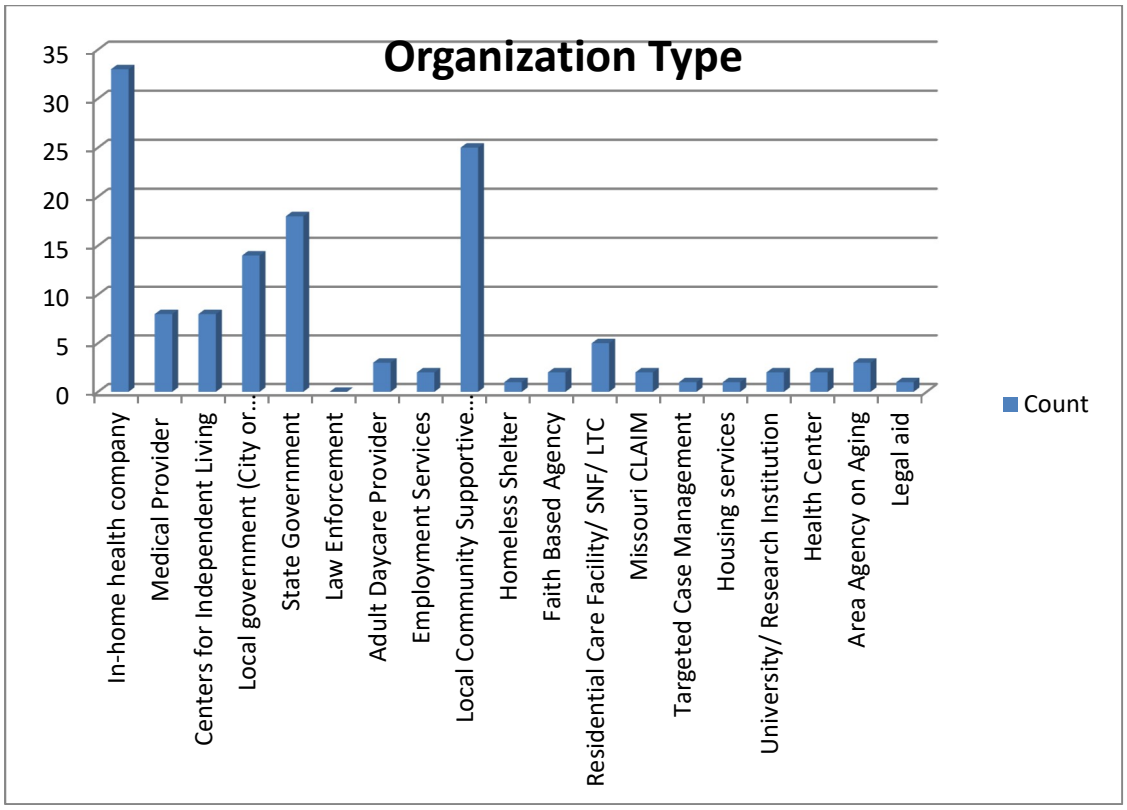
- [ ] Home-Delivered Meals
- [ ] Meals at Senior Center
- [ ] Transportation
- [ ] Information and Referral at Area Agency on Aging/Senior Center
- [ ] Disease Prevention/Health Promotion Fitness Classes
- [ ] Falls Prevention Classes
- [ ] Education Programs (fraud prevention, healthy living, etc.)
- [ ] Volunteer Opportunities
- [ ] Home Maintenance and Repair
- [ ] Help Paying Bills (rent, fuel, insurance)
- [ ] Information about Abuse, Neglect and Financial Exploitation
- [ ] Social Opportunities
- [ ] Health Care
- [ ] Oral Care
- [ ] Family Caregiver Services
- [ ] Legal Services
- [ ] Nursing Home Resident's Rights
- [ ] In-home Services (Personal Care, Homemaker, Chore, Respite)
- [ ] Affordable Housing
- [ ] Alzheimer's or other Dementia Services

7. Of the service below, please rank the top 5 services that you believe are the most necessary to keep your clients in their home for a long as they want to be there. (1= refer to the most)

- [ ] Home-Delivered Meals
- [ ] Meals at Senior Center
- [ ] Transportation
- [ ] Information and Referral at Area Agency on Aging/Senior Center
- [ ] Disease Prevention/Health Promotion Fitness Classes
- [ ] Falls Prevention Classes
- [ ] Education Programs (fraud prevention, healthy living, etc.)
- [ ] Volunteer Opportunities
- [ ] Home Maintenance and Repair
- [ ] Help Paying Bills (rent, fuel, insurance)
- [ ] Information about Abuse, Neglect and Financial Exploitation
- [ ] Social Opportunities
- [ ] Health Care
- [ ] Oral Care
- [ ] Family Caregiver Services
- [ ] Legal Services
- [ ] Nursing Home Resident's Rights
- [ ] In-home Services (Personal Care, Homemaker, Chore, Respite)
- [ ] Affordable Housing
- [ ] Alzheimer's or other Dementia Services

8. Are there any services not listed above that you believe are necessary for older adults or adults with disabilities to live safely in their homes for as long as they want to be there?

Attachment G- Organization type for individuals who completed the Aging and Disability Network Partner and Stakeholders State Plan on Aging Survey



Attachment H- Additional comments from individuals who completed the Aging and Disability Network Partner and Stakeholders State Plan on Aging Survey

Are there any services not listed above that you believe are necessary for older adults or adults with disabilities to live safely in their homes for as long as they want to be there?
A phone number where they can actually reach a human and not get transferred 10 times and ask a question without being told they can't help, or if they go into a DHSS office they can meet with a specialist who can help them navigate the system.
Adaptive equipment installation services/Adaptive Technology
Adult day programs
Affordable care that is reliable and flexible
Case management and benefits assistance so that people can afford to live at home & can access needed resources.
Church
Cognitive Stimulation Therapy
Community Integration Assistance, Medication Assistance, technology for remote supports
Companion, literacy, or gardening programs
consultation with occupational therapy to remove hazards in home that can lead to unsafe living conditions and/or falls
Durable medical equipment
Easier access to mental health.
Easier Access to services
Financial assist for medications/DME/Pet care, incontinence supplies
Home Health Care
Increase in In-Home services, increase in caregivers
Increase plans of care so proper care can be given. Unit deductions have hurt those that need it most.
Intergenerational Support - Rural Elders Sharing Time and Resources with College Students. Community Housing Models to Assist in Independence and Affordability.
Language Services. Our agency specializes in meeting needs of LEP
MO RX—needs to be reinstated!
Mobility improvements
Personal care in an Residential Care Home
SAFETY FROM OTHERS BREAKING INTO THEIR HOMES
Some adults need information and referrals for domestic violence programs. Some seniors need access to these specialized resources.
Someone to come by and just check on the elderly if there is not family that lives close by. Either by phone or personal contact.
Support services that help provide handicapped accessible equipment for these individuals, as well as transportation to appointments that are paid through Medicare not just those who qualify for Medicaid
virtual telehealth technology -monitoring for the home
We have too many organizations providing duplication of services.
Yes, at home personal and professional Nursing medical and personal care support. There are programs for persons on Medicaid and insured. There is a great need for general public health home visits, free of charge, 1- 2x a week personal care, bathing and light house keeping with a nursing profession med and physical condition check monthly or quarterly. There are few Public Health agencies that still do home visits. It is a service that has and will always help the elderly stay in their homes longer, also a great burden relief for working family members.

Attachment I- DSDS Staff State Plan on Aging Survey

DSDS Staff State Plan on Aging Survey

1. What region do you work in?

- ◯ Region 1
- ◯ Region 2
- ◯ Region 3
- ◯ Region 4
- ◯ Region 5
- ◯ Central Office

2. What is your specific area of work?

- ◯ HCBS
- ◯ APS
- ◯ SIU
- ◯ CRU

3. Of the services below, please rank the top 5 that you refer your participants to the most often. (1= refer to the most)

- [ ] Home-delivered meals
- [ ] Meals at the Senior Center
- [ ] Transportation
- [ ] Information and Referral at Area Agency on Aging/ Senior Center
- [ ] Disease Prevention/ Health Promotion Fitness Classes
- [ ] Fall Prevention Classes
- [ ] Education Programs (Fraud Prevention, healthy living, etc.)
- [ ] Volunteer Opportunities
- [ ] Home Maintenance and Repair
- [ ] Help paying bills (rent, fuel, insurance)
- [ ] Information about Abuse, Neglect and Financial Exploitation
- [ ] Social Opportunities
- [ ] Health Care
- [ ] Oral Care
- [ ] Family Caregiver Services
- [ ] Legal Services
- [ ] Nursing Home Residents Rights
- [ ] In-home Services (Personal Care, Chore, Respite)
- [ ] Affordable Housing
- [ ] Alzheimer's or other Dementia Services

4. Of the services below, please mark the services you would like to refer participants to, but do not have the service/program available in your area.

- [ ] Home-delivered meals
- [ ] Meals at the Senior Center
- [ ] Transportation
- [ ] Information and Referral at Area Agency on Aging
- [ ] Disease Prevention/ Health Promotion Fitness Classes
- [ ] Fall Prevention Classes
- [ ] Education Programs (Fraud Prevention, healthy living, etc.)
- [ ] Volunteer Opportunities
- [ ] Home maintenance and repair
- [ ] Help paying bills (rent, fuel, insurance)
- [ ] Information about Abuse, Neglect, and Financial Exploitation
- [ ] Social Opportunities
- [ ] Health Care
- [ ] Oral Care
- [ ] Family Caregiver Services
- [ ] Legal Services
- [ ] Nursing Home Residents Rights
- [ ] In-home Services (Personal Care, Chore, Respite)
- [ ] Affordable Housing
- [ ] Alzheimer's or other Dementia Services

5. Of the services below, please rank the top 5 the services you believe are the most necessary to keep participants in their homes for as long as they want to be there.

- [ ] Home-delivered meals
- [ ] Meals at the Senior Center
- [ ] Transportation
- [ ] Information and Referral at Area Agency on Aging
- [ ] Disease Prevention/ Health Promotion Fitness Classes
- [ ] Fall Prevention Classes
- [ ] Education Programs (Fraud Prevention, healthy living, etc.)
- [ ] Volunteer Opportunities
- [ ] Home maintenance and repair
- [ ] Help paying bills (rent, fuel, insurance)
- [ ] Information about Abuse, Neglect, and Financial Exploitation
- [ ] Social Opportunities
- [ ] Health Care
- [ ] Oral Care
- [ ] Family Caregiver Services
- [ ] Legal Services
- [ ] Nursing Home Residents Rights
- [ ] In-home Services (Personal Care, Chore, Respite)
- [ ] Affordable Housing
- [ ] Alzheimer's or other Dementia Services

6. Are there any services not listed above that you believe are necessary for older adults or adults with disabilities to live safely in their homes for as long as they want to be there?

Attachment J – Additional comments from DSDS staff who completed the DSDS Staff State Plan on Aging Survey

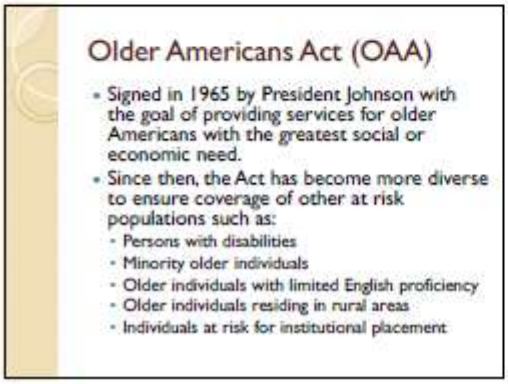
Are there any services not listed above that you believe are beneficial for older adults or adults with disabilities to live safely in their homes for as long as they want to be there?
Access to dental care above and beyond just pulling teeth, help paying for hearing aids, list of all places in counties who provide commodities.
Access to home medical equipment repair.
Access to money to assist with unexpected or emergent needs (usually associated with hotlines). Examples: funding for infestation extermination, money to buy short term medication until something else can be worked out, money to assist with a temporary purchase of incontinency supplies, money to assist with an overnight stay in a motel due to a hotlined emergency, transportation money for non-medical needs. The aforementioned list of resources is very helpful but not always accessible. For example, current transportation resources are limited to medical transportation and limited to a 3 day advance notice. CDS is limited to Medicaid recipients. Not all hotline transportation needs are limited to those narrow designations.
Advocates that know how to relay medical information to participants when they go to the doctor, pharmacy, psychiatrist/psychologist, physical therapist, dentist, etc.
Affordable access to medical care/treatment/services.
Bed bugs have been a major, expensive problem in the Bootheel. Most of my elderly clients are on a fixed income and own their homes. I am working on a task force to help alleviate and educate but the problem continues to grow.
Communication devices, such as phone or other device for an emergency or monitoring. For example an elderly person living in rural area with very little contact from others. Could have no phone or device to signal for help. The person who fell would have no way to communicate for help. They also may not have anyone check on them.
Doctor home visits.
House call psychological services or senior programs designed to address depression and affordable oral care for dentures.
I see a lot of people who need in home services but don't qualify for Mo Health Net and can't afford private pay services.
Medical equipment and home modifications (ramps, grab bars, etc.).
Mentor programs for senior citizens to take on trips or just to have a personal friend someone to call and/or do weekly activities with.
Non-Medicaid Medicaid services for someone to be present at night. Telephone reminders for things such as taking medications.
Obtaining adaptive equipment if they do not have Medicare. Walkers, shower chairs, canes, ramps, etc.
Ombudsman program.
Overnight care.
Places to purchase furniture and assistance with pet care.
Representative payee programs.
Resources for those with hearing difficulties
Respite paid by Medicaid for individuals under the age of 63.
Services are appropriate, but some folks need a lot more help than the time that can be provided.
Volunteers for the elderly who can visit or maybe run errands.
Voucher for food (beside food stamps) or clothing especially in winter.

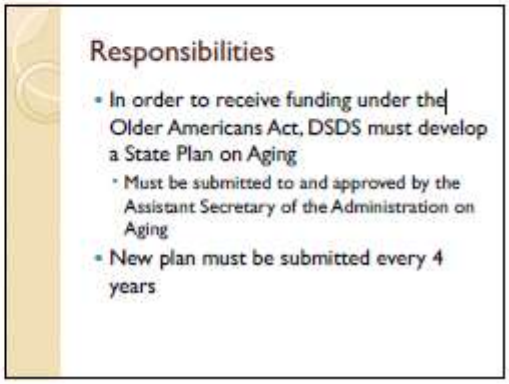
Attachment K –Comparison of all 5 State Plan on Aging Survey Groups

Item	MIMA Surveys	SHL Surveys	Older Adult and Adult With Disabilities Online Surveys	A&D Network Providers and Stakeholders	DSDS Staff
Number of Surveys Completed	94	86	127	131	84
Average Age	70.29 (range of 49-89)	73.29 (range of 60-98)	58.94 (range of 25-90)	N/A	N/A
# Counties Included (84 of 115 Counties Represented- 73%)	12 counties	55 counties	54 counties	51 Counties	All 5 Regions
Of the services below, please check the ones you have personally used (or referred to for the last two columns) in your community, if any. (Top 5 ranked)	1) Health Info; 2) Educational Programs; 3)Volunteering or Social Opportunities; 4) Disease Prevention. /Fitness Classes 5) Dental/oral health	1) Volunteering/ Social Opportunities; 2) Meals at Senior Centers; 3) Health info; 4) Educational Programs; 5) Info to avoid scams	1) Volunteering/ Social Opportunities; 2) Health Info; 3) Dental/Oral Health; 4) Safe Outdoor Spaces; 5)Help Finding Programs and Services	1) In-home Services; 2) Health Care; 3) Information and Referral; 4) Help Paying Bills; 5) Transportation	1) In-home Services; 2) Home-Delivered Meals; 3) Help Paying Bills; 4) Affordable Housing; 5) Info about A/N/E
Of the services below, please check the ones you have tried to use (or tried to refer to for providers/staff), but were unable to find them in your community. (Top 5 ranked)	1) Home Repair/updates; 2) Dental/oral health; 3) Employment Opportunities; 4) Fitness/Falls Prevention; 5) Help finding programs and services	1) Home Repair/ Updates; 2) Info to avoid scams; 3) help finding programs and services; 4) transportation; 5) fitness/falls prevention	1) Home Repair/Updates; 2) Help Finding Programs or Services; 3) Caregiver Support Services; 4) Info to Avoid Scams; 5) Disease Prevention/Fitness Classes	1) Home Maintenance and Repair; 2) Oral Health Care; 3) Help Paying Bills; 4) Legal Services; 5) Educational Programs	1) Home Maintenance & Repair; 2) Oral Health Care; 3) Social Opportunities/ Volunteer Opportunities; 4) Educational Programs 5) Fitness/ Falls Prevention
Of the services below, please check the top five services you feel you will need to help	1) Home repair/updates; 2) Fitness/falls prevention;	1) Transportation; 2) home-delivered meals; 3) Health info;	1) Transportation; 2) Home Repair/Updates; 3) Help Finding Programs and Services;	1) Affordable Housing; 2) In-home Services; 3) Health Care; 4) Help Paying Bills;	1) In-home Services; 2) Affordable Housing; 3) Help Paying Bills; 4) Home-Delivered Meals;

you stay in your home for as long as you want to be there (or what services will help OAs or ADs to stay in their homes for as long as they want to be there for the last two columns). (Top 5 ranked)	3) Educational Programs; 4) Dental/oral health; 5) Help finding programs and services	4) Falls prevention; 5) Help finding programs and services	4) Caregiver Support Services; 5) Home-delivered Meals	5) Fitness/Falls Prevention	5) Health Care

Appendix 6- State Plan on Aging 2020-2023 Development Webinar





State Plan on Aging

- Provides a framework for the State's activities related to the strategic goals
- Sets the goals for the Area Agencies on Aging Area Plans
- Current plan runs through September 30, 2019
- New plan will run through October 1, 2019, through September 30, 2023

State Plan Strategic Goals

- Will determine the focus of DSDS and Area Agencies on Aging for the next federal 4 year cycle
- Seeking input on the goals

Identifying Top Needs

- Area Agencies have to complete needs assessments as part of their Area Plan
- All ten Area Agency needs assessments were compared to determine which priorities were identified most in the plans
- New areas specific to Older Adults

Priorities

Nutrition

- Nutrition
  - Home-delivered meals- A meal provided to an individual in his/her place of residence.
  - Meals at Senior Center (Congregate Meal) - A meal provided to a qualified individual in a congregate or group setting.

Transportation

- Transportation- Transportation from one location to another.

Information and Referral

- A service that:
  - (A) provides individuals with information on services available within the communities
  - (B) links individuals to the services and opportunities that are available within the communities

Disease Prevention/Health Promotion

- Services that include health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life.
  - Chronic Disease Self-Management
  - Healthy Ideas
  - Powerful Tools for Caregivers

Healthy Living

- **Health Care**- The maintenance and improvement of physical and mental health, especially through the provision of medical services.
- **Oral Health Care**- The maintenance and improvement of oral health including gums, teeth, tongue, mouth and face.

Falls Prevention

- Falls are the leading cause of unintentional injury and death to adults age 65+ in Missouri.
- Falls prevention classes teach strength and balance and help older adults understand common causes of falls.
  - Falls Prevention Classes- Matter of Balance, Tai Chi

Education Programs

- Programs provided to older adults or adults with disabilities to educate them on issues, programs, and services to improve their health, safety and overall wellbeing.
  - Examples
    - Fraud prevention
    - Healthy living
    - Household Safety
    - Using electronic devices

Decrease Isolation/Increase Social Opportunities

- Volunteer Opportunities- Provides the possibility for an older adult or adult with disabilities to donate their time to a service willingly and without pay.
- Social Opportunities- Provides the chance for older adults or adults with disabilities to interact with others to help reduce social isolation and loneliness.

Adequate Housing

- A service involving minor modifications or repairs to homes facilitating the ability of individuals age 60 and over to remain at home.
- Help Paying Bills (rent, fuel, insurance)- Financial assistance in paying necessary bills. This could be provided by the AAA or through referrals to governmental or local social service agencies.

Information about Abuse, Neglect & Financial Exploitation

- Educational opportunities to inform older adults or adults with disabilities about these issues, how to prevent them and how to report them if necessary.

Family Caregiver Services

- A service that assists caregivers in obtaining access to the services and resources available within their communities.
  - Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.

Alzheimer's or Other Related Dementias

- Supportive or educational programs available to individuals with dementia or their caregivers.

Legal Services

- Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

Nursing Home Residents Rights

- Are the legal and moral rights of the residents of a nursing home.
  - Examples:
    - The right to be fully informed of available services and the charges for each service
    - The right to complain
    - The right to participate in one's own care
    - The right to privacy and confidentiality
    - The right to dignity, respect and freedom
    - The right to have visits
    - The right to make independent choice

In-home Services

- Personal Care - Personal assistance, stand-by assistance, supervision or cues.
- Homemaker - Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.
- Chore - Assistance such as heavy housework, yard work or sidewalk maintenance for a person.

In-home Services (continued)

- Respite Care - Services which offer a brief period of relief or rest for caregivers.
  - (1) In-home respite (personal care, homemaker, and other in-home respite);
  - (2) respite provided by attendance of the care recipient at a senior center or other nonresidential program;
  - (3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps.

We Need Your Input

- Please complete a short survey to provide your input on what the state's priorities should be in the upcoming plan.
  - Older Adults/Adults with Disabilities Link: https://www.surveymonkey.com/r/PQW2YD2
  - Network Provider and Stakeholder Link: https://www.surveymonkey.com/r/699HLSW

Questions

- Questions can be submitted to the following email:

MoStatePlanONAging@health.mo.gov

Appendix 7- Comments Submitted- Missouri State Plan on Aging 2020-2023 Development Webinar

One commenter wanted the DSDS to focus on engaging older adults through volunteer opportunities.

One commenter wanted the Missouri State Plan on Aging to include focus on "Continuing Care Retirement Communities", adult daycare, respite care and assisted living facilities to the extent they proceed community based services.

One commenter wanted to see language in the plan supportive of services for the LGBTQ community among the aging.

One commenter would like to see more focus on employment and retirement planning for seniors in the plan.

Appendix 8 - AAA Director Calls

Suggested Goal Topics for Missouri State Plan on Aging
Alignment of nutrition efforts with USDA nutrition programming
Integrated Health Care
Modernizing Senior Centers/Making centers more visible
Home maintenance/repair
Transportation
Data collection and analysis from all 10 AAAs
Dental/Oral Hygiene
Falls Prevention
Housing
Emergency Preparedness
Social Isolation
Education on Abuse, Neglect and Exploitation
Unserved or Underserved Populations (LGBT/non-English speaking, etc.)
Information on accessing services through the AAAs
Increasing in-home services (HCBS type) for individuals who are not on Missouri Medicaid

Appendix 9 - Public Comments

This document contains a summary of the public comments collected from April 2, 2019 through April 22, 2019, in response to the Missouri State Plan on Aging 2020-2023 public comment posting. The public comment period for the State Plan on Aging 2020-2023 was published on the Department of Health and Senior Services (DHSS) website on April 2, 2019. Emails were sent to all home and community based service providers registered with the DHSS, all persons who registered for the State Plan on Aging webinar, city and county officials in Missouri, Division of Senior and Disability Services staff within the DHSS, and each of the Area Agency on Aging directors. The posting on the DHSS website and all emails informed the public that comments would be accepted through email at MOStatePlanOnAging.health.mo.gov. The public notice provided the following:

- An email address for submission of comments
- A copy of the ACL Program Instructions for Development of the State Plan on Aging
- A copy of the Older Americans Act of 2016
- A deadline for submission of comments

During the comment period the DHSS received comments from:

- Legal Services of Eastern Missouri
- Two (2) private citizens
- Springfield-Greene County Health Department
- Integrity Home Care and Hospice
- Give 5 program
- St. Louis City Senior Fund
- Aging Ahead Area Agency on Aging

The following represents a summary of the comments received by email from two private citizens:

One commenter pointed out two key issues, transportation in rural areas and the ability to keep individuals in their home as long as possible using adult day services and in-home services.

One commenter suggested the DSDS develop solutions to the high cost of in-home care for individuals age 60 and over as 80 percent of this population lives below 150 percent of the federal poverty level. This commenter also pointed out the need for appointments to the Department of Health and Senior Services Board to ensure inclusion of all stakeholders.

The following represents a summary of the comments received by email from Springfield-Greene County Health Department:

The plan contained quality goals, strategies and objectives that will positively impact Missourians, but there seems to be a gap in end of life issues such as palliative care and advanced directives. Many times the end of life is largely viewed as a function of health care and nursing facilities, however there must be

opportunities for public health to educate, support and advocate for individuals to have a high quality of life even as their life is ending.

The following represents a summary of comments received by email from Integrity Home Care and Hospice:

Some of the strategies and objectives in the plan are significant enough to warrant inclusion as primary goals within the plan. Examples included supporting formal caregivers, supporting aging in community with services and housing options, creating age friendly cities and communities and creating a strong foundation of long term services and supports. Primary strategies and objectives focused on information and referral can be helpful, but due to lack of resources in some areas could just lead to a "dead end." The aging network referenced in the plan focused heavily on state agencies and partners, but other organizations could be engaged.

The following represents a summary of comments received by email from the Give 5 Program:

This commenter encouraged the DHSS to consider the baby boomers who may not be interested in attending senior centers and may be interested in volunteer opportunities.

The following represents a summary of comments received by email from St. Louis City Senior Fund:

This commenter had questions regarding the State Oral Health Plan and the adult dental survey that will be completed by the Department of Health and Senior Services' Office of Dental Health.

The following represents a summary of comments received from Aging Ahead Area Agency on Aging:

This commenter made three observations: 1. There appears to be some gaps with regard to the discussion of diversity and the need to be inclusive of marginalized older adult populations. 2. Is there a place where it would make sense to discuss data – both the need for it to be accurate and robust, as well as how that might be leveraged for the greater good? 3. With regard to Senior Centers - would it be possible to further define "modernizing" to include innovation and/or community partner sites, with an emphasis on meeting older adults where they naturally congregate?

Appendix 10 - Current American Indian Population in Missouri

Current American Indian Population demographics

Population of American Indian in households in Missouri 60 Years and Older 2017, 2018	
Total Population:	3,550
Male Population:	1,761
60 and 61 years:	294
62 to 64 years:	381
65 and 66 years:	183
67 to 69 years:	278
70 to 74 years:	305
75 to 79 years:	171
80 to 84 years:	90
85 years and over:	59
Female Population:	1,789
60 and 61 years:	312
62 to 64 years:	378
65 and 66 years:	183
67 to 69 years:	228
70 to 74 years:	300
75 to 79 years:	172
80 to 84 years:	122
85 years and over:	94

Sururbanstats.org- *Current American Indian Population in Missouri 2017, 2018 with Demographics and Stats by Age, Gender*. https://suburbanstats.org/race/missouri/how-many-american-indian-people-live-in-missouri (accessed 8/22/18).

Appendix 11 - Information About Additional APS Partnerships

Partnerships with Financial Institutions & Regulators

The DSDS continues to partner with Wells Fargo– Corporate Office in St. Louis to develop an Elder Financial Exploitation Multidisciplinary Team in St. Louis to address financial exploitation among older adults. The team is comprised of APS, Wells Fargo Financial Crimes unit, Probate and Circuit Court judges and attorneys, IRS, law enforcement, medical professionals, mental health professionals, St. Louis City and St. Louis County AAA and the St. Louis LTCOP. The vision of the team is to provide case-specific resolutions, possible prosecution, and ultimately expanding community outreach efforts and training for the community, banking institutions, and law enforcement.

The DSDS Special Investigation Unit (SIU) has been invited to participate as a member of a Multidisciplinary Team with the FBI and IRS and other federal and local agencies in Jefferson City to review Suspicious Activity Reports (SAR). The SAR team has included the SIU with the intent of determining if the SAR review process can be used to identify potential financial exploitation.

During August 2017, the Missouri Office of Prosecutor Services established the Elder Abuse & Financial Exploitation Response Coordination partnership, comprised of state agencies: DSDS, Secretary of State – Securities Division, Department of Mental Health, Attorney General's Office, Department of Insurance – Fraud Unit and Lt. Governor's Office; Community Partners: Missouri Coalition Against Domestic & Sexual Violence and Missouri Hospital Association and law enforcement/court staff: Sheriff's Association, Phelps County Victim's Advocate, and Public Administrator Association. The partnership meets every other month to discuss elder abuse/financial exploitation situations, state responsibilities, challenges and possible action steps (including training, grant opportunities, and legislative proposals). Several webinars have resulted from the meetings focused on increasing community awareness.

Partnerships with Law Enforcement Agencies

Missouri Crisis Intervention Team (CIT) Council – has been created and evolving to promote and support collaborative efforts to create and sustain more effective interactions among law enforcement, mental health care professionals, individuals with behavioral health issues, their families and communities, and also to reduce the stigma of behavioral health conditions. The MO CIT Council is a state collaboration of law enforcement and the community dedicated to helping individuals with behavioral health disorders by implementing the Missouri Model of CIT. One significant part of the Missouri CIT Model is a standardized "Basic 40 hr. Training" for officers and community members to understand behavioral health conditions, influences of medications, as well as normal aging process and forms of disabilities. Local APS staff have been assisting in training officers and community members across the state. Additionally, each established council must meet regularly and be comprised of multidisciplinary team members who will be responding to calls of mental health crisis/distress and be responsible for taking action. See MO State CIT Council website at https://www.missouricit.org/.

Victimization Taskforce

The DSDS has partnered with the Missouri Developmental Disabilities Council and representatives from multiple state and federal agencies to form a Victimization Task Force. The Task Force has come together to raise awareness of victimization among vulnerable adult populations and foster an improved process for ensuring victims' are heard. The preliminary goals of the task force include:

1. Identifying the difference between criminal incidents by strangers vs. caregivers or service-focused traumatic events;
2. Include stakeholders for change such as the Missouri Police Chiefs Association, the Sheriffs Association, and the Missouri Association of Prosecuting Attorneys and garner buy-in and agreement to participate in training;
3. Review the Multidisciplinary Team (MDT) model, which is a trauma-informed model currently used in the field of child abuse, and determine if it can be replicated successfully for use with vulnerable adults; and,
4. Determine who with the Missouri State Highway Patrol receives information from the Missouri Department of Mental Health in an effort to streamline the investigative process, including the possibility of creating a Special Investigation Team to support the work of the MDT model.

Appendix 12 - Missouri Demographics

Population Age 60 Years and Over in Missouri, 2012-2016 American Community Survey

	Missouri			
	Total		60 years and over	
	Estimate	Margin of Error	Estimate	Margin of Error
Total population	**6,059,651**	*****	**1,299,518**	**+/-3,084**
SEX AND AGE				
Male	49.10%	+/-0.1	45.10%	+/-0.1
Female	50.90%	+/-0.1	54.90%	+/-0.1
Median age (years)	38.3	+/-0.1	69.6	+/-0.1
RACE AND HISPANIC OR LATINO ORIGIN				
One race	97.60%	+/-0.1	99.10%	+/-0.1
White	82.50%	+/-0.1	89.30%	+/-0.1
Black or African American	11.60%	+/-0.1	8.10%	+/-0.1
American Indian and Alaska Native	0.40%	+/-0.1	0.30%	+/-0.1
Asian	1.80%	+/-0.1	1.00%	+/-0.1
Native Hawaiian and Other Pacific Islander	0.10%	+/-0.1	0.00%	+/-0.1
Some other race	1.10%	+/-0.1	0.30%	+/-0.1
Two or more races	2.40%	+/-0.1	0.90%	+/-0.1
Hispanic or Latino origin (of any race)	3.90%	+/-0.1	1.30%	+/-0.1
White alone, not Hispanic or Latino	80.00%	+/-0.1	88.40%	+/-0.1
RELATIONSHIP				
Population in households	5,884,807	*****	1,252,907	+/-3,245
Householder or spouse	59.70%	+/-0.2	92.40%	+/-0.2
Parent	0.80%	+/-0.1	2.70%	+/-0.1
Other relatives	33.60%	+/-0.1	2.80%	+/-0.1
Nonrelatives	5.90%	+/-0.1	2.10%	+/-0.1
Unmarried partner	2.50%	+/-0.1	0.90%	+/-0.1
HOUSEHOLDS BY TYPE				
Households	2,372,362	+/-6,141	806,491	+/-3,854
Family households	64.50%	+/-0.2	55.90%	+/-0.4
Married-couple family	48.10%	+/-0.2	46.50%	+/-0.4
Female householder, no husband present, family	12.00%	+/-0.2	7.20%	+/-0.2
Nonfamily households	35.50%	+/-0.2	44.10%	+/-0.4
Householder living alone	29.30%	+/-0.2	41.40%	+/-0.4

MARITAL STATUS				
Population 15 years and over	4,903,296	+/-826	1,299,518	+/-3,084
Now married, except separated	49.30%	+/-0.2	58.50%	+/-0.3
Widowed	6.40%	+/-0.1	20.90%	+/-0.2
Divorced	12.20%	+/-0.1	14.50%	+/-0.2
Separated	1.90%	+/-0.1	1.20%	+/-0.1
Never married	30.20%	+/-0.2	5.00%	+/-0.1
EDUCATIONAL ATTAINMENT				
Population 25 years and over	4,073,377	+/-1,373	1,299,518	+/-3,084
Less than high school graduate	11.20%	+/-0.1	14.70%	+/-0.2
High school graduate, GED, or alternative	31.10%	+/-0.2	36.60%	+/-0.3
Some college or associate's degree	30.10%	+/-0.1	26.10%	+/-0.2
Bachelor's degree or higher	27.60%	+/-0.2	22.60%	+/-0.3
RESPONSIBILITY FOR GRANDCHILDREN UNDER 18 YEARS				
Population 30 years and over	3,671,043	+/-1,190	1,299,518	+/-3,084
Living with grandchild(ren)	3.10%	+/-0.1	3.90%	+/-0.1
Responsible for grandchild(ren)	1.40%	+/-0.1	1.60%	+/-0.1
VETERAN STATUS				
Civilian population 18 years and over	4,644,895	+/-1,044	1,299,518	+/-3,084
Civilian veteran	9.40%	+/-0.1	20.30%	+/-0.2
DISABILITY STATUS				
Civilian noninstitutionalized population	5,946,094	+/-746	1,257,528	+/-3,211
With any disability	14.40%	+/-0.1	33.20%	+/-0.3
No disability	85.60%	+/-0.1	66.80%	+/-0.3
RESIDENCE 1 YEAR AGO				
Population 1 year and over	5,989,469	+/-1,610	1,299,518	+/-3,084
Same house	84.00%	+/-0.2	93.10%	+/-0.1
Different house in the United States	15.60%	+/-0.2	6.80%	+/-0.1
Same county	8.80%	+/-0.1	3.80%	+/-0.1
Different county	6.90%	+/-0.1	3.00%	+/-0.1
Same state	4.20%	+/-0.1	1.80%	+/-0.1
Different state	2.60%	+/-0.1	1.10%	+/-0.1
Abroad	0.30%	+/-0.1	0.20%	+/-0.1
PLACE OF BIRTH, NATIVITY AND CITIZENSHIP STATUS, AND YEAR OF ENTRY				
Total population	6,059,651	*****	1,299,518	+/-3,084
Native	5,823,572	+/-3,062	1,262,147	+/-3,316
Foreign born	236,079	+/-3,062	37,371	+/-1,231
Entered 2010 or later	18.40%	+/-0.8	4.60%	+/-0.8
Entered 2000 to 2009	33.00%	+/-1.0	9.30%	+/-1.3
Entered before 2000	48.60%	+/-0.9	86.10%	+/-1.4

Naturalized U.S. citizen	45.10%	+/-0.9	74.30%	+/-1.5
Not a U.S. citizen	54.90%	+/-0.9	25.70%	+/-1.5
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH				
Population 5 years and over	5,685,641	+/-631	1,299,518	+/-3,084
English only	94.00%	+/-0.1	96.70%	+/-0.1
Language other than English	6.00%	+/-0.1	3.30%	+/-0.1
Speak English less than "very well"	2.10%	+/-0.1	1.40%	+/-0.1
EMPLOYMENT STATUS				
Population 16 years and over	4,823,223	+/-1,778	1,299,518	+/-3,084
In labor force	63.30%	+/-0.1	27.20%	+/-0.2
Civilian labor force	62.90%	+/-0.1	27.20%	+/-0.2
Employed	58.80%	+/-0.2	26.30%	+/-0.2
Unemployed	4.10%	+/-0.1	0.90%	+/-0.1
Percent of civilian labor force	6.60%	+/-0.1	3.40%	+/-0.2
Armed forces	0.40%	+/-0.1	0.00%	+/-0.1
Not in labor force	36.70%	+/-0.1	72.80%	+/-0.2
INCOME IN THE PAST 12 MONTHS (IN 2016 INFLATION-ADJUSTED DOLLARS)				
Households	2,372,362	+/-6,141	806,491	+/-3,854
With earnings	76.10%	+/-0.1	45.30%	+/-0.3
Mean earnings (dollars)	68,977	+/-386	54,426	+/-753
With Social Security income	32.40%	+/-0.1	78.50%	+/-0.3
Mean Social Security income (dollars)	17,879	+/-62	18,956	+/-74
With Supplemental Security Income	5.50%	+/-0.1	6.00%	+/-0.1
Mean Supplemental Security Income (dollars)	9,275	+/-98	9,287	+/-169
With cash public assistance income	2.20%	+/-0.1	1.60%	+/-0.1
Mean cash public assistance income (dollars)	2,757	+/-96	3,278	+/-313
With retirement income	19.50%	+/-0.1	45.50%	+/-0.3
Mean retirement income (dollars)	21,439	+/-235	21,914	+/-289
With Food Stamp/SNAP benefits	13.00%	+/-0.2	8.40%	+/-0.2
POVERTY STATUS IN THE PAST 12 MONTHS				
Population for whom poverty status is determined	5,876,366	+/-1,479	1,257,520	+/-3,211
Below 100 percent of the poverty level	15.30%	+/-0.2	9.30%	+/-0.2
100 to 149 percent of the poverty level	9.50%	+/-0.2	9.80%	+/-0.2
At or above 150 percent of the poverty level	75.20%	+/-0.2	80.80%	+/-0.2

American Fact Finder- Population 60 Years and Over in the United States 2012-2016 American Community Survey 5-Year Estimates. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S0102&prodType=table. (Accessed 8/22/18)

Appendix 13 - Other Missouri State Departments

The State Board of Health and Senior Services

The role of the State Board of Health and Senior Services is to advise the DHSS Director regarding the promulgation of rules and regulations by the department; formulating the budget for the department and planning for and operating the department. The board consists of nine members appointed by the Governor, by and with the advice and consent of the Missouri Senate.

The Department of Social Services

The Department of Social Services has four program Divisions: Children's Division, Family Support Division, MO HealthNet Division and the Division of Youth Services. All four provide supportive community services to Missourians which include: kinship subsidies to family members caring for children including grandparents caring for grandchildren; Supplemental Nutrition Assistance Program (SNAP), Low-Income Home Energy Assistance Program (LIHEAP), Medicaid eligibility determinations and the administration of Medicaid benefits.

The Department of Mental Health

The Department of Mental Health (DMH) operates the Division of Behavioral Health and the Division of Developmental Disabilities. Through the Division of Developmental Disabilities, DMH operates five Medicaid Home and Community Based Waiver programs (See Appendix 2).

The Division of Behavioral Health (DBH) is responsible for assuring the availability of substance abuse prevention, treatment and recovery support services for the State of Missouri and is also responsible for making sure prevention, evaluation, treatment and rehabilitation services are available for individuals and families who need public mental health services throughout the State of Missouri.

The Division of Developmental Disabilities (DD), established in 1974, serves a population that has developmental disabilities such as intellectual disabilities, cerebral palsy, head injuries, autism, epilepsy and certain learning disabilities. Such conditions must have occurred before age 22, with the expectation that they will continue. To be eligible for services from the DD, persons with these disabilities must be substantially limited in their ability to function independently. DD administers the five Home and Community Based Medicaid Waiver programs for individuals with mental retardation or other developmental disabilities on behalf of the DMH (See Appendix 2).

The Department of Elementary and Secondary Education (DESE)

The Division of Vocational Rehabilitation (MDVR) currently operates under the Missouri Department of Elementary and Secondary Education (DESE). The Division is made up of three core programs: Vocational Rehabilitation (VR), Disability Determination Services (DDS) and Independent Living programs (IL). All

three programs are dedicated to providing quality services to their consumers and to increasing their independence.

VR has primary responsibility for state and federal education and rehabilitation programs for individuals with disabilities, enabling affected individuals to maintain control of their lives, exercise their rights and live independently through a range of choices minimizing reliance on others.

DDS determines medical eligibility for Missourians who have filed for disability benefits with the Social Security Administration (SSA). SSA manages two programs that award benefits based on disability or blindness.

IL program provides services to people with disabilities to increase their independence and their opportunity to participate in day-to-day life within their communities. There are 22 Centers for Independent Living (CILs) statewide that offer independent living services. The CILs are funded through Vocational Rehabilitation grants and are managed by individuals with disabilities who have been successful in establishing their own independent lifestyles.

The Missouri Statewide Independent Living Council (MOSILC)[34] consists of a minimum of nine members and a maximum of 22 members. A minimum of 51 percent of the members must have significant disabilities. Members must represent a range of geographical areas and disabilities. The Governor of Missouri appoints members to this council. MOSILC promotes independent living for individuals with disabilities. The goal of the Council is to ensure the provision of community-based, consumer-controlled, cross-disability services in compliance with requirements of Title VII of the Rehabilitation Act of 1973 and in accordance with independent living philosophy. The independent living concept is based on the philosophy that people with all types of disabilities should have the same civil rights as those without disabilities. They have a right to control their lives based on options that minimize their reliance on others.

The Department of Commerce and Insurance

The Department of Commerce and Insurance administers the State Health Insurance Assistance Program (SHIP) and provides oversight for the Medigap and Long-Term Care Insurance policies for Missourians. The DIFP also provides funding for CLAIM, a non-profit State Health Insurance Assistance Program, which provides free, unbiased information about Medicare to Missourians. CLAIM's goal is, "to provide local counselors to help you get the most from your Medicare benefits."

The Department of Natural Resources

The Department of Natural Resources administers the Weatherization Program through Community Action Agencies and other related agencies throughout the state. The program provides cost-effective energy-efficient home improvements to Missouri's low-income households, especially the elderly, children, those with physical disadvantages and others hit hardest by high utility costs. The program aims

[34] Missouri Statewide Independent Living Council - https://mosilc.org/about-us-2/

to lower utility bills and improve comfort while ensuring health and safety. Examples of weatherization provided include installing weather-stripping to doors and windows, adding insulation to walls or roofs and making heating and cooling equipment more efficient.

The Attorney General's Office

The Attorney General's Medicaid Fraud Control Unit (MFCU) investigates fraud committed by providers of services to Medicaid participants. The MFCU participates in stakeholder meetings hosted by the Senior Medicare Patrol program, or Missouri SMP. The MFCU investigates and prosecutes allegations of abuse or neglect of Missouri Medicaid recipients and Medicaid funded facilities. The MFCU coordinates investigations with the DSDS to ensure that there is no duplication of investigations or services.

Department of Public Safety

The Missouri Veterans Commission is housed within the Department of Public Safety. The Missouri Veterans Commission is a state agency established by Missouri Statute to aid all Veterans, their dependents and legal representatives by providing information regarding the rights of Veterans and their dependents. The commission also assists Veterans with accessing their available benefits through State and Federal Government. The commission is responsible for the Missouri Veterans homes that provide long-term skilled nursing with 1350 beds in seven locations to aged and disabled veterans. They assist veterans to request service records and provide counseling and assistance.

Missouri SMP (Senior Medicare Patrol)[35]

The Missouri SMP is administered by Care Connection for Aging Services. DSDS provides technical assistance to the SMP staff as requested. The objectives of the project are to foster national and statewide program coverage, improve beneficiary education and inquiry resolution, foster national program visibility and consistency, improve the efficiency of the SMP program while increasing the results for both operational and quality measures and target training and education to better serve identified priority populations, specifically the rural, low-income and disabled populations.

From January 1st, 2017, through December 31st, 2017, the Missouri SMP has achieved the following outcomes: 113 volunteers statewide; 2,050 outreach and education events; 95,834 people educated at events and 3,105 individual interactions with or on behalf of a Medicare beneficiary.

DSDS participates in the quarterly statewide stakeholder's meetings hosted by the Missouri SMP. The program staff and volunteers work closely with the SHIP to identify potential Medicare fraud and report possible violations to the Department of Commerce and Insurance, the Attorney General's Office and Centers for Medicare and Medicaid Services.

[35] Missouri SMP - https://missourismp.org/

Missouri Department of Health and Senior Services
Division of Senior and Disability Services
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573-526-4542
health.mo.gov

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Services provided on a nondiscriminatory basis. Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services at 573-526-4542.

Hearing- and speech-impaired citizens can dial 711.