



MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**







2024-2027 MISSOURI STATE PLAN ON AGING






Division of Senior and
Disability Services

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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 Oct. 1, 2023 - Sept. 30, 2027. 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 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.

05/23/2023

Date

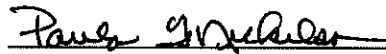


Melanie Highland, Director

DHSS Division of Senior and Disability Services

05/23/2023

Date



Paula F. Nickelson, Acting Director

Department of Health and Senior Services

05/26/2023

Date



Michael L. Parson, Governor

State of Missouri

I hereby respectfully submit on this 30th day of May 2023, the Missouri State Plan on Aging for the approval of the Assistant Secretary on Aging, Administration on Aging.

Executive Summary

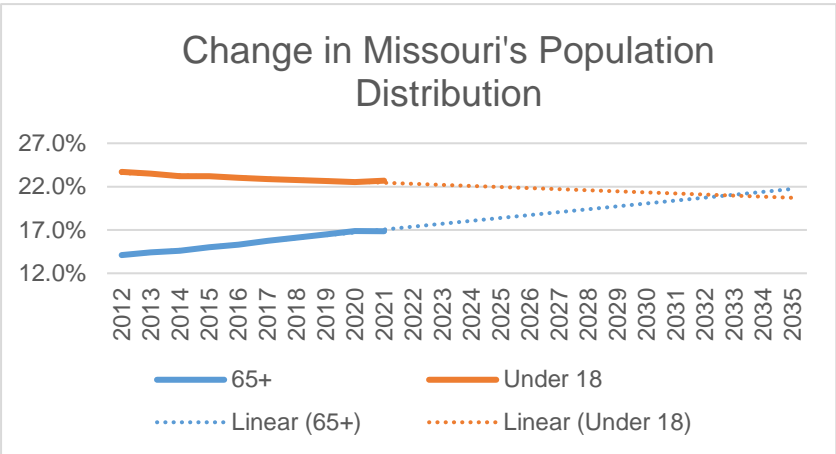
The Missouri Department of Health and Senior Services' (DHSS) Division of Senior and Disability Services (DSDS) as the designated State Unit on Aging, is dedicated to promoting health and safety through prevention, collaboration, education, innovation and response.



The overarching goal of Missouri's 2024-2027 State Plan on Aging stays true to this mission. This goal is that all Missourians can age safely, in a way that promotes health and dignity, in the setting of their choice. Over the next four years, Missouri will work to achieve this goal through the nine outcomes shown in the graphic on the left. Missouri will implement specific objectives and strategies to achieve these outcomes.

The goal, outcomes, objectives and strategies in Missouri's State Plan on Aging are increasingly important because Missouri's population is aging.

By 2034, the Census Bureau expects Americans aged 65+ to outnumber children. As illustrated in the graph on the right, Missouri's 65+ population is also on track to outnumber the under 18 population within the next 10 to 15 years. The year 2034 is less than ten years after this State Plan on Aging ends. It is essential to start planning now for this shift in population.



Data from American Community Survey 5-year Estimate Subject Tables 2012-2021

The content of Missouri’s State Plan on Aging was created in response to input from Missourians and currently available data. Input was received through a combination of surveys, listening sessions, and regional needs assessments. Through online and in-person surveys, DSDS collected 888 surveys from Missourians aged 50+, 122 surveys from Missourians under 50, and 398 surveys from stakeholders. This survey gave DHSS insight into what Missourians believe is most important to help them safely age in place. Missourians aged 50+ expressed that the following services would help them live in their homes as long as they wanted: home repair and updates, caregiver support, connection to programs or services, in-home care, transportation, home-delivered meals, and help paying bills. These needs, in addition to others, were identified and incorporated throughout Missouri’s State Plan on Aging.

Missouri’s State Plan incorporates the social determinants of health (SDOHs) to ensure that it addresses the essential factors that influence overall health outcomes. These symbols are used throughout the plan to indicate when the specific SDOH is being addressed.



These outcomes were established based on input from Missouri’s Area Agencies on Aging (AAAs), Missouri residents, and the federal Administration for Community Living. Each outcome and objective addresses at least one SDOH. Each outcome is listed below with the applicable SDOHs symbols next to it.

	Outcome 1: Increase the number of Missourians who can safely choose to age in place
	Outcome 2: Improve services and supports to caregivers
	Outcome 3: Improve access to services and programs
	Outcome 4: Improve nutritional health
	Outcome 5: Improve financial security
	Outcome 6: Increase services to those with the greatest social need
	Outcome 7: Improve response to and prevention of abuse, neglect, and exploitation in the community and long-term care facilities
	Outcome 8: Improve mental well-being
	Outcome 9: Improve preparedness for future emergencies

The Older Americans Act (OAA) specifies that populations with the greatest social and economic needs be prioritized for services. How each outcome impacts priority populations is addressed throughout Missouri’s State Plan on Aging.

Missouri’s 2024-2027 State Plan on Aging is well positioned to help meet the needs of Missouri’s growing population of older adults, adults with disabilities, and caregivers.

Priority Populations	
Greatest Economic Need	Low-income individuals
	Low-income minority individuals
	Low-income older individuals living in rural areas
Greatest Social Need	Older minority individuals
	Low-income minority individuals
	Older individuals residing in rural areas
	Frail individuals (including individuals with any physical or mental functional impairment)
	Older individuals with limited English proficiency
	Older lesbian, gay, bisexual, and transgender (LGBT) persons
	Individuals at risk for institutional placement, specifically survivors of the Holocaust
	Older individuals with severe disabilities
	Older individuals with Alzheimer’s disease and related disorders

Needs Assessment in Missouri

Regional Needs Assessment

At least every four years, each of the ten AAAs conduct a needs assessment for its planning and service area (PSA). These regional needs assessments incorporate various data and information that may include topics from information and assistance calls, input (including surveys and focus groups) from older adults and stakeholders, community-based needs assessments, and secondary data sources. The top needs identified in the most recent regional needs assessments were:

- Caregiver support
- Home repair and modification
- In-home services
- Addressing isolation
- Nutrition
- Transportation

The needs identified at the regional level guided the inclusion of topics on the statewide survey.

Statewide Needs Assessment

From March-November 2022, the Missouri State Unit on Aging (SUA) collected information from Missourians and stakeholders through online surveys, paper surveys, and in-person and virtual events.

Surveys

Online surveys were available at [Health.Mo.Gov/seniors/state-plan-aging.php](https://www.health.mo.gov/seniors/state-plan-aging.php). This link was publicized through the Missouri Department of Health and Senior Services’ social media, emails, newsletters, business cards, flyers, and in-person announcements. Links for the electronic survey were available at Bringin’ it Together and the Missouri Disabled American Veterans statewide convention. Paper copies of the survey and links for the electronic survey were available at Senior Day at the Missouri State Fair, the Missouri Institute on Minority Aging, the KIN Conference for kinship caregivers, the Missouri Rural Health Association Get Link’d Conference, and the Missouri Show Me Summit on Aging and Health 2022. A total of 888 surveys were collected from Missourians aged 50+, 122 surveys were collected from Missourians under 50, and 398 surveys were collected from stakeholders.

Top Results for “Services that you believe are most necessary to keep you/your clients in your/their home for as long as you/they want to be there.”		
Missourians 50+	Missourians Under 50	Stakeholders
Home Repair/Updates	Caregiver Support Services	In-home Services
Caregiver Support Services	In-home Services	Transportation
Help Finding Programs or Services	Home Repair/Updates	Home-Delivered Meals
In-home Services	Help Finding Programs or Services	Health Care
Transportation	Transportation	Affordable Housing
Home-delivered Meals	Help Paying Bills	Help Paying Bills
Help Paying Bills	Home-delivered Meals	Home Repair/Updates

Four services were identified as critical among Missourians of all ages and stakeholders: home repairs and updates, in-home services, transportation, home-delivered meals, and help paying bills. Missourians of all ages also picked caregiver support services and help finding programs or services as resources that would help them stay in their homes for as long as they wanted to be there. Additional results from the survey are shared throughout this plan. A detailed analysis of the results and a copy of the questionnaires can be found in [Appendix 1](#).

In-Person Events

The SUA worked with [The Missouri Office of Minority Health](#) to coordinate three in-person listening sessions in Kansas City, Jefferson City and St. Louis. A total of 32 African American community leaders and community members attended these events. During the listening sessions, attendees shared community needs with Missouri SUA Staff. The top needs discussed in these listening sessions were:

- Caregiver support services
- In-home services
- Help finding programs and services
- Home maintenance and repair
- Help applying for assistance and support throughout the process
- Help with technology
- Support and assistance that is trusted, culturally sensitive, and comes from the community

Additional information about African American older adults in Missouri, as well as a summary of the listening sessions, can be found in the African American Older Adult Profile in [Appendix 2](#).

The Missouri SUA developed and presented information about the Missouri State Plan on Aging during the Missouri Show Me Summit on Aging and Health 2022. More than 40 aging network stakeholders attended this presentation. Aging network stakeholders were provided with paper copies of the survey, information about how to access the survey online, and invited to complete the survey during the event. A copy of the PowerPoint Presentation can be found in [Appendix 3](#).

Virtual Events

The Missouri SUA developed and presented three informational webinars about the Missouri State Plan on Aging. A total of 194 aging network stakeholders attended at least one webinar. The recording and PowerPoint were sent to the 299 registrants, including individuals who could not participate in the live webinar. This information was also posted at [Health.Mo.Gov/seniors/state-plan-aging.php](https://health.mo.gov/seniors/state-plan-aging.php). A copy of the PowerPoint Presentation and comments submitted during the presentation can be found in [Appendix 3](#).

The Missouri SUA developed and delivered two informational presentations to the Missouri LGBT Older Adult Alliance. These presentations were attended by 63 older adults and aging network stakeholders. Copies of the PowerPoint Presentations can be found in [Appendix 3](#). Additional information about LGBT older adults in Missouri can be found in the LGBT Older Adult Profile in [Appendix 4](#).

Public Comment

The Missouri SUA put the completed Missouri State Plan on Aging out for public comment from April 5, 2023, to May 5, 2023. A summary of public comments received by the Missouri SUA can be found in [Appendix 5](#).

Future Needs Assessment

By September 2025, Missouri will conduct a coordinated statewide needs assessment of Missourians aged 50+, caregivers, and adults with disabilities. This assessment will be completed with a validated survey tool. The survey will have components delivered in person, over the phone and online. Results from this needs assessment will be used to guide work on Missouri's Master Plan on Aging.

State Unit on Aging Structure

The Missouri Department of Health and Senior Services (DHSS) Division of Senior and Disability Services (DSDS) is Missouri's designated SUA. DSDS includes the Bureau of Senior Programs (BSP), Home and Community Based Services (HCBS), Adult Protective Services (APS), Long Term Care Ombudsman Program (LTCOP), Constituent and Emergency Services, and Special Health Care Needs (SHCN). DSDS works with the AAAs and other community partners in Missouri to provide services to older Missourians and adults with disabilities.

The BSP oversees programs authorized and funded through four funding sources: Title III-Grants for State and Community Programs on Aging of the OAA, Title V-Community Service Senior Opportunities Act of the OAA, additional grants, and general revenue funding. Responsibilities include fostering collaboration and coordinating programs with state agencies and local communities to integrate state and federal goals for older adults within Missouri.

OAA Title III programs are primarily administered by the ten [AAAs](#) that are responsible for ensuring that federal funding is utilized to reflect the needs of older adults with the greatest social and economic needs within each of the ten PSAs. For more information about Missouri's AAAs, see [Appendix 6](#). Older adults can also call the Missouri Senior Resource Line at 1-800-235-5503 to be connected with their local AAA. BSP provides oversight for the State [Senior Community Service Employment Program](#) (SCSEP), which is funded through Title V of the OAA. BSP is also responsible for overseeing additional grant and general revenue-funded programs that improve the lives of older Missourians. These programs include Naturalization Services for Elderly Refugees & Elderly Legal Immigrants, four Senior Independent Living Programs (SILP), [Customized In-Home Caregiver Training and Relief program](#), and the [Medicare Improvement for Patients and Providers Act](#) (MIPPA). BSP will also oversee the coordination of Missouri's Master Plan on Aging. This plan will bring together state departments and stakeholders to create a comprehensive plan to address aging across all areas of life.

Priority Populations

The [OAA](#) tasks the Missouri SUA with ensuring that services are provided to eligible older adults, adults with disabilities, and caregivers. It further specifies that certain populations should be explicitly targeted for services. These populations are described by the OAA as those with the greatest economic and social needs. The following chart outlines which populations receive priority for programs and services in Missouri in accordance with the OAA.




Greatest Economic Need	Low-income individuals Low-income minority individuals Low-income older individuals living in rural areas
Greatest Social Need	Older minority individuals Low-income minority individuals Older individuals residing in rural areas Frail individuals (including any physical or mental functional impairment) Older individuals with limited English proficiency Older lesbian, gay, bisexual, and transgender (LGBT) persons Individuals at risk for institutional placement, specifically survivors of the Holocaust Older individuals with severe disabilities Older individuals with Alzheimer's disease and related disorders



Goal: All Missourians can age safely, in a way that promotes health and dignity, in the setting of their choice.

This goal aligns with the mission of DHSS, which is to promote health and safety through prevention, collaboration, education, innovation and response. DHSS includes the Office of the Director, Division of Administration, Division of Community and Public Health, Division of Cannabis Regulation, Division of Regulation and Licensure, DSDS, and the Missouri State Public Health Laboratory. More information about these divisions can be found in [Appendix 7](#). The services and programs in each division help Missourians age safely, in a way that promotes health and dignity, in the setting of their choice.

Social Determinants of Health

The following icons will be used to denote outcomes, objectives, and strategies that affect specific [social determinants of health](#) (SDOHs) for older Missourians. The Centers for Disease Control and Prevention (CDC) explains that SDOHs are the nonmedical factors that influence health outcomes. Addressing each of the SDOHs helps improve the overall health of older Missourians.

	Economic Stability: The connection between the financial resources people have – income, cost of living, and socioeconomic status – and their health. This area includes key issues such as poverty, employment, food security and housing stability.
	Education Access and Quality: The connection of education to health and wellbeing. This domain includes key issues such as graduating from high school, enrollment in higher education, educational attainment in general, language and literacy, and early childhood education and development.
	Healthcare Access and Quality: The connection between people's access to and understanding of health services and their health. This domain includes key issues such as access to healthcare, access to primary care, health insurance coverage and health literacy.

	<p>Neighborhood and Built Environment: The connection between where a person lives – housing, neighborhood, and the environment – and their health and wellbeing. This includes topics like the quality of housing, access to transportation, availability of healthy foods, air and water quality, and neighborhood crime and violence.</p>
	<p>Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and wellbeing. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, and incarceration.</p>

Outcomes, Objectives and Strategies



Outcome 1: Increase the number of Missourians who can safely choose to age in place

As the older adult population grows, it is increasingly important that older Missourians have options to age safely in their homes. According to the 2022 State Plan on Aging Survey conducted by DSDS, the top five services that Missourians of all ages believe would help them stay in their homes are caregiver support services, home repair and updates, in-home services, help finding programs and services, and transportation. Missouri provides access to services to help Missourians safely age in place through various programs.

The AAAs provide a variety of supportive services that can include in-home assistance, home modification, assistive technology, nutrition services, legal assistance, transportation, and many others. Per section 307(a) of the OAA, the DSDS requires each AAA to spend at least 30% of its Title III B funds on access services, at least 20% of its Title III B funds on in-home services, and at least 1% of its Title III B funds on legal assistance. The AAAs also provide disease prevention and health promotion programs to help older Missourians manage chronic diseases, improve their overall physical and mental health, and decrease falls. These services and programs help older adults age safely in their homes.

[Missouri Assistive Technology](#) (MoAT) is Missouri’s federally-funded Assistive Technology Act Program. MoAT increases access to and acquisition of assistive technology (AT) devices and services. During SFY2022, MoAT provided 6,729 assistive devices and delivered support services to 19,443 Missourians with disabilities, family members and professionals. MoAT has also shared information about assistive technology on more than 20 webinars through the [No Wrong Door Missouri Open Door Workshop Series starting in March 2021](#). These webinars have highlighted AT resources that can improve the daily lives of Missourians. MoAT provides AT services that allow older Missourians to age safely in place.

In 2020, 30.6% of Missourians aged 65+ reported falling in the past 12 months.¹ To help decrease this number, Missouri has a statewide falls prevention coalition called [Show Me Falls Free Missouri](#). This coalition meets every two months and is led by the University of Missouri Extension Office. These meetings provide an opportunity for professionals and older adults in

¹ <https://assets.americashealthrankings.org/app/uploads/2022-senior-report-state-summaries.pdf>

Missouri to learn more about how to prevent falls. The University of Missouri Extension and Oasis have also applied for the 2023 Empowering Communities to Deliver and Sustain Evidence-Based Falls Prevention Programs through the ACL. If they receive this grant, it will provide additional funding to decrease falls in Missouri, allowing more Missourians to age safely in place.

Poorly managed chronic diseases can lead to shorter life expectancy and increase an older adult's risk of institutionalization. [Mid-America Regional Council](#) (MARC) received a three-year Chronic Disease Self-Management Education Program Grant through ACL in 2021. This grant funds the provision of the highest level evidence-based programs that help Missourians learn skills to manage their chronic diseases better.

The [Bureau of HIV, STD & Hepatitis](#) within DHSS operates the Ryan White HIV/AIDS Program (RWHAP) – Part B. The program includes the AIDS Drug Assistance Program, HIV Medical Case Management, as well as a range of core medical and supportive services aimed at reducing barriers to engagement in HIV medical care for low-income Missourians living with HIV. Currently, 3,207 (60%) clients who participate in the RWHAP are aged 50+. Individuals interested in accessing the RWHAP can contact a [case management agency in their area](#). The HIV/AIDS Case Management Program is available statewide, free of charge, regardless of the insurance status of the individual with HIV or AIDS. Case managers are in various settings, including local health departments and community-based organizations.

DSDS administers and operates the [HCBS](#) state plan programs and six HCBS waivers in Missouri: the Adult Day Care Waiver, Aged and Disabled Waiver, Structured Family Caregiving Waiver, Medically Fragile Adult Waiver, Traumatic Brain Injury Waiver, and the Independent Living Waiver. HCBS processes initial referrals, assessments, reassessments, person-centered care plans (PCCP), and PCCP maintenance services for the HCBS program.

HCBS also operates a customer service center for participants to initiate HCBS referrals. The HCBS Contact Center determines a potential participant's initial eligibility for HCBS and then initiates a formal assessment process and care plan development. The Contact Center also completes intermittent PCCP adjustments requested by participants as needs change.

HCBS referrals from the Contact Center are sent to regional HCBS teams. These teams are responsible for completing eligibility assessments and service care planning processes. Additionally, these teams assist with the completion of the annual reassessment and care planning process. The annual reassessment process is a collaborative effort utilizing HCBS staff and provider reassessors under a formal agreement with entities such as the AAAs, HCBS providers, and Centers for Independent Living (CILs). Once completed, the reassessment is then reviewed by HCBS staff for final approval and authorization. Assessors work closely with the participants to develop a person-centered care plan and facilitate coordination with the service delivery provider.

AAAs play a collaborative role in the operations and delivery of HCBS services. The AAAs provide home-delivered meals authorized through the Aged and Disabled Waiver. AAAs also continue to expand this role with the completion of annual reassessments and person-centered care planning. Recently the AAAs and the state developed a value-based partnership concentrating on enhanced quantity and quality of the reassessments completed by AAAs.

In July 2022, provider reimbursement rates for HCBS waiver services were raised to support the increased salaries of direct care workers. Additionally, the state has implemented value-based payment activities and are planning future initiatives to continue strengthening the workforce. Beginning in SFY2023, Missouri will provide an annual incentive payment to providers who complete a staff stability survey, which provides knowledge about the existing workforce challenges. The critical data points collected by the survey are information on wages, benefits, turnover, and best practices for individual provider recruitment and retention plans. At the same time, the State is attempting to address the direct care workforce crisis and implement long-term strategies for creating a more stable workforce. Future fiscal incentives are being developed focusing on the direct care workforce's education and career ladder growth opportunities.




Missouri funds SILPs in Creve Coeur, Jennings, Kansas City and Columbia. The SILP 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 SFY2022, 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 1,588 individuals.


[Show-Me Home](#) (SMH) is a Money Follows the Person program administered by the Department of Social Services. DSDS manages SMH contractors through the Bureau of Long Term Services and Supports (LTSS). The SMH program assists residents of Skilled Nursing Facilities (SNFs) that have met the 60-day residency requirement with moving back to the community. Transition Coordinators, who are employees of the SMH contractors, help with the planning process, including finding housing, applying for community support, and setting up their new household. SMH contractors act as the Local Contact Agency and provide two core services: Community Options Counseling and Transition Coordination services. Residents of SNFs are primarily referred to the program through the federally-standardized Minimum Data Set being administered. Anyone can contact DSDS or an SMH contractor to express interest in speaking to someone about community options. If the resident meets all eligibility requirements, a referral will be sent to the contractor that covers the region where the SNF is located. The State of Missouri also has mechanisms to reach out to residents of SNFs who might be good candidates for SMH. If the resident were interested, they would be started in SMH.

LTSS administers the [Adult Brain Injury Program](#) and the [Adult Brain Injury Waiver](#). These services are available to Missourians aged 21-65 who meet eligibility criteria. The Adult Brain Injury Program has regional service coordinators throughout Missouri who provide services to participants and conduct community outreach. This outreach includes screening for fall-related traumatic brain injuries (TBIs) and assistance accessing resources related to a positive screening. The Adult Brain Injury Waiver is available to eligible Missourians to assist with medical expenses beyond what MO HealthNet, Missouri's Medicaid program, provides.

MARC's Mid-America Community Support Network (CSN) is a Community Care Hub. A Community Care Hub is a community-focused entity that organizes and supports a network of community-based organizations providing services to address health-related social needs. The CSN integrates health, healthcare, and social services systems in the Kansas City metro area. This network has provided services through partnerships between the MARC AAA and hospitals, insurance providers, clinics, community-based organizations, and the veteran healthcare system. One such partnership has been ongoing since April 2021. This partnership

has been able to refer 689 participants with complex health-related social needs to services funded by their health plan that can help address those complex needs.

SDOHs	Objectives	Strategies
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to increase access to assistive technology for older Missourians.</p>	<p>1.1: By September 2024, DHSS will arrange a presentation from MoAT for the ten AAAs. The presentation will include resources available for older adults.</p> <p>1.2: By September 2025, each AAA will have a referral process to help participants obtain assistive technology from MoAT.</p> <p>1.3: By September 2026, each AAA will provide at least three instances of community education about home modification and assistive technology services available in its PSA.</p>
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to decrease the impact of falls on older Missourians.</p>	<p>1.4: By September 2025, DHSS will arrange a presentation from Missouri LTSS for the ten AAAs. The presentation will focus on the connection between falls and TBI. The presentation will also provide information for regional service coordinators who can screen for fall-related TBI.</p> <p>1.5: By September 2025, each AAA will offer at least one evidence-based fall prevention program in its PSA.</p> <p>1.6: By September 2026, each AAA will compile a list of local resources available in its PSA for home modifications.</p> <p>1.7: By September 2027, DHSS will arrange a presentation from an ACL grant recipient related to fall prevention for the ten AAAs.</p>
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to decrease the impact of chronic diseases and disabilities on older Missourians.</p>	<p>1.8: By September 2027, DHSS will arrange a presentation from an ACL grant recipient related to chronic disease self-management for the ten AAAs.</p> <p>1.9: By September 2025, each AAA will have a referral process for community-based organizations and the Bureau of HIV, STD, and Hepatitis in DHSS to better serve older adults living with HIV/AIDS.</p> <p>1.10: By September 2026, DHSS will provide training to the ten AAAs about three evidence-based disease prevention and health promotion programs that have demonstrated efficacy in populations living with HIV/AIDS.</p>

	<p>By September 30, 2027, the State of Missouri will implement specific strategies to improve home and community based services for older Missourians and adults with disabilities.</p>	<p>1.11: By September 2024, DSDS will fully implement a new Nursing Facility Level of Care eligibility model for HCBS to ensure access to care for Missourians most in need of HCBS in the least restrictive community setting for as long as safely possible.</p> <p>1.12: By September 2025, HCBS will develop an online learning management system to allow for quality and timely training of new provider reassessors.</p> <p>1.13: By September 2025, HCBS will develop a value-based payment-enhanced training model that ensures the direct care workforce has the skills and knowledge needed to support better health outcomes for participants.</p>
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Outcome 1: Measurements and Quality Management

- MoAT and LTSS presentation attendees will be tracked using WebEx. Recording, training materials, and additional resources will be available through www.box.com (1.1 and 1.4).
- The MoAT referral process will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (1.2).
- Implementation of community education about AT and home modifications will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (1.3).
- Evidence-based fall prevention programs will be reviewed through the SFY2026 Area Plans and during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (1.5).
- Lists of home modification resources will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (1.6).
- ACL Falls Prevention and Chronic Disease Prevention grantee presentation attendees will be tracked using WebEx. Recording, training materials, and additional resources will be available through www.box.com (1.7 and 1.8).
- Referral process for older adults living with HIV/AIDS will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (1.9).
- Training about evidence-based programs for populations living with HIV/AIDS will be provided during at least one quarterly Highest Level Evidence-Based Programs call. Attendees will be tracked through WebEx. The recording, training materials, and additional information will be available through www.box.com (1.10).
- BSP will review progress toward completion of 1.11-1.13 biannually with the section of HCBS.



Outcome 2: Improve services and supports to caregivers





According to [Caregiving in the U.S. 2020](#), an estimated 53 million Americans are caregivers. This is just over 20% of the U.S. population. The [2021 American Community Survey](#) (ACS) indicates that 1.6% of Missourians aged 60+ are responsible for their grandchildren, and 4.1% live with their grandchildren. Caregiving can be a complex and demanding job that is often done in addition to paid employment. The 2022 State Plan on Aging Survey conducted by DSDS received input from 369 caregivers in Missouri. These caregivers identified home repair and updates, caregiver support services, help finding programs or services, in-home services, and transportation as the top services that would help them stay in their homes for as long as they want to be there.

Missouri provides assistance to caregivers through the AAAs [and the Customized In-Home Caregiver Training and Relief program](#). There is currently no lifespan respite care program in Missouri. Missouri AAAs provide information, assistance, training, respite and additional supplemental services to family caregivers and older relative caregivers. Supplemental services can include assistance paying for medications, durable medical equipment, home modifications, legal assistance, and other expenses directly related to caregiving. The Customized In-Home Caregiver Training and Relief program provides training, respite, and supplemental services to Missourians caring for a loved one diagnosed with Alzheimer's or another dementia. The Missouri Alzheimer's State Plan Task Force has developed and will implement [the 2022 Missouri Alzheimer's State Plan Task Force Report and Recommendations](#), which has goals and objectives to address caregiving.

As of 2023, three Missouri grantees are providing caregiver support services through additional grants from the Administration for Community Living (ACL). Memory Care Home Solutions provides dementia care navigation through the Care Ecosystem. This evidence-based system will allow Memory Care Home Solutions to provide dementia care navigation services to approximately 300 additional families in Missouri annually. Oasis Lifelong Adventure received grant funding from ACL starting in 2019 to run the National Community Care Corps. SeniorAge in Springfield was awarded funding through the National Community Care Corps to provide senior medical companions to accompany older adults to medical appointments.

The [2022 National Strategy to Support Family Caregivers \(NSSFC\)](#) provided the framework for the following objectives and strategies. Each state strategy is matched with a goal from the national strategy. These goals are:

1. Increase awareness of and outreach to family caregivers
2. Advance partnerships and engagement with family caregivers
3. Strengthen services and supports for family caregivers
4. Ensure financial and workplace security for family caregivers
5. Expand data, research and evidence-based practices to support family caregivers

SDOHs	Objectives	Strategies
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to increase education about caregiving.</p>	<p>2.1: By September 2024, DHSS and the ten AAAs will work with Alzheimer's Association and other partners to disseminate information for family caregivers to assist with early identification and access to services and supports (NSSFC Goal 1).</p> <p>2.2: By September 2025, each AAA will have a policy to provide dementia training (such as Dementia Friends certification) to all AAA staff who directly interact with service recipients within the employee's first year of employment (NSSFC Goal 2).</p> <p>2.3: By September 2025, DHSS will provide the ten AAAs with resources available through the National Technical Assistance Center on Grandfamilies and Kinship Families (NSSFC Goal 5).</p>
  	<p>By September 30, 2027, the State of Missouri will implement specific strategies to increase the quality and quantity of caregiver services available in Missouri, including services to kinship caregiver families.</p>	<p>2.4: By September 2024, DHSS will provide training to the ten AAAs about at least three evidence-based family caregiver support programs that are effective across the country (NSSFC Goals 5).</p> <p>2.5: By September 2024, DHSS will apply for the Building Our Largest Dementia (BOLD) Public Health Programs to Address Alzheimer's Diseases and Related Dementias grant (NSSFC Goal 3 and 4).</p> <p>2.6: By September 2026, each AAA will increase caregiving service units by 5%. Increase will be from caregiving service units provided in FFY2024 (NSSFC Goal 3).</p>

Outcome 2: Measurements and Quality Management

- Family Caregiver information will be shared during at least one quarterly family caregiver call. Attendees will be tracked through WebEx. Information will also be available on www.box.com (2.1).
- The dementia training policy will be evaluated during annual monitoring in the year following required implementation (2.2).
- Information about the National Technical Assistance Center on Grandfamilies and Kinship Families will be shared during at least one quarterly family caregiver call. Attendees will be tracked through WebEx. The recording, training materials, and additional information will be available through www.box.com (2.3).
- Training about evidence-based family caregiver support programs will be provided during at least one quarterly family caregiver call. Attendees will be tracked through WebEx. The recording, training materials, and additional information will be available through www.box.com (2.4).
- Information about the BOLD grant application will be tracked at least biannually by BSP during State Plan on Aging achievement reviews (2.5).

- The change in caregiving service units will be checked quarterly using Monthly Services and Expenditures Report (MSER) data to determine progress on 2.6. Annual data for service units from FFY2024, FFY2025, and FFY2026 will be pulled from the State Program Report (SPR).



Outcome 3: Improve access to services and programs

Reliable access to services and programs allows older Missourians to make healthier decisions. In The 2022 State Plan on Aging Survey conducted by DSDS, 77% of Missourians aged 50+ agreed that they always have transportation to medical appointments and other places they want to go. The remaining 23% of the older adult population in Missouri does not always have the choice to attend in-person services and programs because they do not have consistent transportation. Transportation was listed as one of the top five services needed to help them stay in their home by 28% of survey respondents aged 50+.

One way that Missouri is addressing the need for transportation is through the Missouri Transportation Task Force. The Missouri Transportation Task Force was created during a Missouri Foundation for Health transportation meeting. The task force was formed to provide a gateway for communications between transportation payers, providers and users. Members of the task force include the Missouri Department of Transportation and all three social service departments in the state: the Department of Social Services, the Department of Mental Health, and the Department of Health and Senior Services. Both primary transportation providers for older adults and adults with disabilities, Operating Above the Standard (OATS) and Southeast Missouri Transportation Service (SMTS), are part of the task force in addition to public transit companies, local transit companies, the non-emergency Medicaid transportation provider, and MoRides (the only mobility management website devoted to Missouri transportation). The task force receives training and assistance from the National Center for Mobility Management. The task force strives to improve transportation access and increase mobility management for older adults and adults with disabilities. The task force has developed materials and resources to raise awareness of MoRides and direct individuals needing transportation to their website and toll-free helpline. The task force plans to develop a system of mobility management that is easy to use and accessible to anyone who needs assistance with transportation.




Another barrier for older adults to access programs is a lack of knowledge about programs that could help them remain safely in their homes as they age. The 2022 State Plan on Aging Survey conducted by DSDS demonstrated that of the survey respondents who were 50+:


- 9% had tried to access help finding programs and services but couldn't find assistance in their community.
- 30% listed help finding programs or services as one of the five services needed to allow them to stay in their home.
- 32% needed new eyeglasses or eyeglasses repair.
- 37% needed dental work.
- 13% needed new dentures or denture repair.
- 10% needed new hearing aids or hearing aid repair.

Older Missourians must have reliable ways to access services and programs that can help them meet their needs. The 2022 State Plan on Aging Survey found that 39% of providers and stakeholders believe that affordable housing is necessary to keep clients in their homes for as

long as they want to be there. The same survey showed that 30% of providers and stakeholders wanted to refer clients to affordable housing but could not find it in the area. Information about affordable housing options must be shared with older adults, providers, and stakeholders.

Missouri AAAs help older Missourians access services and programs through transportation assistance and information and assistance (I&A). Many AAAs also provide programs and services virtually, via telephone, or through the mail to increase access to programs and services. Missouri will continue working to improve access to programs and services.

SDOHs	Objectives	Strategies
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to provide programs and services through additional platforms.</p>	<p>3.1: By September 2025, each AAA will offer at least one program that participants can access from their homes (via mail, online, or telephone). This will be a program started on or after October 1, 2023, or an existing program that was not previously available from participants' homes.</p> <p>3.2: By September 2025, each AAA will offer I&A through at least one additional platform beyond telephone and walk-ins.</p>
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to increase awareness of programs and services available in Missouri.</p>	<p>3.3: By September 2024, DHSS will arrange a presentation by Missouri Inclusive Housing for the ten AAAs. This presentation will focus on expiring low-income housing tax credits and affordable housing options available in Missouri.</p> <p>3.4: By September 2025, each AAA will provide at least three instances of community education about transportation resources in its PSA.</p> <p>3.5: By September 2025, each AAA will ensure that it has I&A resources that include information related to dental services, denture repair and replacement, vision testing and eyeglasses, hearing testing and hearing aids, affordable housing, and financial assistance with bills.</p>
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to improve the quality of follow-up to participant needs.</p>	<p>3.6: By September 2026, each AAA will have a procedure outlining how it determines which interventions and service referrals require follow-up.</p> <p>3.7: By September 2026, each AAA will have a procedure outlining which critical assessment indicators from the standardized intake form will trigger an automated internal referral.</p>

		<p>3.8: By September 2027, each AAA will have an automated internal referral process for designated critical assessment indicators from the standardized intake form.</p>
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to improve mobility management in Missouri.</p>	<p>3.9: By September 2024, DHSS will provide training and resources to the ten AAAs regarding transportation options.</p> <p>3.10: By September 2025, DHSS will arrange a presentation by MO Rides for the ten AAAs. This presentation will focus on mobility management in Missouri.</p> <p>3.11: By September 2026, DHSS will arrange a presentation by Missouri Rural Health Association (MRHA) for the ten AAAs. This presentation will focus on the mobility management curriculum available through MRHA.</p> <p>3.12: By September 2027, DHSS will oversee a transportation group to address the transportation needs of older adults in Missouri. The ten AAAs will be invited to participate in this group.</p>

Outcome 3: Measurements and Quality Management

- The ability to access programming from home and additional platforms for I&A will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (3.1 and 3.2).
- Housing training and presentation attendees will be tracked using WebEx. Recording, training materials, and additional resources will be available through www.box.com (3.3).
- Implementation of community education regarding transportation resources will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (3.4).
- I&A resources will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (3.5).
- Procedures for follow-ups and critical assessment indicator triggers will be evaluated during annual monitoring in the year following required implementation (3.6 and 3.7).
- Automated referral process for designated critical assessment indicators will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (3.8).
- Transportation and mobility management training and presentation attendees will be tracked using WebEx. Recording, training materials, and additional resources will be available through www.box.com (3.9, 3.10, and 3.11).
- Transportation group attendees will be tracked using WebEx. Recording, presentation materials, and additional resources will be available through www.box.com (3.12).



Outcome 4: Improve nutritional health

The [Dietary Guidelines for Americans, 2020-2025](#), explain that older adults should follow a healthy dietary pattern because of the changing dietary needs and the heightened risk of malnutrition that occur with age. The [State of Senior Hunger in 2020](#) shows how difficult this goal can be to achieve, especially for the 7.3% of older Missourians who are food insecure. According to 2021 [Behavioral Risk Factor Surveillance System](#) (BRFSS) data, 2.4% of older Missourians experienced hunger or skipped meals due to lack of money. This same data increases to 7.6% in African American older Missourians and 5.5% in LGBT older Missourians. This data shows the importance of addressing food access based on the greatest social need in Missouri. The 2022 State Plan on Aging Survey conducted by DSDS showed that 24% of respondents aged 50+ did not have enough food to avoid hunger each day, and 25% of respondents aged 50+ said that to buy food, they had to choose between paying bills, purchasing medications, or visiting a doctor.

Beyond financial barriers, many older adults in Missouri have dental problems that may negatively impact their ability to eat a healthy diet. In the [2021-2022 Missouri Vulnerable Adult Oral Health Survey](#), the [Missouri Office of Dental Health](#) found that 52% of the 296 congregate meal site participants surveyed had fewer than 20 natural teeth. [Research](#) has shown that having fewer than 20 natural teeth harms a person's eating ability.




Another barrier to eating a healthy diet can be a lack of access to culturally appropriate, healthy meals. The [OAA](#) explains that, to the extent practicable, meals should be adjusted for cultural considerations and preferences. The CDC provides a guide to [Cultural Food Preferences in Food Service](#). This document explains that offering culturally appropriate meals allows customers to select familiar and healthier foods they prefer. The [2020-2025 Dietary Guidelines for Americans](#) also provides guidance on incorporating cultural traditions and budgetary considerations into the dietary guidelines. This guidance encourages using spices and herbs to help flavor foods when reducing added sugars, saturated fat, and sodium.

Missouri continues to work to improve nutritional health in older Missourians. In 2019, 76,607 Missouri households with an adult(s) aged 60+ participated in the Supplemental Nutrition Assistance Program (SNAP). These households received an average monthly benefit of \$106, with 7% receiving the maximum benefit and 24% receiving the minimum benefit.² While this data shows a large number of older adults are benefiting from SNAP, the 2018 SNAP Quality Control Data shows that only 25.3% of Missourians aged 50+ with income less than 200% of the federal poverty line are participating in SNAP.³ Missouri AAAs continue to help older Missourians apply for SNAP benefits through grants like MIPPA and the Benefits Enrollment Center (BEC). Missouri's [Commodity Supplemental Food Program](#) (CSFP) served an average of 22,579 older Missourians each month in Federal Fiscal Year (FFY) 2021. This program works to improve the health of participants by supplementing their diets with nutritious U.S. Department of Agriculture (USDA) commodity foods. The monthly food package consists of canned fruits, vegetables, meat; cheese; cereal and grain products; and milk products. Some food-insecure older adults access food banks to supplement purchased nutrition. Of the

² <https://www.aarp.org/content/dam/aarp/ppi/2021/12/millions-of-adults-rely-on-snap.doi.10.26419-2Fppi.00106.002.pdf>

³ <https://www.aarp.org/content/dam/aarp/ppi/2022/07/access-who-are-low-income-but-unenrolled.doi.10.26419-2Fppi.00166.002.pdf>

216,964 households served annually by Missouri food banks, 42% have at least one adult who is 65+.⁴ Missouri AAAs provide congregate and home-delivered meals to eligible Missourians. AAAs also provide other nutrition services such as nutrition education, nutrition counseling, and supplemental nutrition.

SDOHs	Objectives	Strategies
 	<p>By September 30, 2027, the State of Missouri will implement specific strategies to respond more effectively to assessments that show a high risk of poor nutritional status or malnutrition in participants in OAA nutrition programs.</p>	<p>4.1: By November 2024, DHSS and the ten AAAs will create a list of possible interventions and responses to assist participants who are identified as having high nutritional risk.</p> <p>4.2: By September 2025, each AAA will have completed an annual DETERMINE Your Nutritional Health screening for 100% of home-delivered meal participants and 50% of congregate participants.</p> <p>4.3: By September 2026, each AAA will have at least one intervention it can offer to participants who are identified as having a high risk of poor nutritional status or malnutrition. This intervention will be in addition to home-delivered meals and congregate nutrition.</p> <p>4.4: By September 2026, DHSS will arrange for the Office of Dental Health to present to the ten AAAs about dental resources in Missouri to help older adults be better able to consume a healthy diet.</p>
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to respond to cultural considerations and preferences of participants more effectively.</p>	<p>4.5: By September 2024, the ten AAAs will have a written policy addressing adjusting meals for cultural considerations and preferences.</p> <p>4.6: By September 2026, each AAA will be providing culturally appropriate meals at least once per month in at least one location in its PSA.</p> <p>4.7: By September 2027, each AAA will provide at least three instances of public information about culturally appropriate meals offered in its PSA.</p>

⁴ <https://foodsecurity.missouri.edu/wp-content/uploads/2022/05/FAHH-2021-Key-Findings-Feeding-Missouri.pdf>

Outcome 4: Measurements and Quality Management

- The list of interventions and responses for high nutritional risk will be compiled during the 2024 annual nutrition survey and at least one statewide quarterly nutrition meeting (4.1).
- The DETERMINE your Nutritional Health data will be checked at least quarterly through AgingIS to determine progress on 4.2.
- Interventions for high nutritional risk will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (4.3).
- Dental health presentation attendees will be tracked using WebEx. Recording, materials, and additional resources will be available through www.box.com (4.4).
- The cultural meal adjustment policy will be reviewed during annual programmatic monitoring in the year following required implementation (4.5).
- Implementation of culturally appropriate meals will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (4.6 and 4.7).



Outcome 5: Improve financial security



The [2021 ACS](#) revealed that 9.5% of Missourians aged 60+ live at or below the poverty level, and an additional 9.0% live at 100 to 149% of the poverty level. AAAs in Missouri provide various services that can improve the financial security of older adults, including educational programs, legal assistance, and assistance with finding resources. Two additional programs that directly target financial security for older Missourians are the [Senior Community Service Employment Program \(SCSEP\)](#) and [Medicare Improvement for Patients and Providers Act \(MIPPA\)](#).

Today's job market is constantly changing, and many jobs rely heavily on technology. SCSEP offers older Missourians the opportunity to earn wages while doing community service and training to gain new skills needed in today's workforce. Funded by Title V of the OAA, SCSEP is available in nearly all Missouri counties. DSDS holds the state SCSEP contract and subcontracts with MERS Goodwill and AARP to provide services to 20 counties. AARP, Goodwill International, and SER hold national contracts to serve all but 3 of the remaining counties in Missouri.

Eligible participants must be 55+, have an income no higher than 125% of the federal poverty level, be unemployed, and have low prospects of gaining employment. Priority enrollment in the program is given to veterans and qualified spouses. Then, priority is given to those: 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; individuals who had been incarcerated in the past five years; or have failed to find employment after using services through the American Job Center System. SCSEP funds pay participants minimum wage for an average of 20 hours per week. They can pay for additional costs related to becoming successfully employed, such as specialized training or certifications, medical exams, work wear, etc. Participants train in host agencies to gain the skills necessary to attain employment outside the program.

Older Missourians interested in employment may also qualify for resources through [Missouri's American Job Centers](#) and [Vocational Rehabilitation](#). There are 41 Job Centers across Missouri that provide various services, including job skills workshops, training and education and skills assessment. Vocational Rehabilitation assists Missourians with disabilities who want to work.

Many older Missourians live on a fixed income and struggle to make ends meet with the increasing cost of living. MIPPA provides federal dollars to increase outreach to eligible Medicare beneficiaries and assist with enrollment in Medicare's low-income assistance programs. Enrollment in these programs can decrease Medicare premiums and deductibles and improve financial security. In Missouri, the State Health Insurance Assistance Program (SHIP) is administered by the Department of Commerce and Insurance, MIPPA 2 is administered by DSDS, and MIPPA 3 is administered by the University of Missouri Kansas City's Institute for Human Development.

SDOHs	Objectives	Strategies
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to inform service providers about programs available to assist older adults seeking employment.</p>	<p>5.1: By September 2025, DHSS will arrange a presentation from SCSEP for the ten AAAs. The presentation will include how to refer participants to SCSEP.</p> <p>5.2: By September 2026, DHSS will arrange a presentation from Missouri's American Job Centers for the ten AAAs. The presentation will focus on programs available to help older adults who want to work.</p> <p>5.3: By September 2027, DHSS will arrange a presentation from Missouri Vocational Rehabilitation for the ten AAAs. The presentation will include how to refer participants to Vocational Rehabilitation.</p>
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to prepare, publish, and disseminate educational materials dealing with older individuals' health and economic welfare.</p>	<p>5.4: By September 2024, DHSS will publish and disseminate at least one educational video dealing with financial planning for older adults.</p> <p>5.5: By September 2025, each AAA will provide at least three instances of public education about resources to improve the economic welfare of older adults.</p>

Outcome 5: Measurements and Quality Management

- Employment presentation attendees will be tracked using WebEx. Recording, training materials and additional resources will be available through www.box.com (5.1, 5.2, and 5.3).
- The financial planning educational video will be published on the DHSS website and disseminated through social media (5.4).
- Public education will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (5.5).

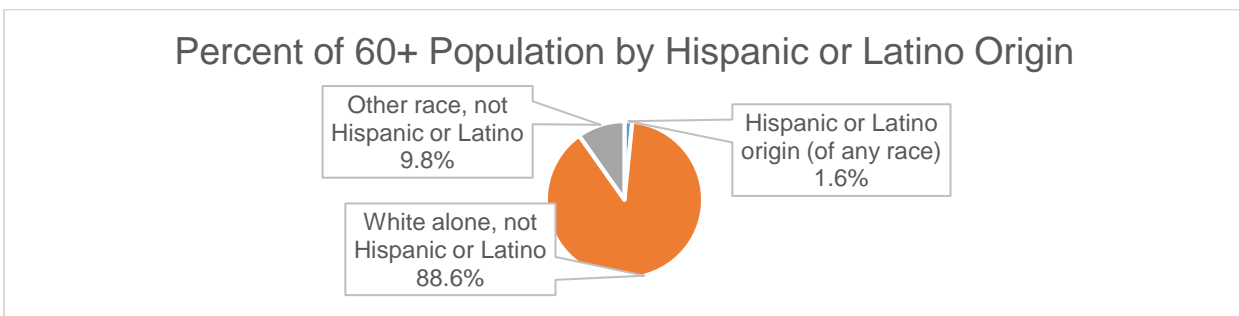
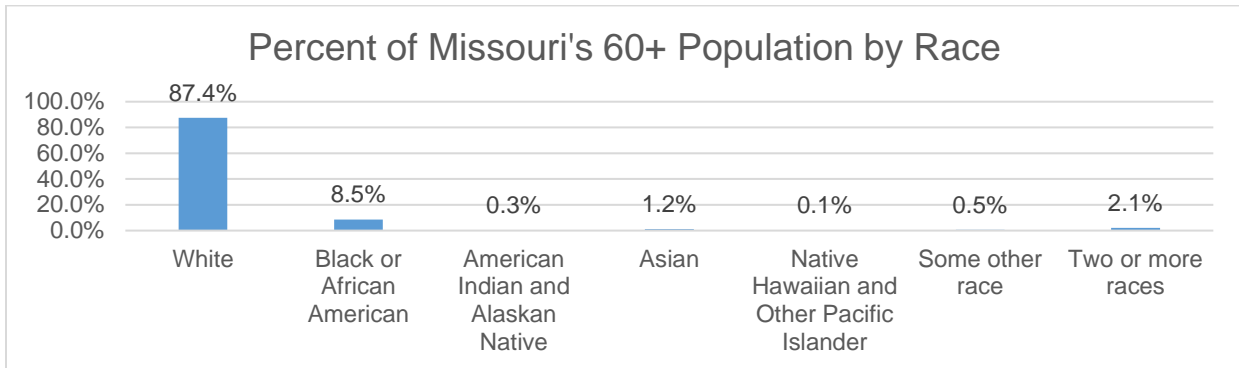


Outcome 6: Increase services to those with the greatest social need

Ensuring that those with the greatest social need receive the services and programs that will help them age safely requires Missouri’s SUA and AAAs to look at service provision through an equity lens. According to the [OAA](#), greatest social need means the need caused by noneconomic factors, which include physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently. The greatest social need includes many priority populations, such as:

- Older minority individuals, including Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian, and Alaska Native older individuals
- Low-income minority individuals
- Older individuals residing in rural areas
- Individuals with any physical or mental impairment
- Older individuals with limited English proficiency
- Older lesbian, gay, bisexual, and transgender (LGBT) persons

According to the [2021 ACS](#), Missouri is home to 1,445,771 adults aged 60+. The 2021 ACS found that Missouri’s largest older adult minority group is Black or African American. Additional race and ethnicity information from the 2021 ACS can be seen below.



Because 8.5% of older Missourians are African American, DSDS took special care to reach out for input from this population. A total of 116 African American Missourians provided input through the 2022 State Plan on Aging Survey conducted by DSDS. This group identified home repair and updates, help finding programs or services, and help paying bills as the top services to help them stay in their home for as long as they want to be there. DSDS also worked with Missouri's Office of Minority Health to conduct listening sessions with leaders of African American communities. Details from these listening sessions and additional information about the African American older adult population can be found in the African American Older Adult Profile in [Appendix 2](#).

Missouri has no recipients of a formally recognized OAA Title VI Grants for Native Americans program. The AAAs provide services to eligible Native Americans through the OAA Title III network of services. The [2021 ACS](#) reports that .3% of Missouri's older adult population identifies as American Indian or Alaskan Native.

Missouri assists older adult refugees and immigrants through Naturalization Services for Elderly Refugees & Elderly Legal Immigrants program. This is a general revenue contract awarded to assist legal immigrants and refugees in becoming naturalized US citizens. This program is available to legal immigrants and refugees aged 60+ who have lived in Missouri for at least five years, are unable to benefit from or attend traditional classroom instruction (often due to frailty or poor health), and who require special assistance to attain the requirements to become a citizen successfully. Services may include direct tutoring in both English and Civics, guidance regarding waiver requests, and submission of the necessary documentation. To the maximum extent feasible, services are provided in a way that is culturally and linguistically compatible with the recipient's language and cultural background. When participants gain US citizenship, they become eligible for enrollment in federal programs available to other citizens, such as Medicare and Social Security.





The [2021 ACS](#) did not provide data on the low-income minority older Missourians; however, it did show that 9.5% of Missourians aged 60+ live below the poverty level and 9.0% live at 100 to 149% of the poverty level.

The [2021 ACS](#) indicated that 31.6% of Missouri's 60+ population has a disability, 3.5% of Missouri's 60+ population speak a language other than English at home, and 1.6% speak English less than "very well." A [2019 ACS Report](#) estimated that 34.2% of Missourians aged 65+ lived in rural areas. This data was not included in the 2021 ACS data release.

Because the census does not collect information about sexual orientation and gender identity, other sources must be used. According to aggregated data from the [Williams Institute](#), from 2012-2017, more than 14 million Americans identified as LGBT. Of that total, 2.3 million are aged 50-64, and more than 1 million are 65+. The same data set from the Williams Institute shows that 230,861 Missourians identify as LGBT. Of that total, 34,629 are aged 50-64 and 23,086 are 65+.⁵ For additional information about the LGBT older adult population in Missouri, see the LGBT Older Adult Profile in [Appendix 4](#).

⁵ Population data based on Table S0101 of the 2017: ACS 5-Year Estimates Subject Tables: https://data.census.gov/table?q=population+by+age&q=0100000US_0400000US29&tid=ACSST5Y2017.S0101.

The Missouri LGBT Older Adult Alliance was established in September 2019. The Alliance is a collaborative effort that informs communities and service providers of inclusive practices that ensure LGBT older Missourians feel welcome and supported across the state. The alliance holds statewide informational meetings at least four times a year to work toward achieving its mission.

SDOHs	Objectives	Strategies
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to more effectively assess the needs of older adults with the greatest social need.</p>	<p>6.1: By September 2025, each AAA will ensure that its needs assessment tools include data about Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaska Native older individuals, and older lesbian, gay, bisexual, and transgender (LGBT) persons.</p> <p>6.2: By September 2025, DHSS will conduct a statewide needs assessment of older adults, adults with disabilities, and caregivers. This assessment will include data about Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaska Native older individuals, and older lesbian, gay, bisexual, and transgender (LGBT) persons.</p>
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to increase services to OAA priority populations.</p>	<p>6.3: By April 2025, DHSS will provide each AAA with baseline data to show the percent of services provided to OAA priority populations in FFY2024.</p> <p>6.4: By April 2026, each AAA will have increased services provided to at least one OAA priority population by at least 5%.</p> <p>6.5: By April 2027, each AAA will have increased services provided to at least one additional priority population by at least 5%.</p>
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to educate providers about serving LGBT older adults.</p>	<p>6.6: By September 2024, DHSS will arrange training for the ten AAAs about how to gather LGBT demographic information.</p> <p>6.7: By September 2026, at least one staff member from each AAA will participate in at least two Missouri LGBT Older Adult Alliance statewide meetings annually during FFY2024, FFY2025, and FFY2026.</p>
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to increase outreach to older adults with the greatest social need.</p>	<p>6.8: By September 2025, the ten AAAs will create and share a list of public education and outreach tools that can be used to reach older adults with the greatest social need, including Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaska Native older individuals, and older lesbian, gay, bisexual, and transgender (LGBT) persons.</p>

		6.9: By September 2027, each AAA will engage in at least three public education events that target older adults with the greatest social need.
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Outcome 6: Measurements and Quality Management

- Needs assessment tools will be evaluated as part of the SFY2027 Area Plan amendment (6.1).
- DHSS will review the statewide needs assessment tool before it is implemented (6.2).
- Baseline data for services provided to OAA priority populations will be determined in March of 2025 by DHSS for FFY2024 using AgingIS and SPR data. This data will be shared with the AAAs by April 2025 (6.3).
- The change in the percent of services provided to priority populations will be checked quarterly using MSER data to determine progress on 6.4 and 6.5. Annual data for priority populations from FFY2024, FFY2025, and FFY2026 will be pulled from the SPR.
- Training on gathering LGBT demographic information attendees will be tracked using WebEx. Recording, training materials, and additional resources will be available through www.box.com (6.6).
- Attendance at Missouri LGBT Older Adult Alliance Statewide meetings will be confirmed through the alliance and reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (6.7)
- Public education and outreach tools will be compiled during at least one I&A quarterly call. Attendees will be tracked through WebEx. The recording, training materials, and additional information will be available through www.box.com (6.8).
- Public education events will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (6.9).



Outcome 7: Improve response to and prevention of abuse, neglect and exploitation in the community and long-term care facilities

During SFY2021, DHSS received and investigated 42,422 reports of abuse, neglect and exploitation involving older adults and adults with disabilities living in the community and facilities.⁶ This is, however, likely only a fraction of the cases that occurred. The [National Center on Elder Abuse](https://www.nationalcenteronelderabuse.org/) estimates that for every case of elder abuse or neglect reported to the authorities, as many as 23 cases go unreported. In the 2022 State Plan on Aging Survey conducted by DSDS, 32% of respondents said that they or someone they know had been a victim of abuse, neglect or financial exploitation.

Missouri’s AAAs work to prevent and report abuse, neglect and exploitation in several ways. AAAs ensure that staff, volunteers and contractors who interact with older Missourians have abuse, neglect and exploitation training. This training includes how to identify abuse, neglect and exploitation, as well as the responsibility of the individual as a mandatory reporter. DHSS assists with this by offering the AAAs access to free annual training from the Section for Adult Protective Services (APS). AAAs also provide access to legal assistance for older adults who have been victims of abuse, neglect or exploitation. Supportive services provided by the AAA

⁶ <https://health.mo.gov/seniors/weaad.php>

can also help victims of abuse, neglect or exploitation move forward with their lives in a positive way.




[APS](#) is housed within 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, 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.

The Adult Abuse & Neglect Hotline staff receives information on adult abuse, neglect and exploitation through phone, fax and online sources. Once it is determined that hotline criteria are met, appropriate reports are routed, based on geographic location, to the APS Specialists across the state. APS Specialists respond to those reports, assess the client's risks and needs, and evaluate whether or not a crime occurred. If there is suspicion that a crime is present in the case, the APS Specialist refers the criminal aspects to the DHSS Office of Special Investigations. At the same time, the assigned APS Specialist focuses on linking the client with the needed interventions such as food, clothing, relocation and other needed services.

Missouri APS currently works closely with the network of Missouri's AAAs to help improve the lives of APS clients requiring significant intervention. In July 2022, APS, the network of AAAs, and Missouri's Association of Area Agencies on Aging implemented the Direct Services program using Coronavirus Relief and American Rescue Plan Act (ARPA) funding. This program partners with the AAAs to provide APS clients with appropriate services and resources that may be otherwise unavailable to reduce their risk of abuse, neglect and exploitation. These services include but are not limited to home modifications, utility assistance, transportation, rental assistance, removal of trash, pest control, home-delivered meals, groceries, deep cleaning and cleaning supplies. This program has provided services and resources to 658 vulnerable adults in Missouri between July 2022 and January 2023. Without ARPA funding, these vulnerable adults would not have access to needed services.

APS has been implementing a multidisciplinary approach to more effectively address abuse, neglect and exploitation of vulnerable persons in Missouri. Currently, 16 multidisciplinary teams (MDTs) bring together professionals from many fields to protect vulnerable adults in specific regions of Missouri. APS will continue working to increase the use of MDTs in Missouri.

The [LTCOP](#) is federally mandated by the OAA. DHSS is the operating entity in Missouri for this program. The LTCOP advocates for the rights of residents residing in approximately 1,189 licensed long-term care facilities and 7 Veterans Homes across the state. Ombudsmen advocate by regularly conducting facility visits, investigating complaints, and providing information and assistance. The program relies heavily on volunteers to sustain the program. It has ongoing efforts to recruit ombudsman volunteers statewide to resolve complaints, such as resident rights and quality of care. The LTCOP maintains a toll-free number for residents and family members to access ombudsman services and provides educational materials to the public through publications, community events, and presentations.

SDOHs	Objectives	Strategies
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to prevent, detect, assess, intervene, and investigate elder abuse, neglect, and financial exploitation.</p>	<p>7.1: By September 2024, APS will develop publicly-accessible data dashboards allowing stakeholders and the general public to access statistical information on the prevalence of Adult Abuse, Neglect, and Exploitation in Missouri.</p> <p>7.2: By September 2025, APS will develop a Quality Assurance program to include performance evaluation and data analysis of all APS functions resulting in improved services & outcomes to APS clients as well as improved consistency in the delivery of APS services across Missouri.</p> <p>7.3: By September 2026, APS will contract with an outside agency to complete an overall evaluation of its APS Program to identify areas of needed improvement. This evaluation will generate recommendations for improving or changing specific components or processes within the APS program.</p> <p>7.4: By September 2027, APS will complete an analysis of available intervention data as well as solicit feedback from stakeholders to identify areas of resource strength, areas of resource deficiency, and areas of greatest need.</p> <p>7.5: By September 2028, APS will use the information from 7.4 to pursue strategies to increase resources in areas lacking such resources.</p>
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to increase the use of MDTs to more effectively address abuse, neglect, and exploitation of vulnerable persons in Missouri.</p>	<p>7.6: By September 2025, the DSDS will support and develop at least 30 MDTs in Missouri to more effectively address the abuse, neglect, and exploitation of vulnerable persons in Missouri.</p> <p>7.7: By September 2026, each AAA will participate in at least one MDT meeting for an MDT providing services in its PSA unless an MDT is not established in its PSA.</p>
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to advocate for the rights of those residing in long-term care facilities.</p>	<p>7.8: By September 2025, the LTCOP will conduct at least three educational sessions for Missouri legislators to learn about the Ombudsman Program.</p> <p>7.9: By September 2026, the LTCOP will engage in at least three systems advocacy activities to help improve long-term care.</p>

	7.10: By September 2027, the LTCOP will recruit and train at least 40 ombudsman volunteers.
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Outcome 7: Measurements and Quality Management

- BSP will review progress toward completion of 7.1-7.6 biannually with the section of APS.
- AAA participation in MDTs will be reviewed during the annual legal assistance survey in 2024, 2025, 2026, and 2027 (7.7).
- The number of educational sessions for Missouri legislators, the number of systems advocacy activities, and the number of new volunteers will be reviewed during biannual meetings between the State Long Term Care Ombudsman and the Legal Assistance Developer using the National Ombudsman Reporting System (NORS) data and other applicable tracking systems (7.8-7.10).



Outcome 8: Improve mental well-being

COVID-19 highlighted and exacerbated concerns around mental well-being, especially in the older adult population. The [2022 Senior Report](#) produced by America's Health Rankings shows that 8.5% of Missourians aged 65+ experience frequent mental distress and that the suicide rate is 19.1 per 100,000 Missourians aged 65+. These numbers show that poor mental well-being is impacting a significant number of older Missourians. This data, coupled with the fact that up to 90% of older adults have experienced at least one traumatic event in their lifetime, such as military combat, the unexpected death of someone close, or serious illness or injury to self or someone close, shows that improving mental well-being is an important outcome for older Missourians.⁷ Person-centered, trauma-informed services and programs can help older adults recover from trauma and improve their mental well-being. The [OAA](#) explains that these services use a holistic approach to provide services or care; promote the dignity, strength and empowerment of victims of trauma; and incorporate evidence-based practices based on knowledge about the role of trauma in trauma victims' lives. Person-centered services and programs also consider the individual's culture. This may include directly providing cultural experiences or information about cultural experiences available in the community.

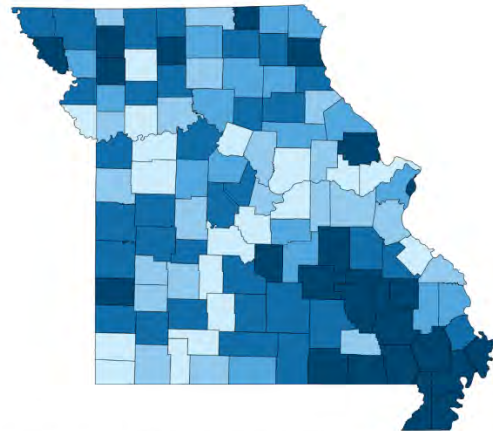
Missouri focuses on the mental well-being of older adults in many ways. DSDS works with the [Division of Behavioral Health State Advisory Council](#) and the [Missouri Developmental Disabilities Council](#) to ensure the needs of older adults are voiced. In July 2022, 988 became the national three-digit phone number for all mental health, substance use and suicide crises. Missouri has a [988 Task Force](#) that continues to work on coordination, capacity, funding and communication strategies that are foundational to a comprehensive crisis system. AAAs also focus on mental well-being by providing access to support groups, behavioral health risk assessments and referrals, and other supportive services.

While overall mental well-being is essential, social isolation has become a more specific concern. The [CDC](#) defines social isolation as a lack of social connections. A [2020 report from the National Academies of Sciences, Engineering, and Medicine](#) (NASEM) shows that nearly one-fourth of adults aged 65+ are considered to be socially isolated. The 2022 State Plan on Aging Survey conducted by DSDS showed that approximately 78% of Missourians aged 50+ agreed or strongly agreed that they have someone to call whenever they need help or want

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3652940/>

someone to talk to, and 66% feel like they were able to be an active part of their community. This leaves a significant portion of older Missourians vulnerable to social isolation. It is essential to decrease social isolation in older Missourians because the [National Institute on Aging](#) has found that the health risks of prolonged isolation are equivalent to smoking 15 cigarettes a day. The [2020 Social Isolation and Loneliness in Older Adults Report from NASEM](#) states that immigrant and gay, lesbian, and bisexual older adults experience more loneliness and social isolation than their peers. The [Senior Report 2022](#) produced by America's Health Rankings shows the risk of social isolation by county. This index of social isolation risk factors includes poverty; living alone; divorced, separated, or widowed; never married; disability; and independent living difficulty among adults aged 65+. The normalized values are 1 to 100, with a higher value indicating a greater risk of social isolation. In Missouri, there are 24 counties where adults aged 65+ have a risk value greater than 57 and only 19 counties where the risk value is less than 39.

Risk of Social Isolation by County






Index of social isolation risk factors: poverty; living alone; divorced, separated or widowed; never married; disability; and independent living difficulty among adults ages 65 and older, relative to all U.S. counties; normalized values are 1 to 100, with a higher value indicating greater risk.

Legend: ≤ 39, 40 to 44, 45 to 49, 50 to 56, ≥ 57

Source: U.S. Census Bureau, American Community Survey, 2016-2020

Missouri AAAs provide telephone reassurance, friendly visitor, in-person recreation, and various other supportive services to increase social interaction for older Missourians. The aging network in Missouri will continue working to provide opportunities to improve the social health of older Missourians.

SDOHs	Objective	Strategies
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to educate Missouri AAAs about frameworks to improve mental well-being.</p>	<p>8.1: By September 2025, DHSS will arrange trauma-informed training for the ten AAA directors and I&A staff.</p> <p>8.2: By September 2025, DHSS will arrange for Mental Health First Aid, Question Persuade Refer (QPR), or similar training for at least one staff member at each AAA and one staff member in at least two multipurpose senior centers per PSA. Training may be waived if required staff have received comparable mental health training within the past three years.</p> <p>8.3: By September 2025, DHSS will provide training to the ten AAAs about at least three evidence-based behavioral health programs that are effective across the country.</p>

	<p>By September 30, 2027, Missouri AAAs will implement specific strategies to increase participant-directed and person-centered services.</p>	<p>8.4: By September 2026, each AAA will offer at least one participant-directed service.</p> <p>8.5: By September 2027, each AAA will provide at least three instances of public education about events, programs, or services in its PSA that support cultural experiences, activities, or services, including the arts.</p>
	<p>By September 30, 2027, the State of Missouri will implement specific strategies to increase education and interventions related to social isolation.</p>	<p>8.6: By September 2024, DHSS will provide training and resources about the prevention, detection, and response to negative health effects associated with social isolation to the ten AAAs.</p> <p>8.7: By September 2025, each AAA will provide at least three instances of community education about the prevention, detection, and response to negative health effects associated with social isolation.</p> <p>8.8: By September 2026, each AAA will offer a program or service that addresses social isolation. This will be a program or service started on or after October 1, 2023, or an existing program offered in a new location or format.</p> <p>8.9: By September 2027, each AAA will provide at least three instances of public information about programs and services it offers to address social isolation. At least one instance will engage at least one priority population.</p>

Outcome 8: Measurements and Quality Management

- Trauma-informed training will be provided through an [online module](#) available through the [Missouri Department of Mental Health](#). AAA directors and I&A staff will submit certificates of completion as proof of completion to DSDS (8.1). This documentation will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented.
- Documentation demonstrating that minimum training requirements have been met will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (8.2).
- Training on evidence-based programs will be provided during at least one Highest Level Evidence-Based Programs quarterly call. Recording, training materials and additional resources will be available through [www.box.com](#) (8.3).
- Participant-directed services will be confirmed by evaluating each AAA's State Fiscal Year (SFY) 2027 Area Plan amendment (8.4) and during programmatic monitoring.
- Public education will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (8.5)


- Negative health effects of social isolation training attendees will be tracked using WebEx. Recording, training materials and additional resources will be available through www.box.com (8.6).
- Implementation of community education regarding programs or services will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (8.7, 8.8, and 8.9).



Outcome 9: Improve preparedness for future emergencies

During the COVID-19 pandemic, the aging network provided services to help older Missourians, adults with disabilities, and caregivers in Missouri. That has continued after COVID-19 became endemic. These services included providing meals, assisting with access to vaccines and information about COVID-19, providing services through contactless methods, and providing services virtually or via telephone. Stay-at-home orders closed many senior centers, and even after stay-at-home orders were lifted, many older Missourians were not ready to congregate because of increased risk factors. AAAs in Missouri used additional grant funding to provide vaccine registry case management and transportation assistance to help vulnerable Missourians access COVID-19 vaccines. During 2021, Missouri AAAs provided vaccine assistance to more than 6,000 Missourians. Because of this and other work in Missouri, 95% of Missourians aged 65+ have received at least one dose of the COVID-19 vaccination.⁸ AAAs in Missouri also received additional funding through the ARPA. This funding has been and continues to be used to increase core OAA services to older adults, improve infrastructure, and modernize multipurpose senior centers. The public health emergency caused by COVID-19 serves as a reminder that Missouri must continue to focus on emergency preparedness for all Missourians, especially for our most vulnerable populations.

Each AAA has an emergency response plan and a continuity of operations plan (COOP). DSDS' Senior Emergency Management Officer (SEMO) provides technical assistance for regularly updating the plans. The SEMO 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 SEMO also coordinates with each AAA during disasters and recovery to inform and collaborate on needed resources and operations. The SEMO coordinates between the agencies and state-level voluntary organizations, state departments, and federal agencies, including the Administration for Community Living.

SDOHs	Objectives	Strategies
	By September 30, 2027, the State of Missouri will implement specific strategies to improve emergency preparedness across the aging network.	<p>9.1: By September 2024, each AAA will review the emergency secession plans in its COOP and update them as needed.</p> <p>9.2: By September 2026, each AAA will provide at least three instances of public education about emergency preparedness.</p>

⁸ https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Missouri&data-type=Vaccinations&metric-vax=Series_Complete_65PlusPop_Pct

		9.3: By September 2027, each AAA will provide information about vaccines and vaccine-preventable diseases as part of at least one health promotion program.
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Outcome 9: Measurements and Quality Management

- Emergency secession plans in COOPs will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (9.1).
- Public education will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (9.2).
- Vaccine education will be reviewed during biannual State Plan on Aging review meetings with the ten AAAs until the strategy has been fully implemented (9.3).

Attachment A – State Plan Assurances

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2020

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 2020.

Sec. 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)

(i) set specific objectives, in consultation with area agencies on aging, 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;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(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.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

- (1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,
- (2) a numerical statement of the actual funding formula to be used,
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: States must ensure that the following assurances (Section 306) will be met by its designated area agencies on aging, or by the State in the case of single planning and service area states.

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(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 with 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;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(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 area agency on aging, 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 area agency on aging 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, specifically including survivors of the Holocaust; 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 area agency on aging 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 area agency on aging 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;
- (6) provide that the area agency on aging will—
- (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
 - (B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;
 - (C)
 - (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
 - (ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—
 - (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
 - (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

- (iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;
 - (D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;
 - (E) establish effective and efficient procedures for coordination of—
 - (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
 - (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;
 - (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 and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;
 - (G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;
 - (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; and
 - (I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;
- (7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
- (A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
 - (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
 - (i) respond to the needs and preferences of older individuals and family caregivers;
 - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
 - (iii) target services to older individuals at risk for institutional placement, to

- permit such individuals to remain in home and community-based settings;
 - (C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
 - (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
 - (i) the need to plan in advance for long-term care; and
 - (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;
- (8) provide that case management services provided under this title through the area agency on aging will—
- (A) not duplicate case management services provided through other Federal and State programs;
 - (B) be coordinated with services described in subparagraph (A); and
 - (C) be provided by a public agency or a nonprofit private agency that—
 - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
 - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- (9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care 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 2019 in carrying out such a program under this title;
- (B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services 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;
- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the

planning and service area.

(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; and

(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 area agency on aging 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;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are 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.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) 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;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

- (ii) providing documentation of the need for such action; and
 - (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.
- (3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).
 - (B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.
- (g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—
 - (1) contracts with health care payers;
 - (2) consumer private pay programs; or
 - (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

- (a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:
 - (1) The plan shall—
 - (A) require each area agency on aging 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.
 - (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; and
 - (C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).
 - (3) The plan shall—
 - (A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and
 - (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...
- (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.

(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).

(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 any area agency on aging, by any 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.

(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 area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, 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.

(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 area agency on aging is necessary to assure an adequate supply of such services;
- (ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
- (iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide

information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care 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 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances 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 area agency on aging 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.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(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;

(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.

(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.

(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.

(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.

(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).

(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 area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (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.

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, 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.

(29) 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.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 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.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(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, area agencies on aging, 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...



5/9/2023

Signature and Title of Authorized Official

Date

Attachment B – State Plan Information Requirements

IMPORTANT: States must provide all applicable information following each OAA 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, DSDS and AAAs work closely with agencies through contracts within the state that specialize in serving the non-English speaking population in Missouri.
- Annually, DHSS will provide data to each AAA showing the number of older adults in each priority population that the AAA served in relation to the number of older adults in each priority population who reside in the AAA's PSA.
- DSDS monitors the number and percent of low-income minority older adults, older adults living in rural areas, and limited English Speaking older adults served by each AAA and reviews outreach efforts annually through updated Area Plans and AgingIS data.
- The DSDS monitors the AAAs annually to ensure compliance.

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

- By September 2025, each AAA will have a referral process to help participants obtain assistive technology from Missouri Assistive Technology. This will be confirmed during biannual State Plan on Aging review meetings with the ten AAAs.

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 Senior Emergency Management Officer (SEMO) provides technical assistance, continuing education, and training/exercises for regularly updating the plans. The SEMO 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 SEMO also coordinates with each AAA during disasters and recovery to inform and collaborate on needed resources and operations. The SEMO 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 area agency on aging 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 area agency on aging 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 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 data included in Attachment C, approximately 29% 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 \$8,024,368. Rural expenditures are projected to be approximately 29% of the \$27,670,236 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 include 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 rural areas into consideration for the distribution of funds.
- Annually, DHSS will provide data to each AAA showing the number of older adults in each priority population, including older individuals residing in rural areas, which the AAA served in relation to the number of older adults in each priority population who reside in the AAA's PSA.

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.*

- The [2021 American Community Survey](#) (ACS) estimates that 12.6% of Missouri's population aged 60+ (182,167 individuals) identify as a race other than white.
- The [2021 ACS](#) estimates that 3.2% of Missouri's population aged 60+ (45,883 individuals) are foreign-born.
- The [2021 ACS](#) estimates that 18.5% of Missouri's population aged 60+ (267,468 individuals) lives below 150 percent of the poverty level.
- The [2021 ACS](#) estimates that 1.6% of Missouri's population aged 60+ (23,132 individuals) speaks English less than "very well."
- Additional demographic data for Missouri can be found in [Appendix 8](#)
- Annually, DHSS will provide data to each AAA showing the number of older adults in each priority population, including low-income minority older individuals and low-income minority individuals with limited English proficiency, that the AAA served in relation to the number of older adults in each priority population who reside in the AAA's PSA.
- Each AAA, as part of its 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 respectful 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.

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.*

- The [2021 ACS](#) estimates that .3% of Missouri's population aged 60+ (4,337 individuals) identify as American Indian or Alaska Native.
- 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.

Section 307(a)(27)

(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

- The [Missouri Office of Administration](#) estimates that by 2030 Missouri's 60+ population will grow to 1,768,662. This is approximately a 16% increase.
- No analysis of how this change in population will affect the needs of Missouri's 60+ population has been conducted.
- DHSS will be working with other State agencies, stakeholders, and community members to complete a Master Plan on Aging that will address the needs of Missouri's aging population.

Section 307(a)(28)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, 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 SEMO, to coordinate emergency management with DSDS staff, providers, AAAs, and other partners. The DSDS ERC Team includes 9 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 SEMO 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.
- 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)(29)

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 its emergency response and continuity of operations plans. The SEMO 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 SEMO is housed in the DSDS director's office and regularly updates and gathers information from the director on DSDS needs and requests. The SEMO 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 Stateplan 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, area agencies on aging, 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 its State Plan Assurances Attachment.

Attachment C – Intrastate Funding Formula

Descriptive Statement of the Missouri Intrastate Funding Formula (IFF)

DHSS collaborated with Missouri’s AAAs over a 16-month period to develop the current IFF. The Missouri SUA put the completed Missouri State Plan on Aging, including the IFF, out for public comment from April 5, 2023, to May 5, 2023. A summary of public comments received by the Missouri SUA can be found in [Appendix 5](#).

Prior to distribution under the IFF to the AAAs, funds are deducted from Title III funds for State Plan Administration, Long Term Care Ombudsman allocations, and the base allocation. Area Plan Administration amounts are provided as a maximum allowance to the AAAs, and their budgets are set according to their needs. Nutrition Services Incentive Program (NSIP) funds are distributed based on the number of meals served and reported for NSIP. This data comes from the SPR in the Older Americans Act Performance System (OAAPS). Missouri has chosen to distribute III D funding in accordance with the IFF.

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 needs.

The IFF for Missouri AAAs is based on two overall factors of need, one is made up of indicators of Great Social Need, and 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 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 sub-factors and type of need they are associated with can be seen in the table below. The inclusion of each is supported by the Older Americans Act as amended and contemporary research.

Sub-Factor	Type of Need
Low-Income 60+	Great Economic Need
Low-Income Minority 60+	Great Economic Need
Low-Income with Physical Disability 60+	Great Economic Need
Low-Income Rural 60+	Great Economic Need
Low-Income Female 60+	Great Economic Need
Total 60+	Great Social Need
Minority 60+	Great Social Need
Physical Disability 60+	Great Social Need
Rural 60+	Great Social Need
Limited English 60+	Great Social Need
Female 60+	Great Social Need
Aged>Average Life Expectancy by Race and S	Great Social Need

Derivation of the IFF: Equation 1 depicts the total IFF allocation in a given year (for OAA Title III-B, C1, C2, D, E, and Ombudsman-IIIB and IV). The superscript ‘t’ denotes the time of year and

indicates that the IFF will be updated annually. The subscript ‘T’ denotes the 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

$$IFF_i^t = (GEN_i^t + GSN_i^t)$$

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 SFY¹⁰ 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 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.

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 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 allocation under the recommended IFF for FY 2010 for the Southwest Missouri AAA, abbreviated SW.

Numerical Statement

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

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

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

⇒

$$GEN_{sw}^{10} = \frac{\$18,317,051}{2} \left[\frac{12,981}{9,1315} \left(\frac{9,1315}{243,989} \right) + \frac{526}{16,895} \left(\frac{16,895}{243,989} \right) + \frac{5,595}{37,750} \left(\frac{37,750}{243,989} \right) + \frac{8,038}{35,684} \left(\frac{35,684}{243,989} \right) + \frac{8,545}{62,345} \left(\frac{62,345}{243,989} \right) \right]$$

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

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

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

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

⇒

$$GSN_{sw}^{10} = \frac{\$18,317,051}{2} \left[\frac{13,9793}{108,2785} \left(\frac{108,2785}{271,1552} \right) + \frac{4,396}{112,597} \left(\frac{112,597}{271,1552} \right) + \frac{34,585}{255,310} \left(\frac{255,310}{271,1552} \right) + \frac{66,065}{325,740} \left(\frac{325,740}{271,1552} \right) + \right.$$

$$\left. \frac{303}{5,806} \left(\frac{5,806}{271,1552} \right) + \frac{78,352}{61,3369} \left(\frac{61,3369}{271,1552} \right) + \frac{39,887}{31,5945} \left(\frac{31,5945}{271,1552} \right) \right]$$

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

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

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

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

Data Used by Planning and Service Area

AAA	Greatest Economic Need (GEN) Factors						Greatest Social Need (GSN) Factors							IFF Percentage	
	Low-Income 60+	Low-Income Minority 60+	Low-Income 60+ With Physical Disability	Low-Income Rural 60+	Low-Income Female 60+	Total GEN	Total 60+	Minority 60+	60+ With Physical Disability	Rural 60+	Limited English 60+	Female 60+	> Average Life Expectancy		Total GSN
	S21039	S21039	S210DIS13	2000	S21044		S21003	S21039	S210DIS09	2010 Census	S21014B	210DIS01			
Southwest	20,788	1,028	10,635	8,038	12,695	53,184	188,165	7,685	65,215	83,857	845	99,190	36,807	481,764	15.16630%
Southeast	12,633	1,498	7,275	6,968	7,375	35,749	109,300	6,349	43,825	55,600	255	56,600	22,788	294,717	9.77316%
District III	7,313	733	3,540	3,944	4,320	19,850	72,425	3,340	25,010	43,737	560	36,950	15,904	197,926	5.92269%
Northwest	6,361	521	3,005	3,334	3,855	17,076	63,635	2,565	19,925	32,270	140	32,770	14,734	166,039	5.03384%
Northeast	6,102	557	2,980	3,420	4,040	17,099	64,595	2,545	20,880	38,036	80	33,035	13,146	172,317	5.12823%
Central	14,402	1,282	6,795	5,948	9,160	37,587	154,510	8,970	50,500	75,452	680	79,900	28,986	398,998	11.56531%
MARC	18,880	6,685	9,010	1,029	11,600	47,204	242,350	44,280	74,380	23,886	3,470	130,225	47,467	566,058	15.46455%
Mid-East	23,780	6,805	9,665	1,132	15,300	56,682	399,430	58,620	106,310	29,873	4,235	215,235	82,222	895,925	21.69815%
St. Louis	10,370	6,865	5,460	0	5,360	28,055	60,755	30,010	21,675	0	1,590	33,080	14,511	161,621	6.66170%
Region X	4,564	489	2,235	1,871	2,835	11,994	47,045	3,019	16,330	19,139	445	24,865	9,261	120,104	3.58607%
Missouri	125,193	26,463	60,600	35,684	76,540	324,480	1,402,210	167,383	444,050	401,850	12,300	741,850	285,826	3,455,469	100.00000%

Information about Factors

Factor	Description of Factor	Source of Data
Low-Income 60+	Number of people who are at or below the poverty line and at least 60 years old	American Community Survey (ACS) Special Tabulation on Aging and Disability (2015-2019). Table S21039; accessed on December 19, 2022.
Low-Income Minority 60+	Number of people who are at or below the poverty line, at least 60 years old, and identify as a race other than white	
Minority 60+	Number of people who are at least 60 years old and identify as a race other than white	
Low-Income 60+ with Physical Disability	Number of people who are at or below the poverty line, at least 60 years old, and have a physical disability	American Community Survey (ACS) Special Tabulation on Aging and Disability (2015-2019). Table S210DIS13; accessed on December 19, 2022.
Low-Income Rural 60+	Number of people who are at or below the poverty line, at least 60 years old, and live in a rural area	U.S. Department of Commerce, Census Bureau. Census 2000 Special Tabulations on Aging. Tables P076; accessed on March 2, 2009.

Low-Income Female 60+	Number of people who are at or below the poverty line, at least 60 years old, and female	American Community Survey (ACS) Special Tabulation on Aging and Disability (2015-2019). Table S21044; accessed on December 19, 2022.
Total 60+	Number of people who are at least 60 years old	American Community Survey (ACS) Special Tabulation on Aging and Disability (2015-2019). Table S21003; accessed on December 19, 2022.
60+ with Physical Disability	Number of people who are at least 60 years old and have a physical disability	American Community Survey (ACS) Special Tabulation on Aging and Disability (2015-2019). Table S210DIS09; accessed on December 19, 2022.
Rural 60+	Number of people who are at least 60 years old and live in a rural area	U.S. Department of Commerce, Census Bureau. Census 2010.
Limited English 60+	Number of people who are at least 60 years old and speak English less than well	American Community Survey (ACS) Special Tabulation on Aging and Disability (2015-2019). Table S21014B; accessed on December 19, 2022.
Female 60+	Number of people who are at least 60 years old and female	American Community Survey (ACS) Special Tabulation on Aging and Disability (2015-2019). Table S210DIS01; accessed on December 19, 2022.
>Average Life Expectancy	Number of people who are currently older than the average life expectancy	U.S. Department of Commerce, Census Bureau. Population Estimate Program. County population estimates – characteristics; County Population by Age, Sex, Race, and Hispanic Origin: April 1, 2000 through July 1, 2007. Accessed March 2, 2009.

Allocations of Funds

Missouri Division of Senior and Disability Services
Area Agency on Aging Funding
SFY 2024
Supplementary Schedule 1

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	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	NSIP Meals Incentive		
	Total Funding	7,025,645	9,027,203	5,016,977	3,414,284	432,822		0	253,921	97,643	351,564	4,105,245	
State Administration	(364,057)	(467,605)	(260,005)	(170,144)	(22,448)		0	0	0	0	0		
Sub-Total	6,661,588	8,559,598	4,756,972	3,244,140	410,374		0	253,921	97,643	351,564	4,105,245		
O.A.A. Ombudsman	(67,681)						67,681	0	0	67,681			
State Ombudsman							0	(265,012)	0	(265,012)			
E. A. Tsf. to Ombud.								97,643	(97,643)	0			
State Admin.: State Fair & Automation													
State Admin Released:							0		0	0			
							0						
Funding to AAAs	6,593,907	8,559,598	4,756,972	3,244,140	410,374	0	0	0	67,681	86,552	0	154,233	4,105,245

	MISSOURI GENERAL REVENUE					TRUST	STATE	STATE	D.H.S.S.	SPECIAL	TOTALS		
	OAA State Match	HDM by IFF	SSBG Replacement	HDM by Prior Year HDM Meals	Ombudsman Grants	Total Mo. Gen. Revenue	Missouri H.D.M. Trust Fund	Budget Stabilization Fund	Senior Services Growth and Development Fund	Social Services Block Grant	SPECIAL PROGRAMS	SENIOR SERVICES	
	Total Funding	428,612	6,709,086	1,434,017	2,726,079	295,500	11,593,294	0	0	0	1,433,745	0	42,400,779
State Administration	0	0	0	0	0	0	0	0	0	0	0	(1,284,259)	
Sub-Total	428,612	6,709,086	1,434,017	2,726,079	295,500	11,593,294	0	0	0	1,433,745	0	41,116,520	
O.A.A. Ombudsman												0	
State Ombudsman												(265,012)	
State Admin.: State Fair & Automation											22,500	22,500	
State Admin Released:												0	
												0	
Funding to AAAs	428,612	6,709,086	1,434,017	2,726,079	0	295,500	11,593,294	0	0	0	1,433,745	22,500	40,874,008

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SUPPLEMENTARY SCHEDULE 2

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	SeniorAge	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Intra State Formula %	15.1663%	9.7732%	5.9227%	5.0338%	5.1282%	11.5653%	15.4645%	21.6982%	6.6617%	3.5861%	100.00%

O.A.A. TITLES III/VII: (IFF)

Part B

Base Allocation	82,882	82,882	82,882	82,882	82,882	82,882	82,882	82,882	82,882	82,882	828,820
% Allocation	874,351	563,431	341,448	290,205	295,647	666,750	891,545	1,250,917	384,053	206,740	5,765,087
Total	957,233	646,313	424,330	373,087	378,529	749,632	974,427	1,333,799	466,935	289,622	6,593,907

Part C 1

Base Allocation	107,588	107,588	107,588	107,588	107,588	107,588	107,588	107,588	107,588	107,588	1,075,880
% Allocation	1,135,003	731,396	443,238	376,718	383,782	865,515	1,157,323	1,623,829	498,543	268,371	7,483,718
Total	1,242,591	838,984	550,826	484,306	491,370	973,103	1,264,911	1,731,417	606,131	375,959	8,559,598

Part C 2

Base Allocation	59,792	59,792	59,792	59,792	59,792	59,792	59,792	59,792	59,792	59,792	597,920
% Allocation	630,774	406,471	246,328	209,360	213,286	481,007	643,179	902,437	277,063	149,147	4,159,052
Total	690,566	466,263	306,120	269,152	273,078	540,799	702,971	962,229	336,855	208,939	4,756,972

Part E

Base Allocation	40,776	40,776	40,776	40,776	40,776	40,776	40,776	40,776	40,776	40,776	407,760
% Allocation	430,174	277,204	167,990	142,779	145,456	328,036	438,633	615,442	188,951	101,715	2,836,380
Total	470,950	317,980	208,766	183,555	186,232	368,812	479,409	656,218	229,727	142,491	3,244,140

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SUPPLEMENTARY SCHEDULE 2

12/30/22

	SeniorAge	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Intra State Formula %	15.1663%	9.7732%	5.9227%	5.0338%	5.1282%	11.5653%	15.4645%	21.6982%	6.6617%	3.5861%	100.00%
Ombudsman											
III - B IFF %	7,079	4,562	2,765	2,350	2,394	5,399	7,219	10,129	3,110	1,674	46,681
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 %	1,752	1,129	684	582	592	1,336	1,786	2,507	770	414	11,552
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 State Ombudaman Discretion	0	0	0	0	0	0	0	0	0	0	0
Total	20,965	18,214	12,366	9,549	8,783	18,040	19,232	33,327	7,821	5,936	154,233
Health Promotion Formula %	15.1663%	9.7732%	5.9227%	5.0338%	5.1282%	11.5653%	15.4645%	21.6982%	6.6617%	3.5861%	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	35,697	23,003	13,940	11,848	12,071	27,222	36,400	51,072	15,680	8,441	235,374
Total	53,197	40,503	31,440	29,348	29,571	44,722	53,900	68,572	33,180	25,941	410,374
NSIP:											
FFY 2023											
NSIP Meals 10/1/18 - 9/30/19	731,272	935,236	329,621	440,974	384,400	790,409	423,903	656,104	358,410	222,922	5,273,251
% Allocation	13.8676%	17.7355%	6.2508%	8.3625%	7.2896%	14.9890%	8.0387%	12.4421%	6.7968%	4.2274%	100.0000%
Total	232,557	152,352	68,351	70,804	79,609	145,325	114,545	127,345	52,401	39,525	1,082,814
FFY 2024											
NSIP Meals 10/1/18 - 9/30/19	731,272	935,236	329,621	440,974	384,400	790,409	423,903	656,104	358,410	222,922	5,273,251
Funding Per Meal	13.8676%	17.7355%	6.2508%	8.3625%	7.2896%	14.9890%	8.0387%	12.4421%	6.7968%	4.2274%	100.0000%
Total	419,140	536,042	188,926	252,749	220,324	453,033	242,965	376,054	205,427	127,771	3,022,431
Total NSIP	651,697	688,394	257,277	323,553	299,933	598,358	357,510	503,399	257,828	167,296	4,105,245

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

SUPPLEMENTARY SCHEDULE 2

	SeniorAge	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL	
Intra State Formula %	15.1663%	9.7732%	5.9227%	5.0338%	5.1282%	11.5653%	15.4645%	21.6982%	6.6617%	3.5861%	100.00%	
Missouri General Revenue												
O.A.A. State Match												
Base Allocation	5,387	5,387	5,387	5,387	5,387	5,387	5,387	5,387	5,387	5,387	53,870	
% Allocation	56,834	36,624	22,195	18,864	19,218	43,340	57,952	81,312	24,964	13,439	374,742	
Total	62,221	42,011	27,582	24,251	24,605	48,727	63,339	86,699	30,351	18,826	428,612	
Home Del. Meals												
Base Allocation	84,328	84,328	84,328	84,328	84,328	84,328	84,328	84,328	84,328	84,328	843,280	
% Allocation	889,625	573,275	347,414	295,275	300,812	678,399	907,120	1,272,772	390,762	210,352	5,865,806	
Total	973,953	657,603	431,742	379,603	385,140	762,727	991,448	1,357,100	475,090	294,680	6,709,086	
GR SSBG Replacement - Transportation												
Base Allocation	10,286	10,286	10,286	10,286	10,286	10,286	10,286	10,286	10,286	10,286	102,860	
% Allocation	108,520	69,929	42,378	36,018	36,694	82,752	110,652	155,255	47,666	25,659	715,523	
Total	118,806	80,215	52,664	46,304	46,980	93,038	120,938	165,541	57,952	35,945	818,383	
GR SSBG Replacement - Nutrition												
Base Allocation	7,738	7,738	7,738	7,738	7,738	7,738	7,738	7,738	7,738	7,738	77,380	
% Allocation	81,633	52,604	31,879	27,095	27,603	62,251	83,239	116,791	35,857	19,302	538,254	
Total	89,371	60,342	39,617	34,833	35,341	69,989	90,977	124,529	43,595	27,040	615,634	
Home Del. Meals												
SFY 2023	Total HDM	786,508	1,234,992	712,192	397,540	487,452	712,192	621,064	765,572	559,372	216,744	6,493,628
% of Prior Year Total HDM		12.1120%	19.0185%	10.9676%	6.1220%	7.5066%	10.9676%	9.5642%	11.7896%	8.6142%	3.3378%	100.0000%
Allocation		111,905	175,714	101,330	56,562	69,354	101,330	88,365	108,925	79,587	30,838	923,910
TOTAL		111,905	175,714	101,330	56,562	69,354	101,330	88,365	108,925	79,587	30,838	923,910
Senior Services Growth Fund												
Senior Center Enhanceme		0	0	0	0	0	0	0	0	0	0	0
% Allocation		0	0	0	0	0	0	0	0	0	0	0
TOTAL		0	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENTARY SCHEDULE 2

12/30/22

	SeniorAge	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Home Del. Meals											
SFY 2023	362,528	661,372	712,192	275,616	340,780	712,192	452,264	506,040	465,520	95,424	4,583,928
Non-Medicaid HDM											
% of Prior Year Non-Medicaid HDM	7.9087%	14.4281%	15.5367%	6.0127%	7.4342%	15.5367%	9.8663%	11.0394%	10.1555%	2.0817%	100%
Allocation	142,529	260,018	279,998	108,358	133,977	279,998	177,807	198,949	183,019	37,516	1,802,169
Total	142,529	260,018	279,998	108,358	133,977	279,998	177,807	198,949	183,019	37,516	1,802,169
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
SFY 2020 New Decision Item	14,550	14,550	14,550	14,550	14,550	14,550	14,550	14,550	14,550	14,550	145,500
Total	29,550	29,550	29,550	29,550	29,550	29,550	29,550	29,550	29,550	29,550	295,500
Total General Revenue	1,528,335	1,305,453	962,483	679,461	724,947	1,385,359	1,562,424	2,071,293	899,144	474,395	11,593,294
Intra State Formula %	15.1663%	9.7732%	5.9227%	5.0338%	5.1282%	11.5653%	15.4645%	21.6982%	6.6617%	3.5861%	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
Intra State Formula %	15.1663%	9.7732%	5.9227%	5.0338%	5.1282%	11.5653%	15.4645%	21.6982%	6.6617%	3.5861%	100%
Budget Stabilization Fund - Home Delivered Meals											
% Allocation	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENTARY SCHEDULE 2

12/30/22

	SeniorAge	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Intra State Formula %	15.1663%	9.7732%	5.9227%	5.0338%	5.1282%	11.5653%	15.4645%	21.6982%	6.6617%	3.5861%	100.00%
Social Services Block Grant											
Transportation											
Base Allocation	6,177	6,177	6,177	6,177	6,177	6,177	6,177	6,177	6,177	6,177	61,770
% Allocation	65,161	41,989	25,446	21,627	22,033	49,689	66,442	93,224	28,621	15,407	429,639
Total	71,338	48,166	31,623	27,804	28,210	55,866	72,619	99,401	34,798	21,584	491,409
Nutrition											
Base Allocation	4,646	4,646	4,646	4,646	4,646	4,646	4,646	4,646	4,646	4,646	46,460
% Allocation	121,665	78,401	47,513	40,382	41,139	92,778	124,058	174,063	53,441	28,767	802,207
Total	126,311	83,047	52,159	45,028	45,785	97,424	128,704	178,709	58,087	33,413	848,667
Ombudsman											
Data System Access	900	900	900	900	900	1,800	900	1,800	0	900	9,900
% Allocation	12,705	8,187	4,961	4,217	4,296	9,688	12,954	18,176	5,580	3,004	83,768
Total	13,605	9,087	5,861	5,117	5,196	11,488	13,854	19,976	5,580	3,904	93,668
Total SSBG	211,254	140,300	89,643	77,949	79,191	164,778	215,177	298,086	98,465	58,901	1,433,744
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
CDC Vaccine Access	0	0	0	0	0	0	0	0	0	0	0
Ombudsman ARPA	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	5,826,788	4,462,404	2,865,751	2,429,960	2,471,634	4,843,603	5,629,961	7,658,340	2,936,086	1,749,480	40,874,007

NSIP Notes:

- ¹ NSIP funding projections within this table are based on actual FFY 2019 AAA meals served, adjusted for amounts allocated in SFY 2022.
- ² The FFY 2023 NSIP award is based on the AAAs FFY 2019 proportion of meals served multiplied by the award amount, less the amount allocated in SFY 2023.
- ³ The FFY 2024 NSIP award is based on three-quarters of the AAAs FFY 2019 proportion of meals served multiplied by the estimated award amount.

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SUPPLEMENTARY SCHEDULE 3 (Maximum Administration)

12/30/22

	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	295,465	200,117	131,873	115,952	117,526	231,667	300,396	410,924	144,657	90,268	2,038,845
Title III Part E	47,094	31,797	20,875	18,354	18,623	36,880	47,940	65,621	22,971	14,248	324,403
Total Title III	342,559	231,914	152,748	134,306	136,149	268,547	348,336	476,545	167,628	104,516	2,363,248
GR SSBG REPLACEMENT:											
GR SSBG REPLACEMENT:	152,833	130,545	96,248	67,946	72,494	138,535	156,242	207,129	89,914	47,439	1,159,325
Total GR SSG Repl.	152,833	130,545	96,248	67,946	72,494	138,535	156,242	207,129	89,914	47,439	1,159,325
SOCIAL SERVICES BLOCK GRANT:											
SOCIAL SERVICES BLOCK GRANT:	87,285	83,780	35,327	40,743	38,519	77,276	58,417	82,159	36,065	22,992	562,563
Total SSBG	87,285	83,780	35,327	40,743	38,519	77,276	58,417	82,159	36,065	22,992	562,563
Total Maximum Administration	582,677	446,239	284,323	242,995	247,162	484,358	562,995	765,833	293,607	174,947	4,085,136

SUPPLEMENTARY SCHEDULE 4 (Funding Allocated by Equal Base)

O.A.A. TITLE III:											
Part B	82,882	82,882	82,882	82,882	82,882	82,882	82,882	82,882	82,882	82,882	828,820
Part C 1	107,588	107,588	107,588	107,588	107,588	107,588	107,588	107,588	107,588	107,588	1,075,880
Part C 2	59,792	59,792	59,792	59,792	59,792	59,792	59,792	59,792	59,792	59,792	597,920
Part E	40,776	40,776	40,776	40,776	40,776	40,776	40,776	40,776	40,776	40,776	407,760
Missouri General Revenue											
O.A.A. State Match	5,387	5,387	5,387	5,387	5,387	5,387	5,387	5,387	5,387	5,387	53,870
MO H.D. Meals	84,328	84,328	84,328	84,328	84,328	84,328	84,328	84,328	84,328	84,328	843,280
GR SSBG Repl. Transportation	10,286	10,286	10,286	10,286	10,286	10,286	10,286	10,286	10,286	10,286	102,860
GR SSBG Repl. Nutrition	7,738	7,738	7,738	7,738	7,738	7,738	7,738	7,738	7,738	7,738	77,380
Social Services Block Grant											
Transportation	6,177	6,177	6,177	6,177	6,177	6,177	6,177	6,177	6,177	6,177	61,770
Nutrition	4,646	4,646	4,646	4,646	4,646	4,646	4,646	4,646	4,646	4,646	46,460
Total by Equal Base	409,600	409,600	409,600	409,600	409,600	409,600	409,600	409,600	409,600	409,600	4,096,000

Appendix 1: Detailed Survey Results and Questionnaires

Copy of State Plan on Aging Older Adult Survey Questionnaire

State Plan on Aging Older Adult Survey

The Division of Senior and Disability Services (DSDS) is in the process of writing the next Missouri State Plan on Aging. An important part of developing the State Plan on Aging is getting input from citizens like you. Please complete the following survey to allow your voice to be heard in the next Missouri State Plan on Aging.

Which county do you live in? _____

What is your zip code? _____

What is your age? _____

Please select one response for each of the following statements.

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

- Strongly disagree
 Somewhat disagree
 Neither agree nor disagree
 Somewhat agree
 Strongly agree

2. In order to buy food, I have to choose between paying bills, purchasing medications, or visiting a doctor.

- Strongly disagree
 Somewhat disagree
 Neither agree nor disagree
 Somewhat agree
 Strongly agree

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

- Strongly disagree
 Somewhat disagree
 Neither agree nor disagree
 Somewhat agree
 Strongly agree

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8. My home is in need of repairs or modifications in order for me to continue living safely.

- Strongly disagree
 Somewhat disagree
 Neither agree nor disagree
 Somewhat agree
 Strongly agree

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.

- Strongly disagree
 Somewhat disagree
 Neither agree nor disagree
 Somewhat agree
 Strongly agree

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

- Strongly disagree
 Somewhat disagree
 Neither agree nor disagree
 Somewhat agree
 Strongly agree

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4. I always have transportation to get to places I want to go.

- Strongly disagree
 Somewhat disagree
 Neither agree nor disagree
 Somewhat agree
 Strongly agree

5. I have limited my activities because I am concerned about falling and injuring myself.

- Strongly disagree
 Somewhat disagree
 Neither agree nor disagree
 Somewhat agree
 Strongly agree

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

- Strongly disagree
 Somewhat disagree
 Neither agree nor disagree
 Somewhat agree
 Strongly agree

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

- Strongly disagree
 Somewhat disagree
 Neither agree nor disagree
 Somewhat agree
 Strongly agree

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The following statements may have multiple responses. Please select all that apply.

11. I provide care on at least a weekly basis for one or more of the following persons. (Select all that apply).

- No
 Yes - An individual who is 60 or older
 Yes - An individual who is 18-59 who has a disability
 Yes - An individual with Alzheimer's disease or related dementia
 Yes - A minor child, under the age of 18
 Yes - Other _____

12. Highlight all statements that are true.

- I see a dentist for a check-up at least every six months.
 I get an eye exam at least once a year.
 I get a hearing test at least every five years.

13. Highlight all statements that are true.

- I need new eyeglasses or need my eyeglasses repaired.
 I need dental work.
 I need new dentures or need my dentures repaired.
 I need new hearing aids or need my hearing aids repaired.

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14. Please highlight the services you have personally used in your community during the past year.

- 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)
- Employment Opportunities
- Caregiver Support Services
- Transportation
- Information about Abuse, Neglect, or Financial Exploitation (including avoiding scams)
- Help paying bills
- In-home services (Examples include personal care, caregiver respite, adult daycare, visiting services, etc.)
- Legal Assistance
- None

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15. Please highlight the services you have tried to use, but were unable to find 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)
- Employment Opportunities
- Caregiver Support Services
- Transportation
- Information about Abuse, Neglect, or Financial Exploitation (including avoiding scams)
- Help paying bills
- In-home services (Examples include personal care, caregiver respite, adult daycare, visiting services, etc.)
- Legal Assistance
- None

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16. Please highlight the five (5) 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)
- Employment Opportunities
- Caregiver Support Services
- Transportation
- Information about Abuse, Neglect, or Financial Exploitation (including avoiding scams)
- Help paying bills
- In-home services (Examples include personal care, caregiver respite, adult daycare, visiting services, etc.)
- Legal Assistance
- None

Gender

- Male
- Female
- Transgender _____
- Other _____
- Prefer not to say

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Sexual Orientation

- Straight
- Lesbian or Gay
- Bisexual
- Other _____
- Prefer not to say

Race and Ethnicity

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Two or More
- Other _____
- Prefer not to answer

Have you or an immediate family member ever served in the U.S. Armed Forces?

- Yes, I have served in the U.S. Armed Forces
- Yes, an immediate family member has served in the U.S. Armed Forces
- No
- Would rather not answer

If yes, would you like information about military-related services in Missouri?

- Yes
- No

Thank you for completing this survey.

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Results for Missourians of all Ages

Question	Yes	Neither	No	Blank
1. I have (or can buy) enough food to not be hungry each day.	684	53	164	109
2. In order to buy food, I have to choose between paying bills, purchasing medications, or visiting a doctor.	234	113	551	112
3. I always have transportation to all of my doctors and medical appointments.	689	49	158	114
4. I always have transportation to get to places I want to go.	684	48	164	114
5. I have limited my activities because I am concerned about falling and injuring myself.	424	110	361	115
6. I feel like I am able to be an active part of my community.	580	116	176	138
7. I have someone to call whenever I need help or just want someone to talk to.	672	61	140	137
8. My home is in need of repairs or modifications in order for me to continue living safely.	271	128	473	138
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.	496	116	264	134
10. I, or someone I know, has been a victim of abuse, neglect, or financial exploitation.	321	142	405	142

	No	Yes - An individual who is 60 or older	Yes - An individual who is 18-59 who has a disability	Yes - An individual with Alzheimer's disease or related dementia	Yes - A minor child, under the age of 18	Yes - Other
11. I provide care on at least a weekly basis for one or more of the following persons. (Highlight all that apply).	481	242	65	53	117	16

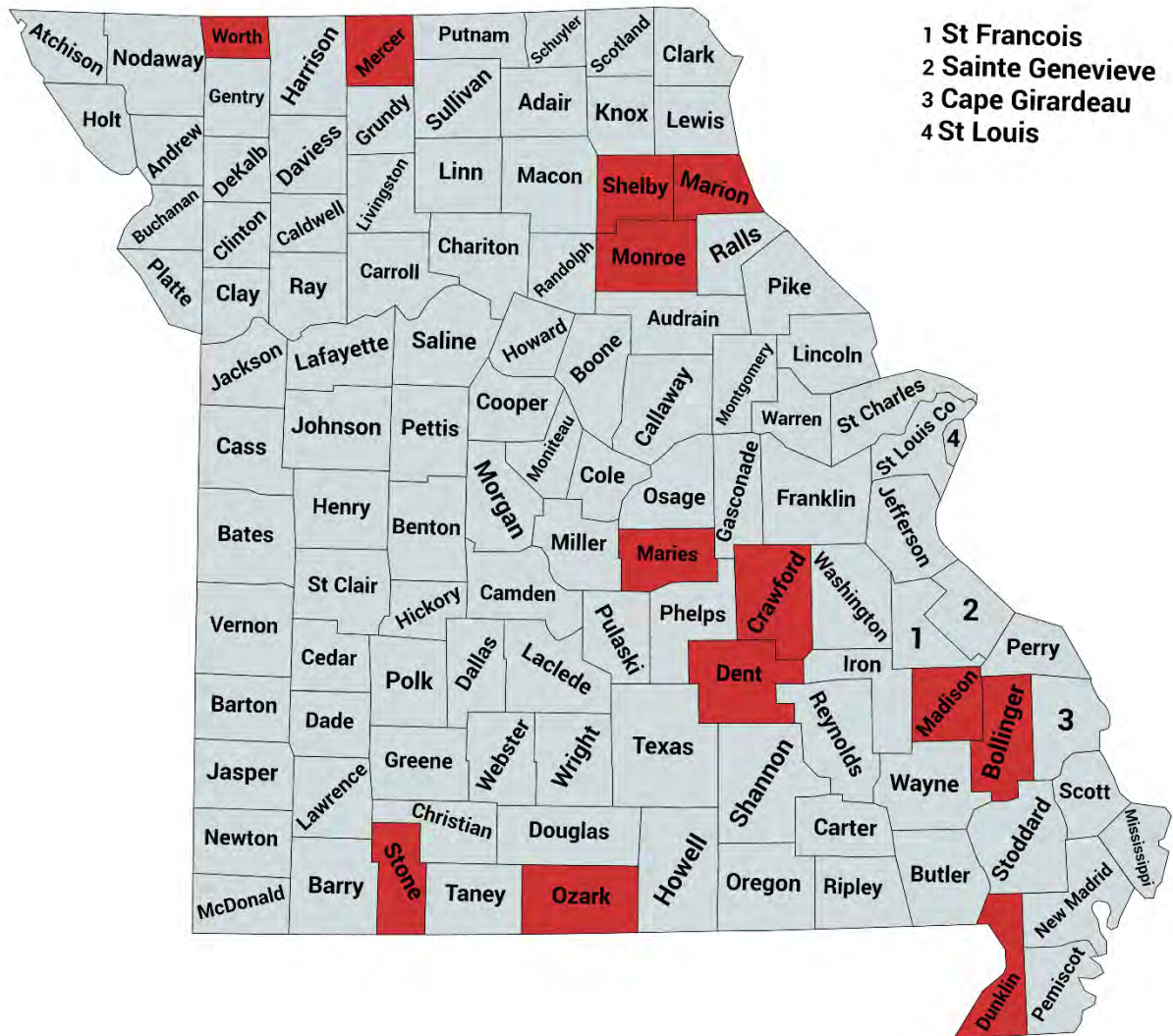
	I see a dentist for a check-up at least every six months.	I get an eye exam at least once a year.	I get a hearing test at least every five years.	None
12. Highlight all statements that are true.	435	538	177	360

	I need new eyeglasses or need my eyeglasses repaired.	I need dental work.	I need new dentures or need my dentures repaired.	I need new hearing aids or need my hearing aids repaired.	None
13. Highlight all statements that are true.	311	364	119	97	459

	14. Please highlight the services you have personally used in your community during the past year.	15. Please highlight the services you have tried to use, but were unable to find in your community.	16. Please highlight the <u>five (5)</u> services you feel you will need to help you stay in your home for as long as you want to be there.
Safe Outdoor Spaces (Parks/Paths)	218	27	88
Volunteering/Social Opportunities	223	48	112
Educational Programs	134	46	79
Disease Prevention/Fitness Class	131	37	134
Home Repair/Updates	121	113	352
Caregiver Support Services	101	95	353
Help Finding Programs or Services	102	90	293
Meals at Senior Center	170	25	109
Transportation	96	71	268
In-home services (Examples include personal care, caregiver respite, adult daycare, visiting services, etc.)	82	70	299
Help paying bills	86	75	186
Home-delivered Meals	80	29	227
Information about Abuse, Neglect, or Financial Exploitation (including avoiding scams)	73	26	24
Legal Assistance	55	60	112
Employment Opportunities	47	32	47
Falls Prevention Classes	60	38	134
None	229	480	165

County	#	County	#	County	#	County	#
Adair County	20	Dallas County	3	Livingston County	2	Randolph County	5
Andrew County	4	Daviess County	2	McDonald County	1	Ray County	2
Atchison County	2	DeKalb County	6	Macon County	4	Reynolds County	2
Audrain County	3	Dent County	0	Madison County	0	Ripley County	2
Barry County	3	Douglas County	1	Maries County	0	St. Charles County	34
Barton County	34	Dunklin County	0	Marion County	0	St. Clair County	3
Bates County	8	Franklin County	10	Mercer County	0	Ste. Genevieve County	1
Benton County	10	Gasconade County	6	Miller County	2	St. Francois County	8
Bollinger County	0	Gentry County	2	Mississippi County	3	St. Louis County	116
Boone County	49	Greene County	27	Moniteau County	1	St. Louis City	76
Buchanan County	7	Grundy County	2	Monroe County	0	Saline County	8
Butler County	6	Harrison County	3	Montgomery County	1	Schuyler County	1
Caldwell County	7	Henry County	9	Morgan County	3	Scotland County	1
Callaway County	13	Hickory County	6	New Madrid County	3	Scott County	11
Camden County	6	Holt County	1	Newton County	19	Shannon County	1
Cape Girardeau County	15	Howard County	5	Nodaway County	3	Shelby County	0
Carroll County	4	Howell County	4	Oregon County	1	Stoddard County	1
Carter County	1	Iron County	1	Osage County	4	Stone County	0
Cass County	13	Jackson County	83	Ozark County	0	Sullivan County	7
Cedar County	2	Jasper County	91	Pemiscot County	8	Taney County	3
Chariton County	5	Jefferson County	18	Perry County	4	Texas County	6
Christian County	8	Johnson County	13	Pettis County	10	Vernon County	6
Clark County	1	Knox County	1	Phelps County	6	Warren County	5
Clay County	13	Laclede County	2	Pike County	2	Washington County	2
Clinton County	2	Lafayette County	7	Platte County	7	Wayne County	1
Cole County	24	Lawrence County	6	Polk County	3	Webster County	6
Cooper County	2	Lewis County	1	Pulaski County	6	Worth County	0
Crawford County	0	Lincoln County	12	Putnam County	1	Wright County	1
Dade County	1	Linn County	9	Ralls County	3	Blank/Not MO	10

No State Plan on Aging Older Adult Surveys were received from the counties that are red.



Age	Count	Percent
Under 50	122	12%
50-54	57	6%
55-59	99	10%
60-64	201	20%
65-69	203	20%
70-74	148	15%
75-79	90	9%
80-84	52	5%
85+	38	4%
Total	1010	100%

Gender	Count	Percent
Male	174	17%
Female	629	62%
Transgender	5	0%
Other	0	0%
Prefer not to say	16	2%
Blank	186	18%
Total	1010	100%

Sexual Orientation	Count	Percent
Straight	680	67%
Lesbian or Gay	56	6%
Bisexual	14	1%
Other	7	1%
Prefer not to say	50	5%
Blank	203	20%
Total	1010	100%

Military Service	Count	Percent
Yes, I have served in the U.S. Armed Forces	70	7%
Yes, an immediate family member has served in the U.S. Armed Forces	364	36%
Both	12	1%
No	348	34%
Would rather not answer	24	2%
Blank	192	19%
Total	1010	100%

Race and Ethnicity	Count	Percent
American Indian or Alaska Native	5	0%
Asian	1	0%
Black or African American	116	11%
Hispanic or Latino	17	2%
Native Hawaiian or Other Pacific Islander	1	0%
White	630	62%
Two or More	10	1%
Other	5	0%
Prefer not to answer	33	3%
Blank	192	19%
Total	1010	100%

Results for Missourians Age 50+

Question	Yes	Neither	No	Blank
1. I have (or can buy) enough food to not be hungry each day.	617	50	150	71
2. In order to buy food, I have to choose between paying bills, purchasing medications, or visiting a doctor.	202	103	509	74
3. I always have transportation to all of my doctors and medical appointments.	628	41	143	76
4. I always have transportation to get to places I want to go.	625	42	145	76
5. I have limited my activities because I am concerned about falling and injuring myself.	404	100	307	77
6. I feel like I am able to be an active part of my community.	533	108	155	92
7. I have someone to call whenever I need help or just want someone to talk to.	624	51	122	91
8. My home is in need of repairs or modifications in order for me to continue living safely.	250	124	422	92
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.	455	104	241	88
10. I, or someone I know, has been a victim of abuse, neglect, or financial exploitation.	279	129	384	96

	No	Yes - An individual who is 60 or older	Yes - An individual who is 18-59 who has a disability	Yes - An individual with Alzheimer's disease or related dementia	Yes - A minor child, under the age of 18	Yes - Other
11. I provide care on at least a weekly basis for one or more of the following persons. (Highlight all that apply).	460	215	47	42	83	14

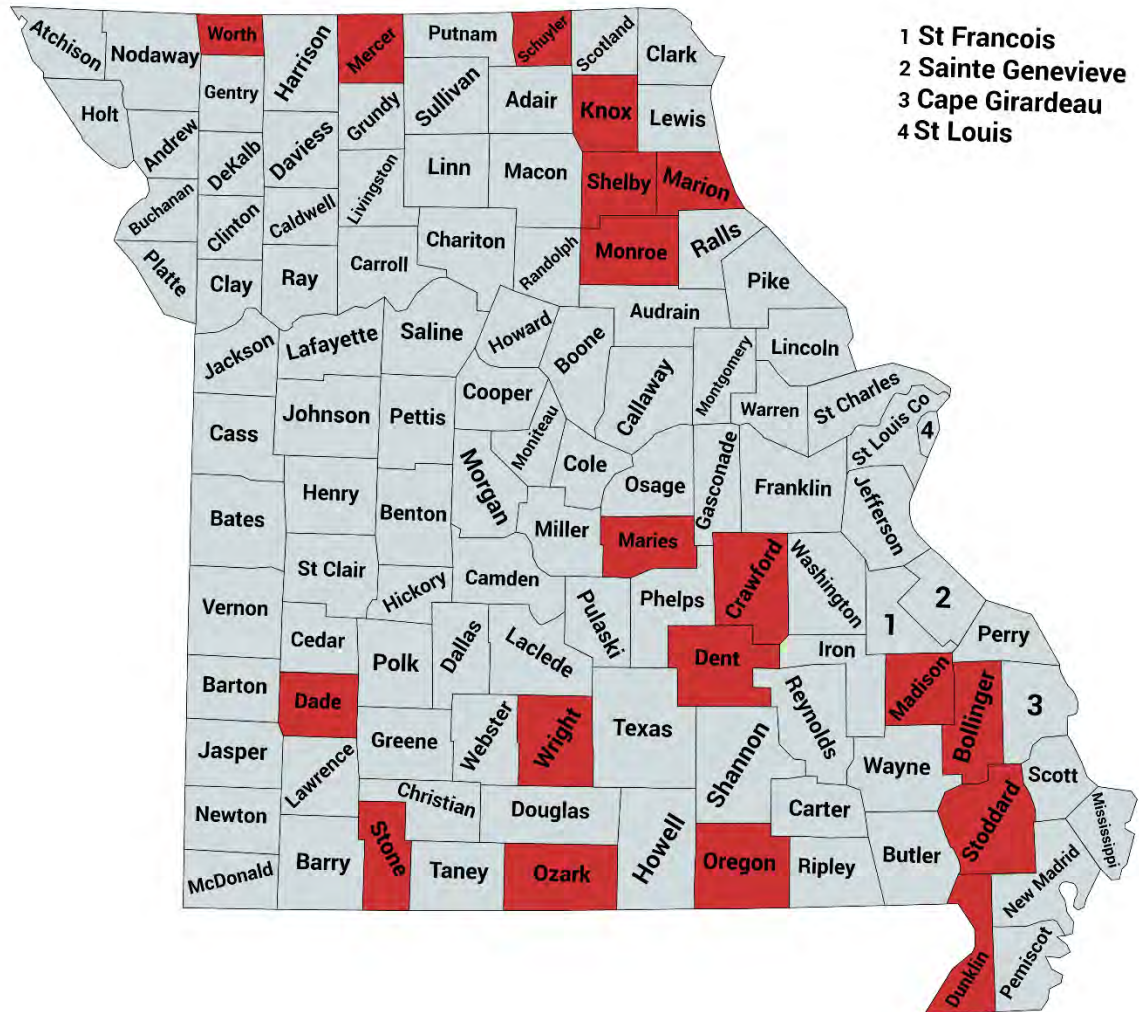
	I see a dentist for a check-up at least every six months.	I get an eye exam at least once a year.	I get a hearing test at least every five years.	None
12. Highlight all statements that are true.	398	505	167	287

	I need new eyeglasses or need my eyeglasses repaired.	I need dental work.	I need new dentures or need my dentures repaired.	I need new hearing aids or need my hearing aids repaired.	None
13. Highlight all statements that are true.	284	326	113	92	384

	14. Please highlight the services you have personally used in your community during the past year.	15. Please highlight the services you have tried to use, but were unable to find in your community.	16. Please highlight the <u>five (5)</u> services you feel you will need to help you stay in your home for as long as you want to be there.
Safe Outdoor Spaces (Parks/Paths)	192	21	84
Volunteering/Social Opportunities	195	43	98
Educational Programs	116	42	76
Disease Prevention/Fitness Class	125	33	125
Home Repair/Updates	112	100	326
Caregiver Support Services	83	81	316
Help Finding Programs or Services	90	81	316
Meals at Senior Center	166	22	105
Transportation	89	65	245
In-home services (Examples include personal care, caregiver respite, adult daycare, visiting services, etc.)	68	58	269
Help paying bills	73	64	167
Home-delivered Meals	71	25	210
Information about Abuse, Neglect, or Financial Exploitation (including avoiding scams)	65	21	21
Legal Assistance	45	53	103
Employment Opportunities	36	29	40
Falls Prevention Classes	58	38	128
None	210	445	149

County	#	County	#	County	#	County	#
Adair County	20	Dallas County	3	Livingston County	2	Randolph County	4
Andrew County	3	Daviess County	1	McDonald County	1	Ray County	2
Atchison County	2	DeKalb County	5	Macon County	4	Reynolds County	2
Audrain County	3	Dent County	0	Madison County	0	Ripley County	1
Barry County	3	Douglas County	1	Maries County	0	St. Charles County	31
Barton County	34	Dunklin County	0	Marion County	0	St. Clair County	3
Bates County	8	Franklin County	8	Mercer County	0	Ste. Genevieve County	1
Benton County	9	Gasconade County	6	Miller County	2	St. Francois County	5
Bollinger County	0	Gentry County	1	Mississippi County	3	St. Louis County	97
Boone County	43	Greene County	25	Moniteau County	1	St. Louis City	65
Buchanan County	7	Grundy County	2	Monroe County	0	Saline County	7
Butler County	6	Harrison County	2	Montgomery County	1	Schuyler County	0
Caldwell County	7	Henry County	6	Morgan County	3	Scotland County	1
Callaway County	13	Hickory County	6	New Madrid County	2	Scott County	11
Camden County	6	Holt County	1	Newton County	19	Shannon County	1
Cape Girardeau County	14	Howard County	5	Nodaway County	3	Shelby County	0
Carroll County	3	Howell County	3	Oregon County	0	Stoddard County	0
Carter County	1	Iron County	1	Osage County	4	Stone County	0
Cass County	12	Jackson County	75	Ozark County	0	Sullivan County	5
Cedar County	2	Jasper County	84	Pemiscot County	8	Taney County	3
Chariton County	5	Jefferson County	12	Perry County	2	Texas County	4
Christian County	6	Johnson County	13	Pettis County	10	Vernon County	5
Clark County	1	Knox County	0	Phelps County	6	Warren County	5
Clay County	9	Laclede County	2	Pike County	2	Washington County	1
Clinton County	2	Lafayette County	6	Platte County	4	Wayne County	1
Cole County	23	Lawrence County	4	Polk County	3	Webster County	4
Cooper County	2	Lewis County	1	Pulaski County	6	Worth County	0
Crawford County	0	Lincoln County	6	Putnam County	1	Wright County	0
Dade County	0	Linn County	8	Ralls County	3	Blank/Not MO	8

No State Plan on Aging Older Adult Surveys were received from adults age 50+ in the counties that are red.



Age	Count	Percent
50-54	57	6%
55-59	99	11%
60-64	201	23%
65-69	203	23%
70-74	148	17%
75-79	90	10%
80-84	52	6%
85+	38	4%
Total	888	100%

Gender	Count	Percent
Male	162	18%
Female	575	65%
Transgender	4	0%
Other	0	0%
Prefer not to say	14	2%
Blank	133	15%
Total	888	100%

Sexual Orientation	Count	Percent
Straight	631	71%
Lesbian or Gay	50	6%
Bisexual	6	1%
Other	6	1%
Prefer not to say	45	5%
Blank	150	17%
Total	888	100%

Military Service	Count	Percent
Yes, I have served in the U.S. Armed Forces	68	8%
Yes, an immediate family member has served in the U.S. Armed Forces	351	40%
Both	8	1%
No	298	34%
Would rather not answer	24	3%
Blank	139	16%
Total	888	100%

Race and Ethnicity	Count	Percent
American Indian or Alaska Native	5	1%
Asian	1	0%
Black or African American	113	13%
Hispanic or Latino	16	2%
Native Hawaiian or Other Pacific Islander	1	0%
White	571	64%
Two or More	7	1%
Other	5	1%
Prefer not to answer	30	3%
Blank	139	16%
Total	888	100%

Results for Missourians Under 50

Question	Yes	Neither	No	Blank
1. I have (or can buy) enough food to not be hungry each day.	67	3	14	38
2. In order to buy food, I have to choose between paying bills, purchasing medications, or visiting a doctor.	32	10	42	38
3. I always have transportation to all of my doctors and medical appointments.	61	8	15	38
4. I always have transportation to get to places I want to go.	59	6	19	38
5. I have limited my activities because I am concerned about falling and injuring myself.	20	10	54	38
6. I feel like I am able to be an active part of my community.	47	8	21	46
7. I have someone to call whenever I need help or just want someone to talk to.	48	10	18	46
8. My home is in need of repairs or modifications in order for me to continue living safely.	21	4	51	46
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.	41	12	23	46
10. I, or someone I know, has been a victim of abuse, neglect, or financial exploitation.	42	13	21	46

	No	Yes - An individual who is 60 or older	Yes - An individual who is 18-59 who has a disability	Yes - An individual with Alzheimer's disease or related dementia	Yes - A minor child, under the age of 18	Yes - Other
11. I provide care on at least a weekly basis for one or more of the following persons. (Highlight all that apply).	21	27	18	11	34	2

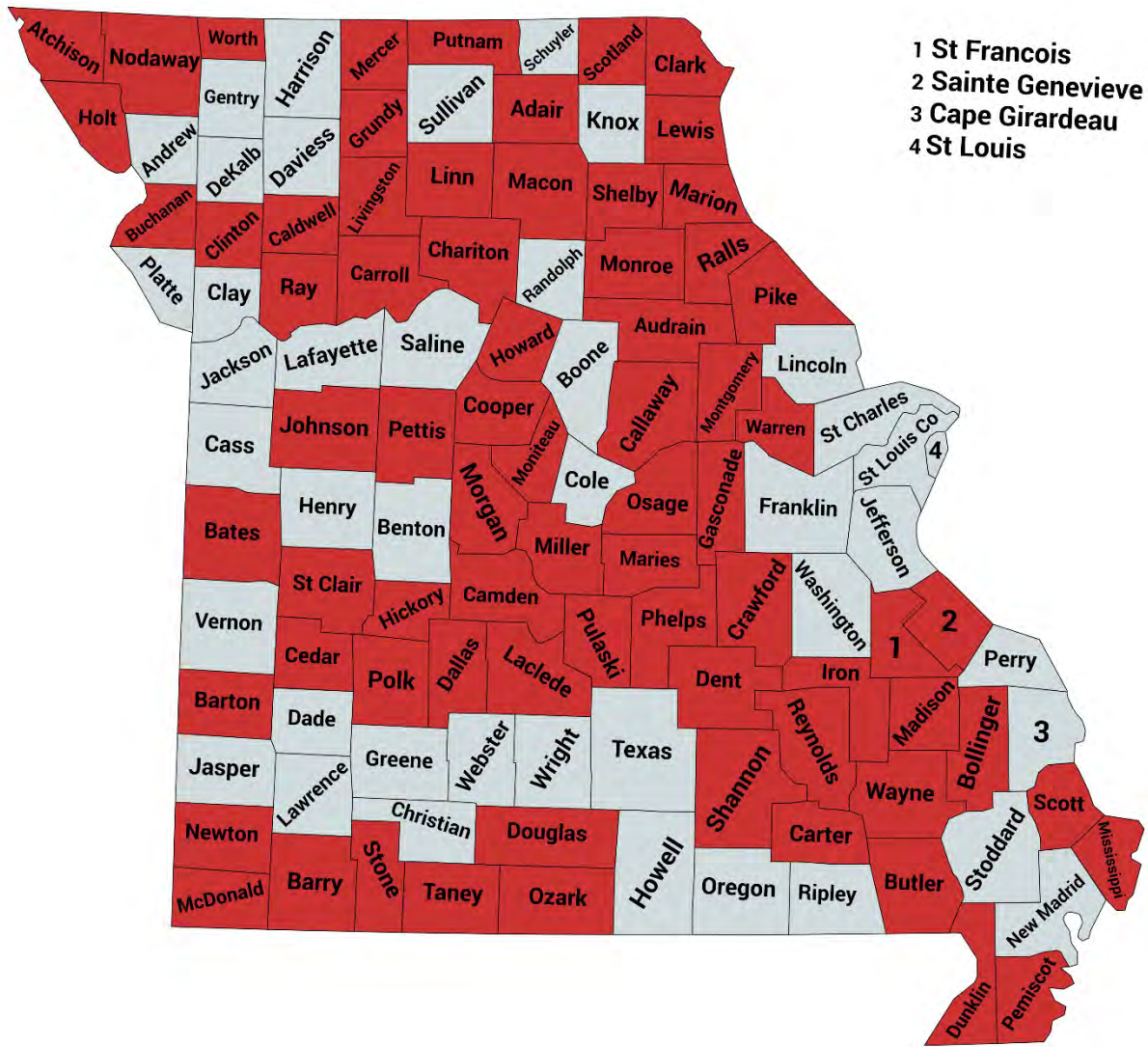
	I see a dentist for a check-up at least every six months.	I get an eye exam at least once a year.	I get a hearing test at least every five years.	None
12. Highlight all statements that are true.	37	33	10	73

	I need new eyeglasses or need my eyeglasses repaired.	I need dental work.	I need new dentures or need my dentures repaired.	I need new hearing aids or need my hearing aids repaired.	None
13. Highlight all statements that are true.	27	38	6	5	75

	14. Please highlight the services you have personally used in your community during the past year.	15. Please highlight the services you have tried to use, but were unable to find in your community.	16. Please highlight the <u>five (5)</u> services you feel you will need to help you stay in your home for as long as you want to be there.
Safe Outdoor Spaces (Parks/Paths)	26	6	4
Volunteering/Social Opportunities	28	5	14
Educational Programs	18	4	3
Disease Prevention/Fitness Class	6	4	9
Home Repair/Updates	9	13	26
Caregiver Support Services	18	14	37
Help Finding Programs or Services	12	9	23
Meals at Senior Center	4	3	4
Transportation	7	6	23
In-home services (Examples include personal care, caregiver respite, adult daycare, visiting services, etc.)	14	12	30
Help paying bills	13	11	19
Home-delivered Meals	9	4	17
Information about Abuse, Neglect, or Financial Exploitation (including avoiding scams)	8	5	3
Legal Assistance	10	7	9
Employment Opportunities	11	3	7
Falls Prevention Classes	2	0	6
None	19	35	16

County	#	County	#	County	#	County	#
Adair County	0	Dallas County	0	Livingston County	0	Randolph County	1
Andrew County	1	Daviess County	1	McDonald County	0	Ray County	0
Atchison County	0	DeKalb County	1	Macon County	0	Reynolds County	0
Audrain County	0	Dent County	0	Madison County	0	Ripley County	1
Barry County	0	Douglas County	0	Maries County	0	St. Charles County	3
Barton County	0	Dunklin County	0	Marion County	0	St. Clair County	0
Bates County	0	Franklin County	2	Mercer County	0	Ste. Genevieve County	0
Benton County	1	Gasconade County	0	Miller County	0	St. Francois County	3
Bollinger County	0	Gentry County	1	Mississippi County	0	St. Louis County	19
Boone County	6	Greene County	2	Moniteau County	0	St. Louis City	11
Buchanan County	0	Grundy County	0	Monroe County	0	Saline County	1
Butler County	0	Harrison County	1	Montgomery County	0	Schuyler County	1
Caldwell County	0	Henry County	3	Morgan County	0	Scotland County	0
Callaway County	0	Hickory County	0	New Madrid County	1	Scott County	0
Camden County	0	Holt County	0	Newton County	0	Shannon County	0
Cape Girardeau County	1	Howard County	0	Nodaway County	0	Shelby County	0
Carroll County	1	Howell County	1	Oregon County	1	Stoddard County	1
Carter County	0	Iron County	0	Osage County	0	Stone County	0
Cass County	1	Jackson County	8	Ozark County	0	Sullivan County	2
Cedar County	0	Jasper County	7	Pemiscot County	0	Taney County	0
Chariton County	0	Jefferson County	6	Perry County	2	Texas County	2
Christian County	2	Johnson County	0	Pettis County	0	Vernon County	1
Clark County	0	Knox County	1	Phelps County	0	Warren County	0
Clay County	4	Laclede County	0	Pike County	0	Washington County	1
Clinton County	0	Lafayette County	1	Platte County	3	Wayne County	0
Cole County	1	Lawrence County	2	Polk County	0	Webster County	2
Cooper County	0	Lewis County	0	Pulaski County	0	Worth County	0
Crawford County	0	Lincoln County	6	Putnam County	0	Wright County	1
Dade County	1	Linn County	1	Ralls County	0	Blank/Not MO	2

No State Plan on Aging Older Adult Surveys were received adults under 50 in the counties that are red.



Gender	Count	Percent
Male	12	10%
Female	54	44%
Transgender	1	1%
Other	0	0%
Prefer not to say	2	2%
Blank	53	43%
Total	122	100%

Sexual Orientation	Count	Percent
Straight	49	40%
Lesbian or Gay	6	5%
Bisexual	8	7%
Other	1	1%
Prefer not to say	5	4%
Blank	53	43%
Total	122	100%

Military Service	Count	Percent
Yes, I have served in the U.S. Armed Forces	2	2%
Yes, an immediate family member has served in the U.S. Armed Forces	13	11%
Both	0	0%
No	50	41%
Would rather not answer	4	3%
Blank	53	43%
Total	122	100%

Race and Ethnicity	Count	Percent
American Indian or Alaska Native	0	0%
Asian	0	0%
Black or African American	3	2%
Hispanic or Latino	1	1%
Native Hawaiian or Other Pacific Islander	0	0%
White	59	48%
Two or More	3	2%
Other	0	0%
Prefer not to answer	3	2%
Blank	53	43%
Total	122	100%

Results for Caregivers in Missouri

Question	Yes	Neither	No	Blank
1. I have (or can buy) enough food to not be hungry each day.	281	24	63	1
2. In order to buy food, I have to choose between paying bills, purchasing medications, or visiting a doctor.	109	48	210	2
3. I always have transportation to all of my doctors and medical appointments.	276	19	72	2
4. I always have transportation to get to places I want to go.	284	17	67	1
5. I have limited my activities because I am concerned about falling and injuring myself.	189	45	134	1
6. I feel like I am able to be an active part of my community.	249	41	77	2
7. I have someone to call whenever I need help or just want someone to talk to.	273	22	73	1
8. My home is in need of repairs or modifications in order for me to continue living safely.	124	56	186	3
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.	204	45	120	0
10. I, or someone I know, has been a victim of abuse, neglect, or financial exploitation.	179	54	132	4

	No	Yes - An individual who is 60 or older	Yes - An individual who is 18-59 who has a disability	Yes - An individual with Alzheimer's disease or related dementia	Yes - A minor child, under the age of 18	Yes - Other
11. I provide care on at least a weekly basis for one or more of the following persons. (Highlight all that apply).	0	241	65	53	117	16

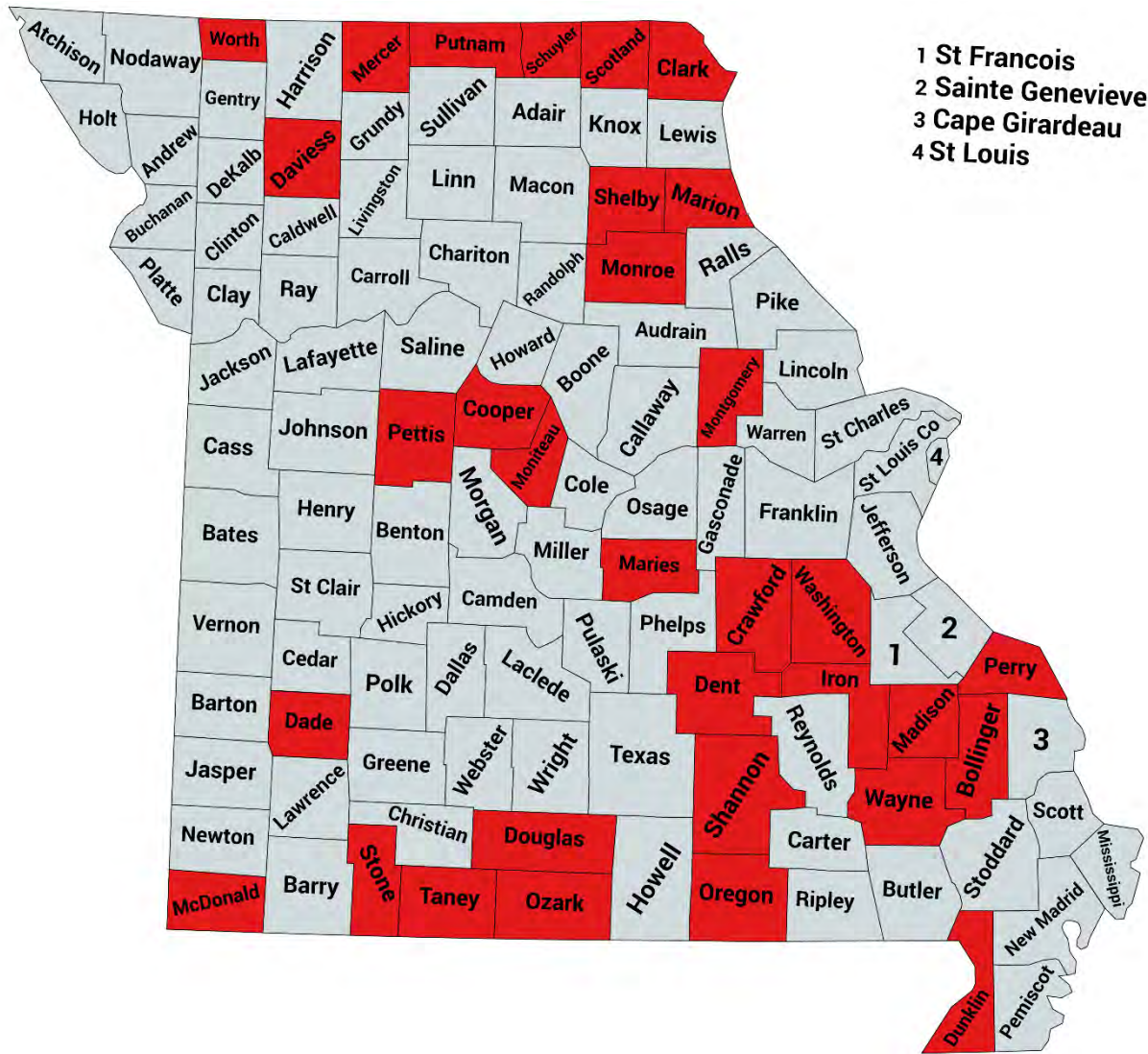
	I see a dentist for a check-up at least every six months.	I get an eye exam at least once a year.	I get a hearing test at least every five years.	None
12. Highlight all statements that are true.	186	214	54	97

	I need new eyeglasses or need my eyeglasses repaired.	I need dental work.	I need new dentures or need my dentures repaired.	I need new hearing aids or need my hearing aids repaired.	None
13. Highlight all statements that are true.	149	183	43	44	114

	14. Please highlight the services you have personally used in your community during the past year.	15. Please highlight the services you have tried to use, but were unable to find in your community.	16. Please highlight the <u>five (5)</u> services you feel you will need to help you stay in your home for as long as you want to be there.
Safe Outdoor Spaces (Parks/Paths)	102	17	40
Volunteering/Social Opportunities	105	26	52
Educational Programs	69	24	35
Disease Prevention/Fitness Class	63	23	63
Home Repair/Updates	48	60	164
Caregiver Support Services	51	57	162
Help Finding Programs or Services	51	44	130
Meals at Senior Center	62	14	39
Transportation	32	36	104
In-home services (Examples include personal care, caregiver respite, adult daycare, visiting services, etc.)	34	43	129
Help paying bills	47	40	80
Home-delivered Meals	26	14	91
Information about Abuse, Neglect, or Financial Exploitation (including avoiding scams)	38	19	16
Legal Assistance	36	34	56
Employment Opportunities	33	16	26
Falls Prevention Classes	25	18	52
None	91	190	57

County	#	County	#	County	#	County	#
Adair County	6	Dallas County	2	Livingston County	1	Randolph County	3
Andrew County	2	Daviess County	0	McDonald County	0	Ray County	2
Atchison County	2	DeKalb County	3	Macon County	2	Reynolds County	1
Audrain County	1	Dent County	0	Madison County	0	Ripley County	2
Barry County	1	Douglas County	0	Maries County	0	St. Charles County	11
Barton County	15	Dunklin County	0	Marion County	0	St. Clair County	1
Bates County	3	Franklin County	4	Mercer County	0	Ste. Genevieve County	1
Benton County	2	Gasconade County	1	Miller County	1	St. Francois County	1
Bollinger County	0	Gentry County	1	Mississippi County	2	St. Louis County	48
Boone County	16	Greene County	8	Moniteau County	0	St. Louis City	23
Buchanan County	2	Grundy County	1	Monroe County	0	Saline County	1
Butler County	1	Harrison County	1	Montgomery County	0	Schuyler County	0
Caldwell County	3	Henry County	4	Morgan County	1	Scotland County	0
Callaway County	4	Hickory County	2	New Madrid County	2	Scott County	5
Camden County	1	Holt County	1	Newton County	1	Shannon County	0
Cape Girardeau County	8	Howard County	2	Nodaway County	1	Shelby County	0
Carroll County	3	Howell County	2	Oregon County	0	Stoddard County	1
Carter County	1	Iron County	0	Osage County	1	Stone County	0
Cass County	6	Jackson County	28	Ozark County	0	Sullivan County	2
Cedar County	1	Jasper County	29	Pemiscot County	5	Taney County	0
Chariton County	1	Jefferson County	9	Perry County	0	Texas County	4
Christian County	5	Johnson County	6	Pettis County	0	Vernon County	2
Clark County	0	Knox County	1	Phelps County	2	Warren County	4
Clay County	5	Laclede County	1	Pike County	1	Washington County	0
Clinton County	1	Lafayette County	2	Platte County	4	Wayne County	0
Cole County	12	Lawrence County	4	Polk County	2	Webster County	3
Cooper County	0	Lewis County	1	Pulaski County	2	Worth County	0
Crawford County	0	Lincoln County	5	Putnam County	0	Wright County	1
Dade County	0	Linn County	3	Ralls County	1	Blank/Not MO	1

No State Plan on Aging Older Adult Surveys were received from caregivers in the counties that are red.



Age	Count	Percent
Under 50	52	14%
50-54	29	8%
55-59	48	13%
60-64	84	23%
65-69	75	20%
70-74	45	12%
75-79	19	5%
80-84	13	4%
85+	4	1%
Total	369	100%

Gender	Count	Percent
Male	63	17%
Female	279	76%
Transgender	1	0%
Other	0	0%
Prefer not to say	7	2%
Blank	19	5%
Total	369	100%

Sexual Orientation	Count	Percent
Straight	286	78%
Lesbian or Gay	27	7%
Bisexual	7	2%
Other	0	0%
Prefer not to say	19	5%
Blank	30	8%
Total	369	100%

Military Service	Count	Percent
Yes, I have served in the U.S. Armed Forces	29	8%
Yes, an immediate family member has served in the U.S. Armed Forces	162	44%
Both	3	1%
No	146	40%
Would rather not answer	7	2%
Blank	22	6%
Total	369	100%

Race and Ethnicity	Count	Percent
American Indian or Alaska Native	1	0%
Asian	1	0%
Black or African American	44	12%
Hispanic or Latino	10	3%
Native Hawaiian or Other Pacific Islander	1	0%
White	270	73%
Two or More	5	1%
Other	4	1%
Prefer not to answer	11	3%
Blank	22	6%
Total	369	100%

Results for African American Missourians

Question	Yes	Neither	No	Blank
1. I have (or can buy) enough food to not be hungry each day.	77	11	28	0
2. In order to buy food, I have to choose between paying bills, purchasing medications, or visiting a doctor.	29	18	67	2
3. I always have transportation to all of my doctors and medical appointments.	83	5	24	4
4. I always have transportation to get to places I want to go.	81	10	24	1
5. I have limited my activities because I am concerned about falling and injuring myself.	43	13	58	2
6. I feel like I am able to be an active part of my community.	87	11	17	1
7. I have someone to call whenever I need help or just want someone to talk to.	95	7	13	1
8. My home is in need of repairs or modifications in order for me to continue living safely.	41	13	61	1
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.	74	11	30	1
10. I, or someone I know, has been a victim of abuse, neglect, or financial exploitation.	47	13	53	3

	No	Yes - An individual who is 60 or older	Yes - An individual who is 18-59 who has a disability	Yes - An individual with Alzheimer's disease or related dementia	Yes - A minor child, under the age of 18	Yes - Other
11. I provide care on at least a weekly basis for one or more of the following persons. (Highlight all that apply).	69	26	9	6	14	3

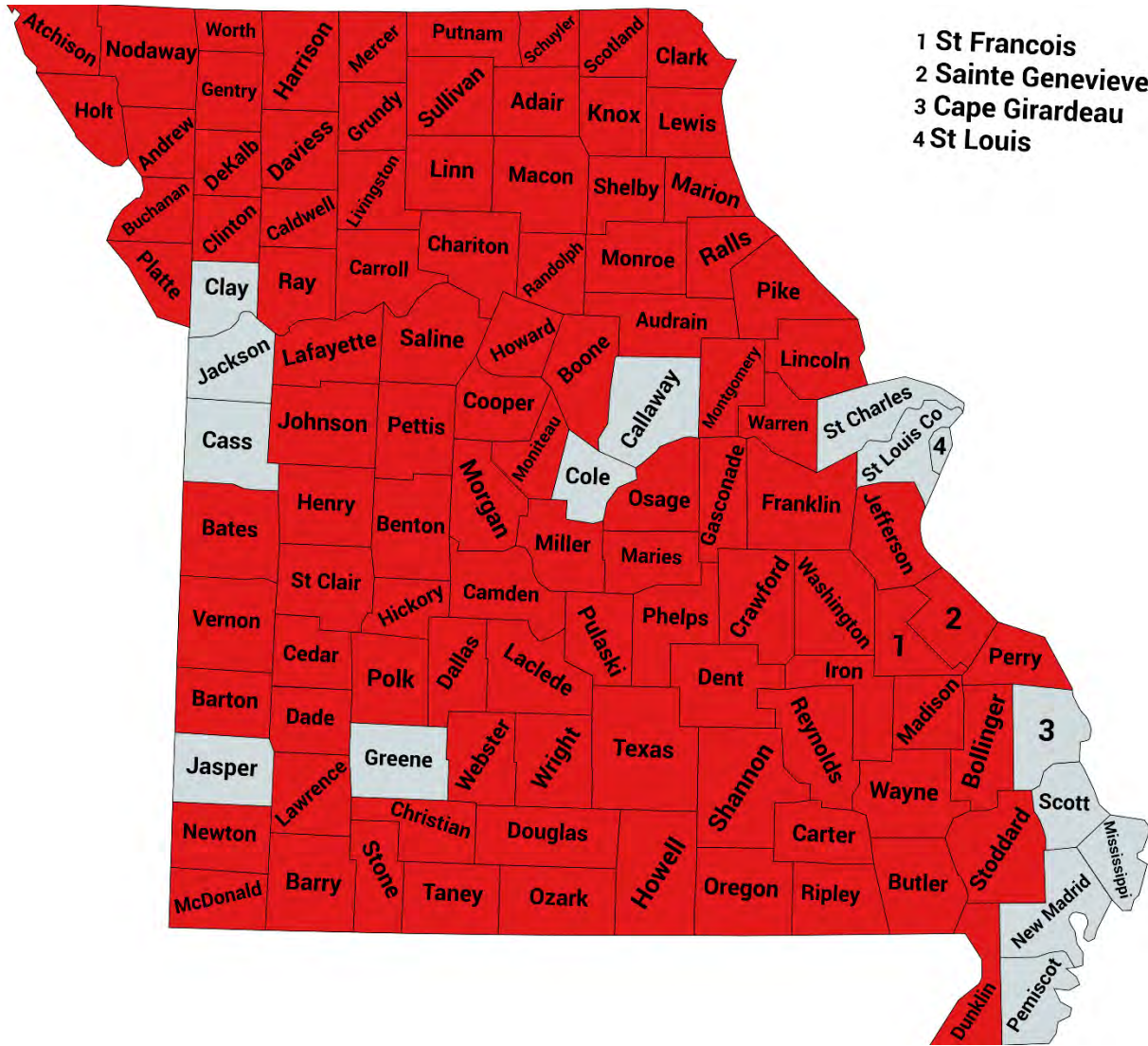
	I see a dentist for a check-up at least every six months.	I get an eye exam at least once a year.	I get a hearing test at least every five years.	None
12. Highlight all statements that are true.	62	89	40	18

	I need new eyeglasses or need my eyeglasses repaired.	I need dental work.	I need new dentures or need my dentures repaired.	I need new hearing aids or need my hearing aids repaired.	None
13. Highlight all statements that are true.	47	55	33	10	28

	14. Please highlight the services you have personally used in your community during the past year.	15. Please highlight the services you have tried to use, but were unable to find in your community.	16. Please highlight the <u>five (5)</u> services you feel you will need to help you stay in your home for as long as you want to be there.
Safe Outdoor Spaces (Parks/Paths)	31	2	15
Volunteering/Social Opportunities	41	6	19
Educational Programs	36	13	16
Disease Prevention/Fitness Class	29	7	30
Home Repair/Updates	20	18	47
Caregiver Support Services	16	11	30
Help Finding Programs or Services	26	14	47
Meals at Senior Center	16	5	11
Transportation	28	10	33
In-home services (Examples include personal care, caregiver respite, adult daycare, visiting services, etc.)	13	9	22
Help paying bills	24	21	38
Home-delivered Meals	5	4	23
Information about Abuse, Neglect, or Financial Exploitation (including avoiding scams)	22	3	11
Legal Assistance	9	14	17
Employment Opportunities	9	6	8
Falls Prevention Classes	19	2	26
None	23	55	22

County	#	County	#	County	#	County	#
Adair County	0	Dallas County	0	Livingston County	0	Randolph County	0
Andrew County	0	Daviess County	0	McDonald County	0	Ray County	0
Atchison County	0	DeKalb County	0	Macon County	0	Reynolds County	0
Audrain County	0	Dent County	0	Madison County	0	Ripley County	0
Barry County	0	Douglas County	0	Maries County	0	St. Charles County	1
Barton County	0	Dunklin County	0	Marion County	0	St. Clair County	0
Bates County	0	Franklin County	0	Mercer County	0	Ste. Genevieve County	0
Benton County	0	Gasconade County	0	Miller County	0	St. Francois County	0
Bollinger County	0	Gentry County	0	Mississippi County	2	St. Louis County	30
Boone County	8	Greene County	1	Moniteau County	0	St. Louis City	26
Buchanan County	0	Grundy County	0	Monroe County	0	Saline County	0
Butler County	0	Harrison County	0	Montgomery County	0	Schuyler County	0
Caldwell County	0	Henry County	0	Morgan County	0	Scotland County	0
Callaway County	1	Hickory County	0	New Madrid County	2	Scott County	7
Camden County	0	Holt County	0	Newton County	0	Shannon County	0
Cape Girardeau County	3	Howard County	0	Nodaway County	0	Shelby County	0
Carroll County	0	Howell County	0	Oregon County	0	Stoddard County	0
Carter County	0	Iron County	0	Osage County	0	Stone County	0
Cass County	1	Jackson County	25	Ozark County	0	Sullivan County	0
Cedar County	0	Jasper County	1	Pemiscot County	3	Taney County	0
Chariton County	0	Jefferson County	0	Perry County	0	Texas County	0
Christian County	0	Johnson County	0	Pettis County	0	Vernon County	0
Clark County	0	Knox County	0	Phelps County	0	Warren County	0
Clay County	1	Laclede County	0	Pike County	0	Washington County	0
Clinton County	0	Lafayette County	0	Platte County	0	Wayne County	0
Cole County	4	Lawrence County	0	Polk County	0	Webster County	0
Cooper County	0	Lewis County	0	Pulaski County	0	Worth County	0
Crawford County	0	Lincoln County	0	Putnam County	0	Wright County	0
Dade County	0	Linn County	0	Ralls County	0	Blank/Not MO	8

No State Plan on Aging Older Adult Surveys were received from African American Missourians in the counties that are red.



Age	Count	Percent
Under 50	3	3%
50-54	4	3%
55-59	8	7%
60-64	21	18%
65-69	28	24%
70-74	22	19%
75-79	12	10%
80-84	8	7%
85+	10	9%
Total	116	100%

Gender	Count	Percent
Male	27	23%
Female	85	73%
Transgender	0	0%
Other	0	0%
Prefer not to say	1	1%
Blank	3	3%
Total	116	100%

Sexual Orientation	Count	Percent
Straight	104	90%
Lesbian or Gay	3	3%
Bisexual	0	0%
Other	0	0%
Prefer not to say	3	3%
Blank	6	5%
Total	116	100%

Military Service	Count	Percent
Yes, I have served in the U.S. Armed Forces	18	16%
Yes, an immediate family member has served in the U.S. Armed Forces	63	54%
Both	2	2%
No	32	28%
Would rather not answer	1	1%
Blank	0	0%
Total	116	100%

Race and Ethnicity	Count	Percent
American Indian or Alaska Native	0	0%
Asian	0	0%
Black or African American	116	100%
Hispanic or Latino	0	0%
Native Hawaiian or Other Pacific Islander	0	0%
White	0	0%
Two or More	0	0%
Other	0	0%
Prefer not to answer	0	0%
Blank	0	0%
Total	116	100%

Results for LGBT Missourians

Question	Yes	Neither	No	Blank
1. I have (or can buy) enough food to not be hungry each day.	62	1	16	0
2. In order to buy food, I have to choose between paying bills, purchasing medications, or visiting a doctor.	15	6	58	0
3. I always have transportation to all of my doctors and medical appointments.	65	0	14	0
4. I always have transportation to get to places I want to go.	64	1	14	0
5. I have limited my activities because I am concerned about falling and injuring myself.	33	10	36	0
6. I feel like I am able to be an active part of my community.	58	7	14	0
7. I have someone to call whenever I need help or just want someone to talk to.	57	11	11	0
8. My home is in need of repairs or modifications in order for me to continue living safely.	22	11	46	0
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.	40	13	26	0
10. I, or someone I know, has been a victim of abuse, neglect, or financial exploitation.	33	16	30	0

	No	Yes - An individual who is 60 or older	Yes - An individual who is 18-59 who has a disability	Yes - An individual with Alzheimer's disease or related dementia	Yes - A minor child, under the age of 18	Yes - Other
11. I provide care on at least a weekly basis for one or more of the following persons. (Highlight all that apply).	44	22	11	6	12	1

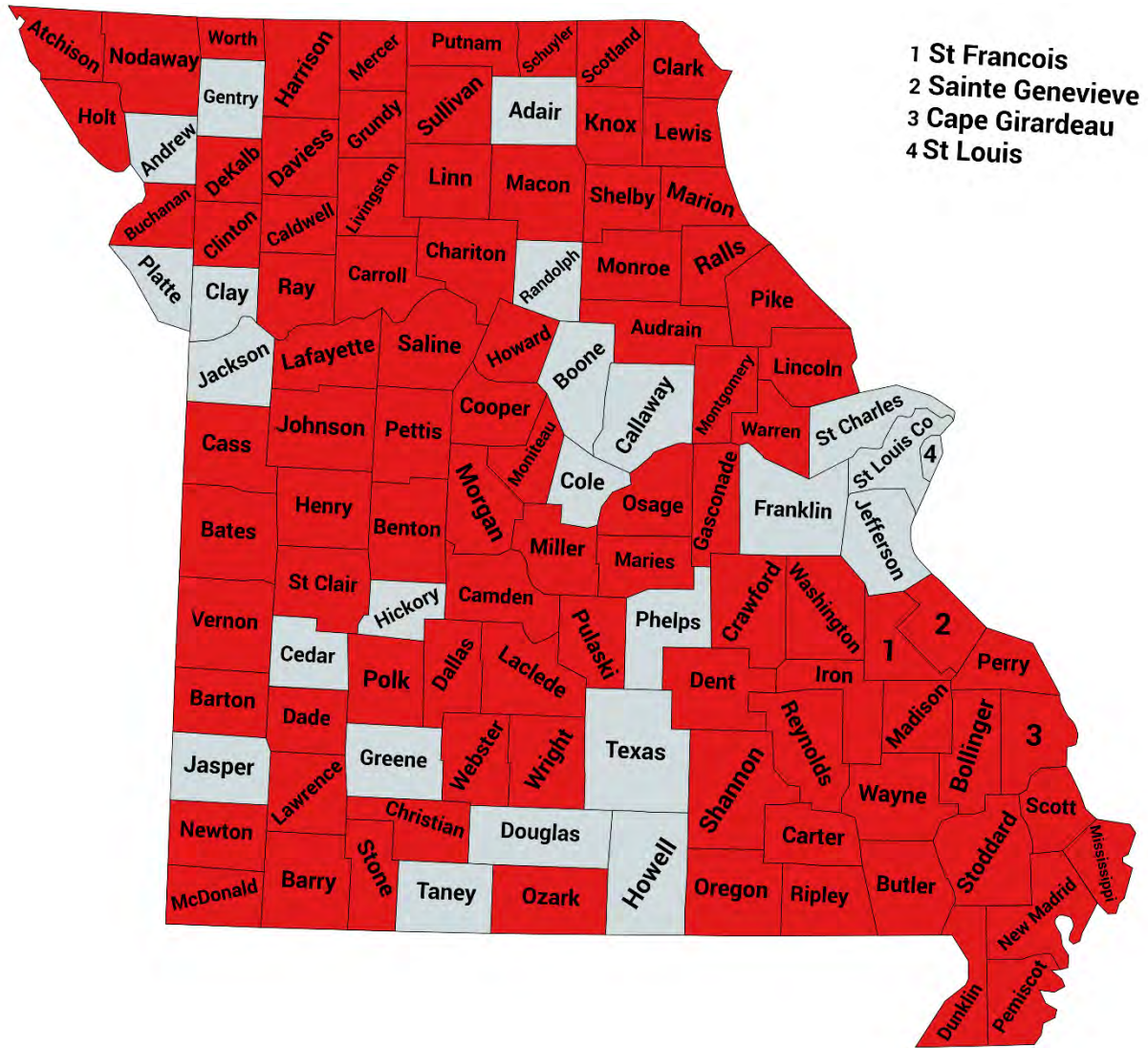
	I see a dentist for a check-up at least every six months.	I get an eye exam at least once a year.	I get a hearing test at least every five years.	None
12. Highlight all statements that are true.	52	54	17	9

	I need new eyeglasses or need my eyeglasses repaired.	I need dental work.	I need new dentures or need my dentures repaired.	I need new hearing aids or need my hearing aids repaired.	None
13. Highlight all statements that are true.	32	40	7	5	25

	14. Please highlight the services you have personally used in your community during the past year.	15. Please highlight the services you have tried to use, but were unable to find in your community.	16. Please highlight the <u>five (5)</u> services you feel you will need to help you stay in your home for as long as you want to be there.
Safe Outdoor Spaces (Parks/Paths)	28	4	13
Volunteering/Social Opportunities	33	5	15
Educational Programs	14	4	10
Disease Prevention/Fitness Class	11	6	13
Home Repair/Updates	17	14	37
Caregiver Support Services	5	8	27
Help Finding Programs or Services	8	7	33
Meals at Senior Center	1	1	4
Transportation	9	8	27
In-home services (Examples include personal care, caregiver respite, adult daycare, visiting services, etc.)	3	6	27
Help paying bills	10	7	17
Home-delivered Meals	8	0	14
Information about Abuse, Neglect, or Financial Exploitation (including avoiding scams)	3	1	2
Legal Assistance	5	6	12
Employment Opportunities	8	5	9
Falls Prevention Classes	3	5	14
None	16	40	11

County	#	County	#	County	#	County	#
Adair County	2	Dallas County	0	Livingston County	0	Randolph County	1
Andrew County	1	Daviess County	0	McDonald County	0	Ray County	0
Atchison County	0	DeKalb County	0	Macon County	0	Reynolds County	0
Audrain County	0	Dent County	0	Madison County	0	Ripley County	0
Barry County	0	Douglas County	1	Maries County	0	St. Charles County	2
Barton County	0	Dunklin County	0	Marion County	0	St. Clair County	0
Bates County	0	Franklin County	1	Mercer County	0	Ste. Genevieve County	0
Benton County	0	Gasconade County	0	Miller County	0	St. Francois County	0
Bollinger County	0	Gentry County	1	Mississippi County	0	St. Louis County	19
Boone County	4	Greene County	4	Moniteau County	0	St. Louis City	22
Buchanan County	0	Grundy County	0	Monroe County	0	Saline County	0
Butler County	0	Harrison County	0	Montgomery County	0	Schuyler County	0
Caldwell County	0	Henry County	0	Morgan County	0	Scotland County	0
Callaway County	1	Hickory County	1	New Madrid County	0	Scott County	0
Camden County	0	Holt County	0	Newton County	0	Shannon County	0
Cape Girardeau County	0	Howard County	0	Nodaway County	0	Shelby County	0
Carroll County	0	Howell County	1	Oregon County	0	Stoddard County	0
Carter County	0	Iron County	0	Osage County	0	Stone County	0
Cass County	0	Jackson County	8	Ozark County	0	Sullivan County	0
Cedar County	1	Jasper County	2	Pemiscot County	0	Taney County	1
Chariton County	0	Jefferson County	1	Perry County	0	Texas County	1
Christian County	0	Johnson County	0	Pettis County	0	Vernon County	0
Clark County	0	Knox County	0	Phelps County	1	Warren County	0
Clay County	1	Laclede County	0	Pike County	0	Washington County	0
Clinton County	0	Lafayette County	0	Platte County	1	Wayne County	0
Cole County	1	Lawrence County	0	Polk County	0	Webster County	0
Cooper County	0	Lewis County	0	Pulaski County	0	Worth County	0
Crawford County	0	Lincoln County	0	Putnam County	0	Wright County	0
Dade County	0	Linn County	0	Ralls County	0	Blank/Not MO	0

No State Plan on Aging Older Adult Surveys were received from LGBT Missourians in the counties that are red.



Age	Count	Percent
Under 50	16	20%
50-54	6	8%
55-59	12	15%
60-64	9	11%
65-69	20	25%
70-74	11	14%
75-79	4	5%
80-84	1	1%
85+	0	0%
Total	79	100%

Gender	Count	Percent
Male	27	34%
Female	47	59%
Transgender	5	6%
Other	0	0%
Prefer not to say	0	0%
Blank	0	0%
Total	79	100%

Sexual Orientation	Count	Percent
Straight	1	1%
Lesbian or Gay	56	71%
Bisexual	14	18%
Other	7	9%
Prefer not to say	1	1%
Blank	0	0%
Total	79	100%

Military Service	Count	Percent
Yes, I have served in the U.S. Armed Forces	7	9%
Yes, an immediate family member has served in the U.S. Armed Forces	23	29%
Both	2	3%
No	46	58%
Would rather not answer	1	1%
Blank	0	0%
Total	79	100%

Race and Ethnicity	Count	Percent
American Indian or Alaska Native	0	0%
Asian	0	0%
Black or African American	3	4%
Hispanic or Latino	1	1%
Native Hawaiian or Other Pacific Islander	0	0%
White	70	89%
Two or More	3	4%
Other	1	1%
Prefer not to answer	1	1%
Blank	0	0%
Total	79	100%

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

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

1. Which 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
- Adult Daycare Provider
- Employment Services
- Local Community Supportive Services Agency (Non-profit that provides supportive services)
- Homeless Shelter
- Faith Based Agency
- Other (please specify)

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5. What population do you primarily work with?

- Older Adults
- Adults with Disabilities
- Both

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4. What services does your organization provide? (Select all that apply)

- Home-Delivered Meals
- Congregate (group) Meals
- Transportation
- Information and Referral
- Disease Prevention/Health Promotion Fitness Classes
- Falls Prevention Classes
- Education Programs (Fraud Prevention, Healthy Living, etc.)
- Volunteering/Social Opportunities
- Home Maintenance and Repair
- Help Paying Bills (rent, fuel, insurance)
- Information about Abuse, Neglect and Financial Exploitation
- Health Care
- Oral Care
- Family Caregiver Services
- Legal Assistance Services
- Nursing Home Resident's Rights
- In-home Services (Personal Care, Homemaker, Chore, Respite, etc.)
- Affordable Housing
- Alzheimer's or Other Dementia Services

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6. Please select the 5 services that you believe are the most necessary to keep your clients in their home for as long as they want to be there.

- 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.)
- Volunteering/Social Opportunities
- Home Maintenance and Repair
- Help Paying Bills (rent, fuel, insurance)
- Information about Abuse, Neglect and Financial Exploitation
- Health Care
- Oral Care
- Family Caregiver Services
- Legal Assistance Services
- Nursing Home Resident's Rights
- In-home Services (Personal Care, Homemaker, Chore, Respite, etc.)
- Affordable Housing
- Alzheimer's or Other Dementia Services

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7. 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?

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8. Please select the 5 services that you refer your clients to the most often.

- 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.)
- Volunteering/Social Opportunities
- Home Maintenance and Repair
- Help Paying Bills (rent, fuel, insurance)
- Information about Abuse, Neglect and Financial Exploitation
- Health Care
- Oral Care
- Family Caregiver Services
- Legal Assistance Services
- Nursing Home Resident's Rights
- In-home Services (Personal Care, Homemaker, Chore, Respite, etc.)
- Affordable Housing
- Alzheimer's or Other Dementia Services

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9. Mark the services that you would like to refer your clients to, but the service/program is not 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.)
- Volunteering/Social Opportunities
- Home Maintenance and Repair
- Help Paying Bills (rent, fuel, insurance)
- Information about Abuse, Neglect and Financial Exploitation
- Health Care
- Oral Care
- Family Caregiver Services
- Legal Assistance Services
- Nursing Home Resident's Rights
- In-home Services (Personal Care, Homemaker, Chore, Respite, etc.)
- Affordable Housing
- Alzheimer's or Other Dementia Services

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10. Have you or an immediate family member ever served in the U.S. Armed Forces?

- Yes, I have served in the U.S. Armed Forces
- Yes, an immediate family member has served in the U.S. Armed Forces
- No
- Would rather not answer

11. If yes, would you like information about military-related services in Missouri?

- Yes - information provided on next screen
- No

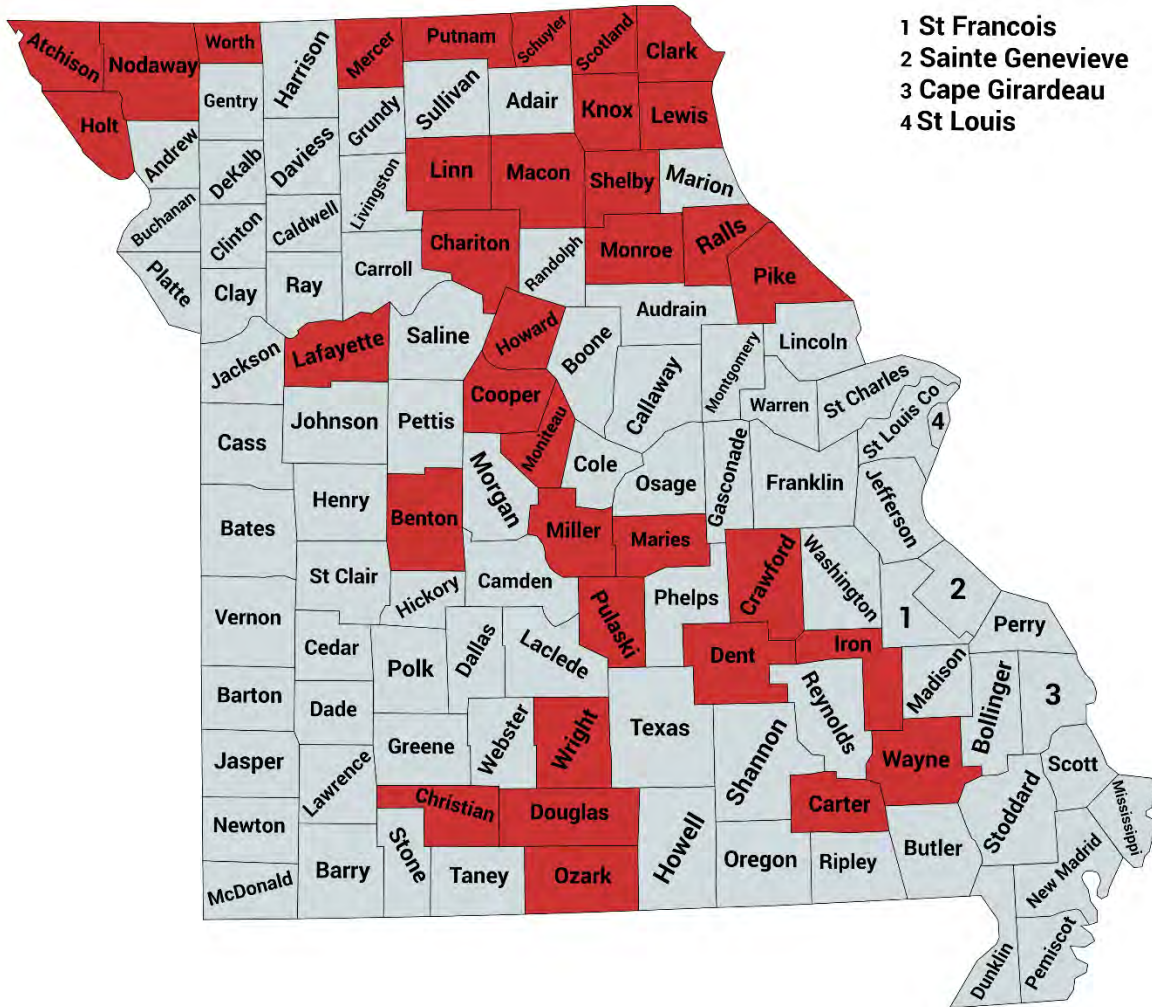
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Results for Providers and Stakeholders

	6. Please select the 5 services that you believe are the most necessary to keep your clients in their home for as long as they want to be there.	8. Please select the 5 services that you refer your clients to the most often.	9. Mark the services that you would like to refer your clients to, but the service/program is not available in your area.
Home-Delivered Meals	191	159	46
Congregate (group) Meals	0	0	0
Transportation	268	176	103
Information and Referral	69	95	35
DP/HP Fitness Classes	35	23	47
Falls Prevention Classes	42	15	44
Education Programs	39	47	57
Volunteering/Social Opportunities	42	40	42
Home Maintenance and Repair	125	55	100
Help Paying Bills	142	124	69
Information about ANE	39	50	33
Health Care	168	107	30
Oral Care	31	19	74
Family Caregiver Services	118	80	49
Legal Assistance Services	10	35	53
Nursing Home Resident's Rights	8	14	18
In-home Services	301	208	75
Affordable Housing	149	90	90
Alzheimer's or Other Dementia Services	69	40	59

County	#	County	#	County	#	County	#
Adair County	7	Dallas County	2	Livingston County	1	Randolph County	1
Andrew County	3	Daviess County	3	McDonald County	1	Ray County	2
Atchison County	0	DeKalb County	5	Macon County	0	Reynolds County	1
Audrain County	2	Dent County	0	Madison County	1	Ripley County	1
Barry County	2	Douglas County	0	Maries County	0	St. Charles County	5
Barton County	1	Dunklin County	2	Marion County	1	St. Clair County	3
Bates County	2	Franklin County	2	Mercer County	0	Ste. Genevieve County	1
Benton County	0	Gasconade County	1	Miller County	0	St. Francois County	11
Bollinger County	2	Gentry County	1	Mississippi County	1	St. Louis County	29
Boone County	17	Greene County	13	Moniteau County	0	St. Louis City	46
Buchanan County	9	Grundy County	1	Monroe County	0	Saline County	1
Butler County	6	Harrison County	2	Montgomery County	1	Schuyler County	0
Caldwell County	1	Henry County	9	Morgan County	1	Scotland County	0
Callaway County	1	Hickory County	2	New Madrid County	2	Scott County	1
Camden County	1	Holt County	0	Newton County	4	Shannon County	2
Cape Girardeau County	6	Howard County	0	Nodaway County	0	Shelby County	0
Carroll County	1	Howell County	1	Oregon County	1	Stoddard County	2
Carter County	0	Iron County	0	Osage County	02	Stone County	3
Cass County	3	Jackson County	43	Ozark County	0	Sullivan County	6
Cedar County	2	Jasper County	19	Pemiscot County	2	Taney County	3
Chariton County	0	Jefferson County	8	Perry County	10	Texas County	2
Christian County	0	Johnson County	11	Pettis County	4	Vernon County	6
Clark County	0	Knox County	0	Phelps County	5	Warren County	1
Clay County	7	Laclede County	2	Pike County	0	Washington County	1
Clinton County	1	Lafayette County	0	Platte County	4	Wayne County	0
Cole County	28	Lawrence County	2	Polk County	3	Webster County	2
Cooper County	0	Lewis County	0	Pulaski County	0	Worth County	0
Crawford County	0	Lincoln County	2	Putnam County	0	Wright County	0
Dade County	1	Linn County	0	Ralls County	0	Blank/Not MO	6

No Aging and Disability Network Provider and Stakeholders State Plan on Aging Surveys were received from the counties that are red.



Type of Organization	Count
Adult Daycare Provider	8
Centers for Independent Living	13
Employment Services	3
Faith Based Agency	8
In-home Health Company	114
Local Community Support Services Agency	74
Local Government	21
Medical Provider	19
Other	76
State Government	60
Blank	2

Services your Organization Provides	Count
Home-Delivered Meals	52
Congregate (group) Meals	65
Transportation	116
Information and Referral	208
Disease Prevention/Health Promotion Fitness Classes	72
Falls Prevention Classes	53
Education Programs (Fraud Prevention, Healthy Living, etc.)	120
Volunteering/Social Opportunities	103
Home Maintenance and Repair	52
Help Paying Bills (rent, fuel, insurance)	42
Information about Abuse, Neglect and Financial Exploitation	115
Health Care	103
Oral Care	18
Family Caregiver Services	87
Legal Assistance Services	36
Nursing Home Resident's Rights	39
In-home Services (Personal Care, Homemaker, Chore, Respite, etc.)	201
Affordable Housing	26
Alzheimer's or Other Dementia Services	66

Population you Work With	Count
Older Adults	97
Adults with Disabilities	61
Both	233
Blank	7

Appendix 2: African American Older Adult Profile

The Older Americans Act ([OAA](#)) tasks the State Unit on Aging (SUA) and area agencies on aging (AAAs) with providing services to older adults with the greatest economic and social needs. The poverty line determines the greatest economic need; however, the greatest social need can be less clearly defined. OAA has defined greatest social need as the need caused by noneconomic factors, which include— (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that— (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently. This profile will explore how African American older adults meet this definition of greatest social need, the needs of African American older adults based on national and Missouri-specific data, and the results of three listening sessions held in Missouri.

Greatest Social Need

African American older adults frequently face cultural, social, or geographical isolation, including isolation caused by racial or ethnic status. Because this isolation is present across the lifespan, it can increase implications for older adults. According to national data from the [CDC](#), an African American male who is 60 in 2020 can expect to live to be 77.6, on average; however, a white male who is 60 in 2020 can expect to live to be 81.1. [Missouri's Department of Health and Senior Services](#) indicates that in 2019 an African American living in Missouri can expect to live, on average, 4.7 fewer years than a white American in Missouri. This difference in life expectancy indicates that race profoundly impacts the lives of African American older adults in Missouri.

According to the [2021 American Community Survey](#) (ACS), African American Missourians make up 8.5% of the 60+ population (122,890 individuals). This is the largest minority group in Missouri's older adult population. The [Missouri Information for Community Assessment](#) indicates that according to 2020 data, six counties in Missouri have African American older adult populations higher than the state average. These counties are St. Louis City (45.8%), Jackson County (20.6%), Pemiscot County (19.8%), St. Louis County (18.2%), Mississippi County (15.0%), and New Madrid County (12.1%). While it is essential to address needs in areas with higher populations of African American older adults, aging services across the state must recognize the needs of the African American older adults in their service areas.

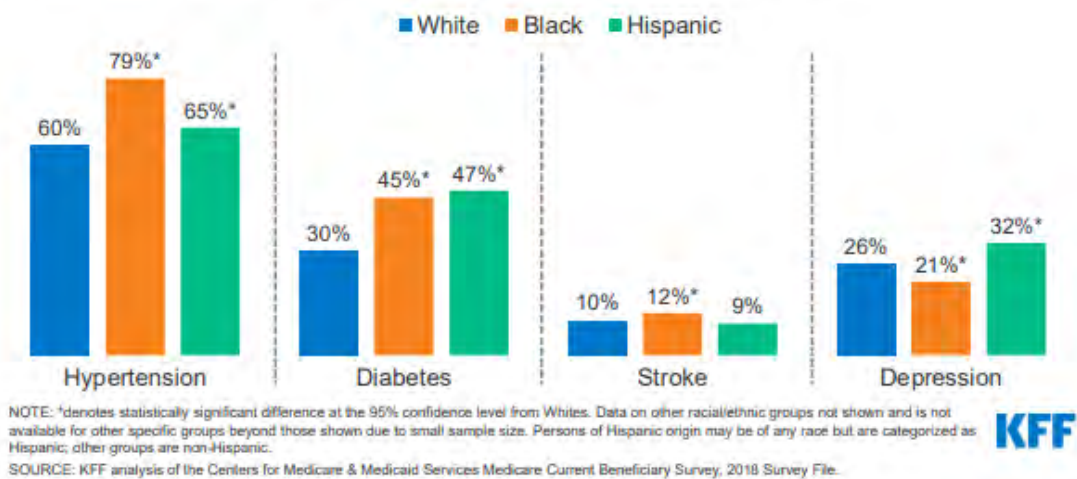
Areas of Need for African American Older Adults

Physical Health Needs

Chronic Disease

The [2021 Racial and Ethnic Health Inequalities and Medicare Report](#) showed that African American Medicare beneficiaries had higher rates of hypertension, diabetes, and stroke (see charts below).

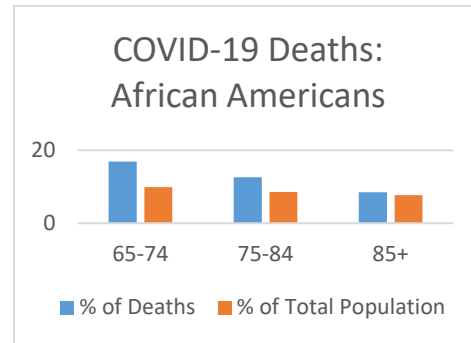
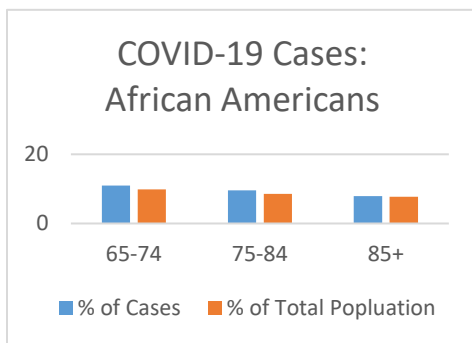
Black and Hispanic Medicare Beneficiaries Have Higher Prevalence Rates of Certain Chronic Conditions Than White Beneficiaries



These trends are also seen in data specific to Missouri. Data from the [Missouri Information for Community Assessments](#) show that in 2015, African Americans aged 60+ had a chronic disease emergency room visit rate of 102.96 compared to 58.08 for white Americans aged 60+. In 2019, the same data source showed that African American older Missourians died of a chronic disease at a rate of 2,607.31 while their white counterparts had a chronic disease death rate of 2,512.35. [The Epidemiologic Profiles of HIV, STD, and Hepatitis in Missouri 2021](#) states that 46.6% of Missourians living with HIV/AIDS are African American. This data indicates that HIV/AIDS affects African American Missourians in disproportionately higher numbers. Because African American older adults are significantly impacted by chronic disease, access to health care is all the more critical. Programs available through Missouri AAAs can help with this by providing insurance assistance, case management, transportation to and from medical appointments, and programs that help older adults manage chronic diseases.

COVID-19

According to the [CDC's COVID Data Tracker](#), African Americans aged 65+ make up a disproportionately high number of COVID-19 cases and COVID-19 deaths. For example, African Americans aged 65-74 made up 15.4% of deaths among 65-74 year olds; however, African Americans only make up 9.85% of Americans age 65-74. This disproportionality can be seen in the charts below.



[Missouri Information for Community Assessments](#) data from 2020 shows that African American older Missourians died from COVID-19 at a rate of 606.60 compared to 422.23 for white older Missourians. AAAs can help African American older adults access information about and assistance accessing COVID-19 vaccinations.

Preventative Care

According to the 2022 State Plan on Aging Survey conducted by Division of Senior and Disability Services (DSDS), many African American older adults are not accessing preventative care. Of the 116 African American respondents, 47% do not see a dentist every six months, 23% do not get an annual eye exam, and 66% do not get a hearing test every five years. Among these same respondents, many had additional medical needs. Of the 116 African American respondents, 41% needed new eyeglasses or needed their eyeglasses repaired, 47% needed dental work, 28% needed new dentures or needed dentures repaired, and 9% needed new hearing aids or needed hearing aids repaired. Assistance in finding affordable local medical services can help African American older adults improve their physical health.

Economic Needs

The ACL [2020 Profile of African Americans Age 65 and Over](#) showed that in 2019, the poverty rate for African Americans aged 65+ was 18%, over double the rate of 8.9% for all older Americans. According to the [University of Massachusetts Elder Index](#), 64 percent of single African American seniors and 34 percent of Older African American couples are economically insecure. Higher poverty and economic insecurity rates can impact multiple areas of an individual's life. These areas of impact include access to medical care, access to food, and access to housing.

Accessing Medical Care

The [2021 Racial and Ethnic Health Inequalities and Medicare Report](#) explained that 14% of African American Medicare Beneficiaries delayed care due to cost. It also stated that 21% of the same population reported having problems paying medical bills, and 13% of those with problems paying said they had interaction with a collection agency due to medical bills. Accessing programs like Medicare Improvements for Patients and Providers (MIPPA) through AAAs and other service providers can help African American older adults lower Medicare costs. Legal assistance services available through the OAA may help African American older adults manage medical debt.

Lower income can also impact an older adult's access to reliable transportation to and from medical appointments. Of the 116 African American respondents to the 2022 State Plan on Aging Survey conducted by DSDS, 21% reported difficulty finding transportation to medical appointments. African American older adults must be connected with their community's transportation resources. This assistance can be accessed through AAAs and other community organizations.

Accessing Food

According to [the State of Senior Hunger in 2020](#), 6.8% of Americans aged 60+ are food insecure, and 19.1% of African Americans aged 60+ are food insecure. The 2021 [Behavioral Risk Factor Surveillance System](#) (BRFSS) Survey also shows that 7.6% of African American Missourians aged 60+ experienced hunger or skipped meals because of not having enough money; this is significantly higher than the 1.9% of white Missourians of the same age. Twenty-four percent of African American respondents to the 2022 State Plan on Aging Survey

conducted by DSDS stated they do not have enough food not to be hungry each day, and twenty-five percent explained that to buy food, they have to choose between paying bills, purchasing medications, or visiting a doctor. It is unacceptable that Missouri seniors have to choose between purchasing food and other essential activities. Nutrition assistance programs like home-delivered meals, congregate meals, Supplemental Nutrition Assistance Program (SNAP), Commodity Supplemental Food Program (CSFP), and Senior Farmers' Market Nutrition Program can decrease the economic burden of improving food security.

Accessing Housing

According to the 2021 report, [Black and Aging in America](#), 58% of African Americans aged 62+ spend more than 30% of their income on housing. The [National Low Income Housing Coalition](#) further explains that there are only 43 affordable and available rental homes for every 100 extremely low-income renter households in Missouri. This makes it increasingly difficult for African American older adults to access and maintain stable housing.

Even if affordable housing is accessed by African American older adults, it may be unsafe for them to age in place in that home. In the 2022 State Plan on Aging Survey conducted by DSDS, 36% of African American respondents said their home needed repairs or modification for them to continue living there safely. AAAs and other community organizations may be able to help African American older adults access home modifications that can help them safely age in place.

Caregiver Needs

The [Family Caregiver Alliance](#) explains that 20.3% of African Americans identify as caregivers. On average, these caregivers spend 30 hours per week providing care. AARP states in their fact sheet, [The "Typical" African American Caregiver](#), that African American caregivers are often in high-intensity care situations helping with 2.1 activities of daily living (ADLs), 4.7 instrumental activities of daily living (IADLs), and medical/nursing tasks. Twenty-six percent of African American respondents to the 2022 State Plan on Aging Survey conducted by DSDS ranked caregiver support services as one of the five services needed to age safely in place. Family caregiver support services available through the AAAs can help African American caregivers better meet the needs of the older adults and adults with disabilities they care for.

Dementia Caregiving

Providing care for a loved one with dementia delivers many challenges. A 2021 [Data Brief on Congressional Districts and Alzheimer's Prevalence among Communities of Color](#) explained that African Americans are approximately two times more likely to develop Alzheimer's than non-Latino Whites. They explained that African Americans with dementia are less likely to receive a timely diagnosis and more likely to report experiencing racial discrimination as a patient or caregiver. Missouri's Customized In-Home Caregiver Training and Relief program can provide training and assistance to those caring for older adults with a dementia diagnosis.

Summary of Listening Sessions with African American Community Leaders and Community Members

Kansas City Listening Session

The listening session in Kansas City was held on February 25, 2022. Thirteen African American community leaders and community members attended the listening session. Michael Brewer, Jordanna McLeod, Joseph Palm, and Crystal Sanders from DHSS attended the listening session. Melody Elston and James Stowe with Mid-America Regional Council (MARC) Area Agency on Aging (AAA) attended the listening session.

James Stowe with MARC provided an overview of services available through the AAA. DHSS provided an overview of what the State Unit on Aging (SUA) does and a brief explanation of the State Plan on Aging.

Concerns:

- Kids don't want to put their parents in a nursing home.
- Less support is available from family, and many children left the city.
- Family members don't want to ask for help because it may make them look like they don't care.
- Caregivers suffer physical, emotional, and financial stress related to caregiving.
- Many caregivers and older adults don't know how to find resources for help.
- Deterioration of homes happens gradually and may be severe before it is discovered.
- Older adults and their caregivers don't trust service providers
- Lack of communication between the community, local service providers, and state/national funders.
- There are not enough paid caregivers to fill the gaps, and they are not paid well.
- Many older adults have difficulty completing complicated applications for assistance.

Possible solutions discussed:

- A person in the local church who stays up to date on senior benefits and resources.
- A community-level service coordinator to help caregivers navigate caregiving.
- Train volunteers from the church to serve as community-level service coordinators.
- Encourage community members to volunteer in programs like the long-term care ombudsman program.
- Advocate at the legislative level for an increase in caregiver compensation.
- Form a community task force that includes community leaders and AAA to start working on gaps in service.
- Communication between the Ecumenical Council and the Bureau of Senior Programs.
- Build trust by showing up more than once in the community. Word of mouth and reputation help to build trust. Building relationships is also crucial in building trust.

Available resources discussed:

- Church programs offer respite and relief for caregivers one day a week.
- [Missouri's Customized In-Home Caregiver Training and Relief program](#) for caregivers of individuals with Alzheimer's disease and other related dementias.
- [MARC](#) has information specialists, caregiver support programs, in-home services, transportation, and other services available in the community.

- [Long-term care ombudsman program](#) can advocate for the rights of nursing home patients.
- [Adult Abuse and Neglect Hotline](#) to report abuse, neglect, or exploitation in the community or a nursing home.

Jefferson City Listening Session

The listening session in Jefferson City was held on March 25, 2022. Four African American community leaders and community members attended the listening session. Michael Brewer, Jordanna McLeod, and Valerie Butler from DHSS attended the listening session. Yvonne Matthews with the Paula J. Carter Center on Minority Health and Aging attended the listening session. Marissa Peterson, Rebecca Nowlin, and Jamie Kennedy with Aging Best Area AAA attended the listening session.

Rebecca Nowlin with Aging Best provided an overview of services available through the AAA. Yvonne Matthews described community extension. DHSS provided an overview of what the State Unit on Aging (SUA) does and a brief explanation of the State Plan on Aging.

Concerns:

- Many caregivers only get help for a maximum of a couple of hours daily. This isn't enough support.
- Some people do not recognize themselves as caregivers, so they don't know that support is available.
- Community leaders need better training and more information about what services are available in the community. They need to know where to send people for help.
- Older adults need assistance with paperwork when applying for assistance.
- Not all older adults have the computer skills or access needed to complete applications online.
- Older adults with guardians cannot purchase insurance to cover burial expenses.
- Older adults don't know whom to call about senior legal services.
- Older adults have high insurance expenses and don't know if they are getting the coverage they need.
- A community member shared an example of racism in the community, and several shared concerns about police violence.
- Older adults and caregivers don't know about the services available.
- A lot of older adults are too proud to ask for help.

Possible solutions discussed:

- Provide additional services that may be available to the older adult when they come in to ask about something else. For example, if they come in to ask about food assistance, also talk to them about utility assistance.
- Make services available outside of Jefferson City.
- Community leaders join the Aging Best Advisory Council.

Available resources discussed:

- [Aging Best](#) provides legal services, assistance with Medicare plans, and other services through mid-Missouri.

St. Louis Listening Session

The listening session in St. Louis City was held on April 29, 2022. Fifteen African American community leaders and community members attended the listening session. Jordanna McLeod, Molly McGrath, Joseph Palm, Crystal Sanders, and Gloria Henderson from DHSS attended the listening session. Anneliese Stoever with St. Louis AAA and Lisa Knoll with Aging Ahead AAA attended the meeting.

Anneliese Stoever provided an overview of services available through the St. Louis AAA. Lisa Knoll provided an overview of services available through Aging Ahead AAA. DHSS provided an overview of what the State Unit on Aging (SUA) does and a brief explanation of the State Plan on Aging

Concerns:

- Not all services are provided by local organizations or local companies.
- The Medicaid application is too complicated, and older adults need help filling it out.
- Older adults need help complicating paperwork to apply for assistance programs.
- Many older adults lack access to the internet.
- Many older adults lack the skills to use technology.
- Need better communication between the community, local organizations, and state/federal funders.
- Older adults need assistance with high tax burdens and things like tree trimming and bed bug removal.
- Older adults need access to COVID-19 testing.

Possible solutions discussed:

- Communication between the Ecumenical Council and the Bureau of Senior Programs.
- Office of Minority Health offered to arrange a meeting with the Department of Social Services to discuss concerns about applying for Medicaid.
- Both AAAs often work with other organizations on a case-by-case basis to meet the needs of community members.
- Partner with the library to set up business centers in senior apartments.
- Ability to save applications until you have the needed documents to go with the application.

Available resources discussed:

- [Missouri's Customized In-Home Caregiver Training and Relief program](#) for caregivers of individuals with Alzheimer's disease and other related dementias.
- [Lincoln University Extension](#) can provide technical assistance to older adults.
- [St. Louis AAA](#) provides home modifications, assistance applying for services, free COVID-19 testing through the City of St. Louis, disease prevention and health promotion programs, and other services in St. Louis City.
- [St. Louis City Senior Fund](#) may have funding for services such as bed bug extermination.
- [Aging Ahead AAA](#) provides assistance applying for services and other services in four counties surrounding St. Louis City.

Appendix 3: Missouri State Plan on Aging Presentations and Q&A

LGBT Older Adults and “Greatest Social Need” – Presented to Missouri LGBT Older Adult Alliance on February 14, 2022

A presentation by the Division of Senior and Disability Services (DSDS) that provided background information about the Older Americans Act. This presentation focused on the greatest economic and social need and how these concepts would impact the State Plan on Aging.

Slides from the presentation:





THE OLDER
AMERICANS
ACT

Prioritization of older adults
experiencing:

- "greatest social need" – need caused by noneconomic factors, including "cultural, social, or geographical isolation"
- LGBT older adults experience unique social and cultural factors that create isolating conditions
- Recent federal guidance names LGBT older adults as a population that can be included under greatest social need.

Missouri State Plan on Aging 2024-2027: Presented to Missouri LGBT Older Adult Alliance on April 11, 2022

A presentation by DSDS that included information about Missouri's aging network, Missouri's State Plan on Aging, and the needs of older adults in Missouri. It covered the purpose and requirements of the State Plan on Aging and the possible focus areas for the State Plan on Aging. Time was provided for a question and answer session.

Slides from Presentation:



Greatest Economic Need

- Needs resulting from an income level at or below the poverty line

Greatest Social Need

- Need caused by noneconomic factors, including "cultural, social, or geographical isolation"
 - LGBT older adults experience unique social and cultural factors that create isolating conditions
 - Recent federal guidance names LGBT older adults as a population that can be included under greatest social need.

State Plan on Aging

- Current plan runs through September 30, 2023
- New plan will run from October 1, 2023 through September 30, 2027

Guidance for the State Plan on Aging

- OAA Core Programs
- COVID-19
- Equity
- Home and Community Based Services
- Caregiving

Identifying Top Needs

- Area Plans
- Needs Assessments
- Community Input

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.
 - <https://health.mo.gov/seniors/state-plan-aging.php>
 - + Older Adult Survey
 - + Provider/Stakeholder Survey
- Definitions
- ACL Guidance
- Current State Plan
- Older Americans Act

Current Data from the Survey

- 510 State Plan on Aging Older Adult Surveys have been completed
 - The top services people believe will help them stay in their homes are: Home repair/updates, in-home services, help finding programs or services, transportation, home-delivered meals, caregiver support services, and help paying bills
 - Surveys have been received from St. Louis City and all but 22 counties in Missouri
 - 3.8% of respondents identified as lesbian, gay, or bisexual
 - 7.6% of respondents identified as a person of color, with 4.9% identifying as black or African American
- 252 Provider and Stakeholder State Plan on Aging Surveys have been completed
 - The top services people believe will help them stay in their homes are: in-home services, transportation, home delivered meals, health care, affordable housing, help paying bills, family caregiver services, and home maintenance and repair.

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.

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.
- Respite Care - Services which offer a brief period of relief or rest for caregivers.

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

Transportation

- Transportation- Transportation from one location to another.

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.

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.

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

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

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.

Legal Assistance

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

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.
 - Fraud prevention
 - Healthy living
 - Household Safety
 - Using electronic devices

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.

Alzheimer's or other Related Dementias

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

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

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.

State Plan on Aging Webinar Series 2024-2027: August 18, 2022; August 24, 2022; and September 8, 2022

A presentation by the Division of Senior and Disability Services (DSDS) that included information about Missouri's aging network, Missouri's State Plan on Aging, and the needs of older adults in Missouri. It covered the purpose and requirements of the State Plan on Aging and the possible focus areas for the State Plan on Aging. Time was provided for a question and answer session.

Slides from the presentation:

MISSOURI STATE PLAN ON AGING FOR OLDER AMERICANS ACT SERVICES

2024-2027

Jordanna McLeod
Bureau of Senior Programs
Missouri Department of Health and Senior Services
www.health.mo.gov



STATE UNIT ON AGING

- The Division of Senior and Disability Services (DSDS) is the designated State Unit on Aging.
- Responsible for ensuring the effective and efficient management of activities associated with the Older Americans Act.

AREA AGENCIES ON AGING (AAA)

Core Services all Area Agencies Provide:

- Congregate Meals (Group meals)
- Home-Delivered Meals
- Information and Assistance (and referral)
- In-Home Services (non-Medicaid)
- Legal
- Long-Term Care Ombudsman Program
- Transportation

Call 1-800-235-5503 and enter your 5-digit zip code to be connected with your local AAA



OLDER AMERICANS ACT (OAA)

- Signed in 1965 by President Johnson with the goal of providing services for older Americans with the greatest social or economic need.
- Since then, the Act has become more diverse to ensure coverage of other at risk populations such as:
 - Persons with disabilities
 - Minority older individuals
 - Older individuals with limited English proficiency
 - Older individuals residing in rural areas
 - Individuals at risk for institutional placement

RESPONSIBILITIES

- In order to receive funding under the Older Americans Act, DSDS must develop a State Plan on Aging
 - Must be submitted to and approved by the Assistant Secretary of the Administration on Aging
- New plan must be submitted every 4 years

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, 2023
- New plan will run through October 1, 2023, through September 30, 2027

GUIDANCE FOR THE STATE PLAN ON AGING

- OAA Core Programs
- COVID-19
- Equity
- Home and Community Based Services
- Caregiving

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

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.
 - <https://health.mo.gov/seniors/state-plan-aging.php>
 - Older Adult Survey
 - Provider/Stakeholder Survey
 - Definitions
 - ACL Guidance
 - Current State Plan
 - Older Americans Act

CURRENT DATA FROM THE SURVEY

- 813 State Plan on Aging Older Adult Surveys have been completed
 - The top services people believe will help them stay in their homes are: Home repair/updates, in-home services, help finding programs or services, transportation, home-delivered meals, caregiver support services, and help paying bills.
 - Surveys have been received from St. Louis City and all but 14 counties in Missouri
 - 158 respondents identified as a person of color, with 95 identifying as black or African American
- 320 Provider and Stakeholder State Plan on Aging Surveys have been completed
 - The top services people believe will help them stay in their homes are: In-home services, transportation, home delivered meals, health care, affordable housing, help paying bills, family caregiver services, and home maintenance and repair.

PRIORITIES

TRANSPORTATION

- Transportation-Transportation from one location to another.

NUTRITION

- Nutrition
 - Home-delivered meals- A meal provided to an individual in his/her place of residence.
 - Congregate Meal (Meals at the senior center or other community location) - A meal provided to a qualified individual in a congregate or group setting.

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

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.

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.

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.

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.

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

FALLS PREVENTION

- In 2020, 30.6% of Missourians over 65 reported falling in the past 12 months. This rate is higher than 40 other states in the US.
- 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.

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

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.

LEGAL ASSISTANCE SERVICES

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

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.
 - <https://health.mo.gov/seniors/state-plan-aging.php>
 - Older Adult Survey
 - Provider/Stakeholder Survey
 - Definitions
 - ACL Guidance
 - Current State Plan
 - Older Americans Act

QUESTIONS

- Questions can be submitted to the following email:
MoStatePlanONAgng@health.mo.gov
- Website for State Plan on Aging
<https://health.mo.gov/seniors/state-plan-aging.php>

Questions and Answers from the Webinar Series

Missouri State Plan on Aging 2024-2027 Question and Answer Document

Question: Will you send a copy of the video?

Answer: A recording of the webinar is available at <https://health.mo.gov/seniors/state-plan-aging.php>.

Question: Where can I get the presentation slides?

Answer: The PowerPoint Slides are available at <https://health.mo.gov/seniors/state-plan-aging.php>.

Question: Is it known what are the top needs?

Answer: This information will be available once the survey has been completed and analyzed.

Question: Is there a free service for shopping cart/home delivery services?

Answer: Area agencies on aging may provide grocery delivery through Older American Act funding.

Missouri Show Me Summit on Aging and Health 2022 – September 13, 2022

Missouri State Plan on Aging: Outreach, Summary, and Tools – A conversation with DSDS about outreach and Missouri’s State Plan on Aging. DSDS has made a concerted effort to reach older adults across Missouri to receive input about the next State Plan on Aging. This effort has included virtual and in-person outreach across the state. See the tools that DSDS used to reach older adults and learn how you can use the tools in your communities. Hear who responded and what they had to say.

Slides from the presentation:

MO STATE PLAN ON AGING: OUTREACH, SUMMARY, AND TOOLS

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573-526-7869
Missouri Department of Health and Senior Services
www.health.mo.gov



WHAT IS THE STATE PLAN ON AGING?

- A four-year plan, required by the Older Americans Act (OAA), addressing the needs of older Missourians with a focus on those with the greatest economic and social needs

WHAT TOOLS DID WE USE?

- Online survey tool (on a dedicated webpage at <https://health.mo.gov/seniors/state-plan-aging.php>)
- Paper copy
- Business cards
- Information sheet

HOW DID WE REACH PEOPLE?

- Partners
 - Office of Minority Health
 - Ecumenical Council
 - Faith Community
 - SAGE
 - PROMO
 - DAV
 - AAAs
 - AARP
 - SHL
- Missouri Association of Counties
- Municipal League
- Technology
 - Facebook posts
 - Listening Sessions
 - Webinars
 - Virtual meetings
 - Email lists
- In-Person Events
 - Listening sessions
 - Conferences
 - State Fair

HOW WELL DID IT WORK?

- 817 State Plan on Aging Older Adult Surveys have been completed
 - The top services people believe will help them stay in their homes are Home repair/updates, in-home services, help finding programs or services, transportation, home-delivered meals, caregiver support services, and help paying bills.
 - Surveys have been received from St. Louis City and all but 14 counties (Bollinger, Crawford, Dent, Dunklin, Madison, Maries, Marion, Mercer, Monroe, Ozark, Shelby, Ste. Genevieve, Stone Worth) in Missouri.
 - 158 respondents identified as a person of color, with 95 identifying as black or African American
- 331 Provider and Stakeholder State Plan on Aging Surveys have been completed
 - The top services people believe will help them stay in their homes are: in-home services, transportation, home-delivered meals, health care, affordable housing, help paying bills, family caregiver services, and home maintenance and repair.

WHAT CAN I DO?

Appendix 4: LGBT Older Adult Profile

The Older Americans Act ([OAA](#)) tasks the State Unit on Aging (SUA) and area agencies on aging (AAAs) with providing services to older adults with the greatest economic and social needs. The greatest economic need in the OAA means the need resulting from an income level at or below the poverty line. The OAA has defined greatest social need as the need caused by noneconomic factors, which include— (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that— (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently. This profile will explore how LGBT older adults meet this definition of greatest social need and the needs of LGBT older adults based on national and Missouri-specific data.

DIFFERENT-SEX COUPLES		SAME-SEX COUPLES
✓	SOCIAL SECURITY BENEFITS	✗
✓	SPOUSAL SURVIVOR BENEFIT	✗
✓	SPOUSAL RETIREMENT BENEFIT	✗
✓	DEATH BENEFIT	✗
✓	INHERITANCE	✗
✓	TAX BENEFITS	✗
✓	PENSIONS	✗
✓	VETERANS BENEFITS	✗
✓	IMMIGRATION BENEFITS	✗

Greatest Social Need

The LGBT population can face cultural or social isolation associated with their sexual orientation or gender identity. Because this isolation is present across the lifespan, this can increase implications for older adults. [SAGE](#) reports that LGBT older adults are 2x as likely to be single and live alone, 4x less likely to have children, more likely to face poverty and homelessness, and more likely to have poor physical and mental health. All of these factors contribute to greater social need and increased social isolation. The White House issued an [Executive Order](#) in July 2022, solidifying the need for this plan. This Order considers issuing a notice of proposed rulemaking to clarify that LGBTQI+ individuals are included in the definition of “greatest social need” for purposes of targeting outreach, service provision and funding under the OAA.

It is a common misconception that there are not any LGBT older adults, which is exacerbated by a lack of national data collection for this group. [Healthy People 2030](#) has two goals to increase national surveys collecting data on LGBT populations. At the state level, the 2021 Behavioral Risk Factor Surveillance System ([BRFSS](#)) data showed that 2.2% of Missouri’s 60+ population identifies as LGBT; this is approximately 31,135 older Missourians. As part of Missouri’s 2024-2027 State Plan on Aging, AAAs will work on including sexual orientation and gender identity as part of their intake and needs assessments.

Areas of Need for LGBT Older Adults

Economic Needs

A [2019 report from the Williams Institute](#) found that LGBT people in the United States were two times more likely to live in poverty than their peers. Show Me YOU, a 2016 survey of 498 LGBT Missourians aged 50+, showed that 13% of respondents had an income that did not cover basic living expenses, and 15% reported an annual household income of less than \$20,000. Barriers related to sexual orientation and gender identity can impact LGBT older adults’ ability to access financial benefits, medical care, food and housing.

Accessing Financial Benefits

Because marriage for same-sex couples was not legalized at the federal level until 2015, many LGBT older adults could not legally marry. This means that older adults in long-term, same-sex relationships did not have access to financial benefits typically secured through marriage (see [Understanding Issues Facing LGBT Older Adults](#) infographic). These benefits are now available to many LGBT older adults, but the process can be complicated. AAAs and legal assistance providers may be able to help connect LGBT older adults to needed financial benefits that were previously unavailable.

Accessing Medical Care

The 2021 [BRFSS](#) demonstrated that 9% of LGBT Missourians aged 60+ needed to see a doctor in the past 12 months but could not afford it, compared to just 3.7% of all Missourians aged 60+. The 2021 BRFSS Survey also showed that 6.6% of LGBT Missourians aged 60+ had not visited a doctor for a routine checkup within the past two years. AAAs can provide services, such as information and assistance, case management and transportation, which could provide improved access to healthcare for LGBT older adults in Missouri.

Accessing Food

The 2021 [BRFSS](#) showed that 5.5% of LGBT Missourians aged 60+ experienced hunger or skipped meals because they didn't have enough money, as compared to just 2.4% of all Missourians aged 60+. The 2016 Show Me YOU survey showed that 23% of respondents aged 50+ had experienced food insecurity or hunger in their lifetime. Nutrition assistance programs like home-delivered meals, congregate meals, Supplemental Nutrition Assistance Program (SNAP), Commodity Supplemental Food Program (CSFP) and Senior Farmers' Market Nutrition Program can improve food security for LGBT older adults.

Accessing Housing

Finding affordable and available housing can be difficult for older adults with limited income, but LGBT older adults may face additional barriers. Federal housing protections prohibit discrimination in federally-funded and insured housing on the basis of sexual orientation and gender identity; however, the reality can be much different. In a 2014 [study](#) by the Equal Rights Center of older couples applying for housing in 10 states, 48% of the same-sex couples reported overt discrimination in the application process, e.g., difference in availability or pricing. AAAs and other community organizations may be able to help LGBT older adults access affordable housing through information and assistance and other supportive services.

Health Needs

Fear of Discrimination

According to the [Out & Visible](#) survey of LGBT adults aged 45-75, one in five LGBT older people (20%) and nearly half of transgender older people (44%) feel that their relationship with healthcare providers would be adversely affected if their sexual orientations/gender identities were known. The same survey explained that two-thirds of transgender older people (65%) feel there will be limited access to healthcare as they grow older, and more than half (55%) feel they will be denied medical treatment because of their ages. This fear of discrimination can lead LGBT older adults to be less open with medical providers or avoid care altogether.

HIV/AIDS

While HIV/AIDS can affect anyone regardless of sexual orientation and gender identity, the [CDC](#) states that HIV continues to affect gay and bisexual men disproportionately. According to

the [2021 Epidemiologic Profile](#), 8,677 Missourians aged 65+ were living with HIV/AIDS. Of that total, 902 were men who have sex with men. The age of individuals living with HIV disease has also increased over time in Missouri. The same profile explains that in 2012, the largest numbers of persons living with HIV disease were 45-49 years of age, whereas, in 2021, persons 55-59 years old represented the largest number of cases. Advances in HIV medications have paved the way for persons with HIV to achieve viral suppression and live longer.

DHSS operates the Ryan White HIV/AIDS Program (RWHAP) – Part B. The program includes the AIDS Drug Assistance Program (ADAP), HIV Medical Case Management, and a range of core medical and supportive services to reduce barriers to engagement in HIV medical care for low-income Missourians living with HIV. There are 5,358 clients receiving Ryan White Part B case management services. Around 3,207 (60%) clients aged 50+ participate in RWHAP.

The RWHAP program is working with partners to address the needs of its aging population. This includes increasing its vision coverage, expanding access to oral health, and training case managers on how to work with an aging population. As part of Missouri's 2024-2027 State Plan on Aging, AAAs will implement a referral process for organizations like the RWHAP. Additional coordination will help LGBT older adults living with HIV more easily access services.

[Social Isolation](#)

Social isolation became a significant topic of interest during the COVID-19 pandemic; however, it has always been an area of concern for LGBT older adults. The 2016 Show Me YOU Survey showed that 47% of respondents aged 50+ had felt isolated in the past two weeks. A variety of factors can cause this social isolation. For many LGBT older adults, coming out meant losing family support and risking significant persecution. According to the 2016 Show Me YOU Survey, only 65% of respondents aged 50+ felt often or fully supported by their family. Friendships and 'found family' are often incredibly important to LGBT older adults, as shown by the same survey where 83% of respondents felt fully or often supported by their friends. AAAs in Missouri have many programs to decrease social isolation that LGBT older adults could benefit from.

[Caregiver Needs](#)

[Improving the Lives of LGBT Older Adults](#) explains that LGBT older adults are more likely to be single, childless, and estranged from their biological families. Because of this, many LGBT older adults rely on life partners, close friends, and other loved ones for caregiving. This can cause additional legal assistance needs to more specifically address the LGBT older adults' wishes for end-of-life planning. [Understanding Issues Facing LGBT Older Adults](#) explains that friend networks often age simultaneously, meaning they may not be in the physical or mental condition to care for one another adequately. [Caregiving in the U.S. 2020](#) states that 7% of caregivers for adults aged 50+ and 10% of caregivers for adults aged 18-49 self-identify as LGBT. AARP's Fact Sheet: [The "Typical" LGBT Caregiver](#) shows that LGBT caregivers are more often in high-intensity caregiving situations, spending an average of 28 hours a week assisting with 2.3 activities of daily living (ADLs), 4.6 instrumental activities of daily living (IADLs), and medical/nursing tasks. The AAAs may be able to provide respite, training and support for LGBT caregivers.

Appendix 5: Public Comments

This document contains a summary of the public comments collected from April 5, 2023, through May 5, 2023, in response to the Missouri State Plan on Aging 2024-2027 public comment posting. The public comment period for the State Plan on Aging 2024-2027 was published on the Department of Health and Senior Services (DHSS) website on April 5, 2023. Emails were sent to all home and community based service providers registered with DHSS, Division of Senior and Disability Services staff within 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
- A deadline for submission of comments

During the comment period DHSS received comments from:

- The Legends Project
- Operation Food Search
- The Building Inclusive and Resilient Communities Project

The following represents a summary of the comments received by email from The Legends Project

This commenter encouraged DHSS to consider the needs of the increasing population of older adults with extreme vision loss.

The following represents a summary of the comments received from Operation Food Search

This commenter encouraged DHSS to provide opportunities for nonprofits, the community, and stakeholders to become partners in long term solutions to older adult food insecurity. The commenter went on to explain that a thoughtful statewide plan with assessments, research, strategies to address barriers and measurable outcomes will go a long way in helping the community and the state meet the growing needs of the aging population.

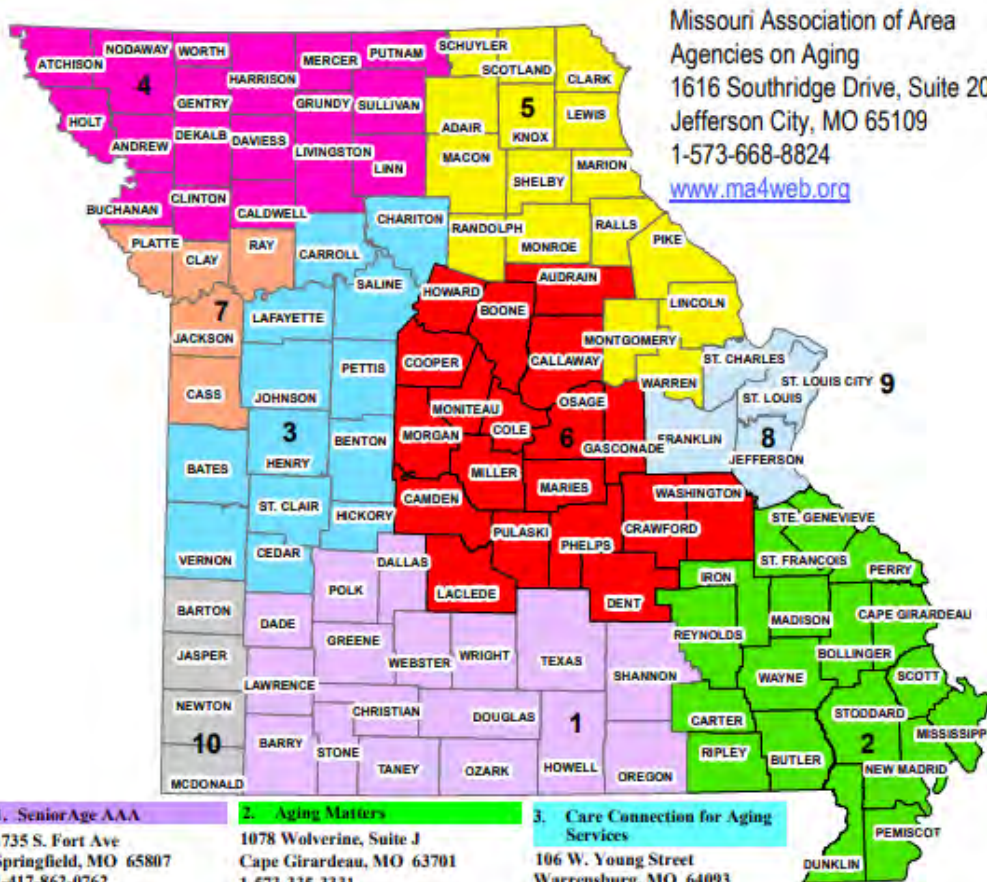
The following represent a summary of the comments received from The Building Inclusive and Resilient Communities Project

This commenter expressed concern that social connectedness and its importance for the physical, mental, emotional, and social health for older adults was not included in the State Plan on Aging.

Appendix 6: Missouri Area Agencies on Aging

Missouri's ten area agencies on aging (AAAs) serve 114 counties and the City of St. Louis.

Missouri Area Agencies on Aging



Missouri Association of Area Agencies on Aging
 1616 Southridge Drive, Suite 203
 Jefferson City, MO 65109
 1-573-668-8824
www.ma4web.org

1. SeniorAge AAA
 1735 S. Fort Ave
 Springfield, MO 65807
 1-417-862-0762
 1-800-497-0822
www.senioragemo.org
www.facebook.com/senioragemo/

2. Aging Matters
 1078 Wolverine, Suite J
 Cape Girardeau, MO 63701
 1-573-335-3331
 1-800-392-8771
www.agingmatters2u.com
www.facebook.com/AgingMatters2u/

3. Care Connection for Aging Services
 106 W. Young Street
 Warrensburg, MO 64093
 1-660-747-3107
 1-800-748-7826
www.goaging.org
www.facebook.com/goaging.org/

4. Young at Heart Resources
 809 North 13th Street
 Albany, MO 64402
 1-660-240-9400
 1-888-844-5626
www.yahresources.org
www.facebook.com/youngatheartresources/

5. Northeast MO AAA
 815 N. Osteopathy
 Kirksville, MO 63501
 1-660-665-4682
 1-800-664-6338
www.nemona.com
www.facebook.com/Northeast-Missouri-Area-Agency-08-Aging-285415805380483/

6. Aging Best
 201 W. Broadway, Suite 1-E
 Columbia, MO 65201
 1-573-443-5823
 1-800-369-5211
www.agingbest.org
www.facebook.com/agingbest.org/

7. Mid-America Regional Council AAA
 600 Broadway Suite 200
 Kansas City, MO 64105-1554
 1-816-421-4980
 1-800-593-7948
www.marc.org/community/aging
www.facebook.com/MARCKMetro/

8. Aging Ahead
 14535 Manchester Road
 St. Louis, MO 63011-3960
 1-636-207-0847
 1-800-243-6060
www.agingahead.org
www.facebook.com/agingahead/

9. St. Louis AAA
 1520 Market St., 4th floor, Rm. 4065
 St. Louis, MO 63103
 1-314-612-5918
 1-877-612-5918
www.slaaa.org
www.facebook.com/stlouisareagenecyonaaging/

10. Region X AAA
 531 E. 15th. Street
 Joplin, MO 64804
 1-417-781-7562
www.aaregionx.org
www.facebook.com/aaregionx/

September 1, 2022

The AAAs are responsible for programs designed to address the needs of older adults within their respective planning and service areas (PSA). To receive funding from the Department of Health and Senior Services (DHSS), each AAA must 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. According to the Older American Act (OAA) guidance, the AAAs develop and administer programs targeted at adults aged 60 and over with the greatest social and economic needs. The AAAs ensure that services are delivered with particular attention to priority populations.

Core services provided by the AAAs include access, in-home services, legal assistance, national family caregiver support program services, nutrition, and disease prevention/health promotion. Each AAA provides services and programs in each core service category; however, specific programs and services will vary from one AAA to another. Any Missourian age 60+ is eligible for services through the AAA in their area.

- Access—which includes transportation, information and assistance, outreach, and at some AAAs, case management;
- In-home services—which include homemaker, chore, personal care, respite, adult daycare, telephone reassurance, friendly visiting, in-home visitation, homebound shopping, home modification and repair, assistive technology and automation, and medication set-up;
- Legal assistance—which includes legal advice and representation provided by an attorney to older individuals, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney, and counseling or representation by a non-lawyer where permitted by law. Priority is given to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.
- National Family Caregiver Support Program services—which include information to caregivers about available services; assistance to caregivers in gaining access to services; individual counseling; organization of support groups and caregiver training; respite care; and supplemental services, on a limited basis. Supplemental services can include but are not limited to, home modifications that enable the caregiver to better care for their loved one, medical or incontinence supplies, nutritional supplements, assistive technology, durable medical equipment, and one-time financial assistance. Eligible adults include:
 - Adult family members or other informal caregivers aged 18+ providing care to individuals aged 60+
 - Adult family members or other informal caregivers aged 18+ providing care to individuals of any age with Alzheimer's disease and related disorders
 - Older relatives (not parents) aged 55+ providing care to children under the age of 18
 - Older relatives (including parents) aged 55+, providing care to adults aged 18-59 with disabilities
- Nutrition—which includes both congregated and home-delivered meals; and
- Disease prevention/health promotion.

For more information about services available in a specific area, contact the local AAA using the Missouri Area Agencies on Aging Map (above) or call the Senior Resource Line at 1-800-235-5503 to be connected with an AAA based on zip code.

Missouri's ten AAAs established the [ma4](#) to more effectively advocate for issues that impact older adults at the state and national levels. Ma4 supports the effectiveness and capacity of Missouri's ten AAAs by working with community partners to strengthen advocacy efforts, share information, maximize resources, and assist staff and caregivers in supporting adults to live independently in the homes of their choice for as long as they choose.



Senior Resource Line

1-800-235-5503

Enter zip code to be connected to your Area Agency on Aging for local, personalized resources

Missouri Department of Health & Senior Services

Appendix 7: DHSS Divisions

Office of the Director

The Director's Office is responsible for the management of the department and administration of its programs and services.

Division of Administration

The Division of Administration (DA) provides fiscal, administrative, and general services support to all department units. Services include budgeting, accounting, expenditure control, procurement, grants and contract administration, legislative review, and general office support.

Division of Cannabis Regulation

The Division of Cannabis Regulation administers Missouri's Medical and Adult-Use Marijuana Regulatory Program.

Division of Community and Public Health

Division of Community and Public Health (overall but not inclusive):

- Oversees programs aimed at addressing chronic and communicable disease prevention and control.
- Partners with local public health agencies to ensure timely and appropriate responses to public health risks and conditions.
- Ensures food and water safety as well as protection of health from environmental conditions.
- Improves the health of women, infants, children, young adults, and families across the state through injury prevention, nutrition programs (WIC, CFNA), immunizations, dental health, health promotion, newborn screening, rural health and primary care access initiatives.
- Provides vital records services.
- Provides the resources necessary to prevent, intervene and control diseases and conditions through data systems, epidemiology, and data analysis.
- Promotes and implements evidence-based interventions to improve health risks and reduce disparities and inequalities among all Missourians.

Division of Regulation and Licensure

The Division of Regulation and Licensure (DRL) issues state licenses for a variety of entities providing services that impact health and safety. Division staff determine compliance with state and/or federal regulations through inspection of the premises, care and services.

Division of Senior and Disability Services

The DSDS serves as the State Unit on Aging, and carries out the mandates of the State of Missouri regarding programs and services for seniors and adults with disabilities.

Division staff:

- Investigate alleged abuse, neglect and financial exploitation and provide adult protective services in collaboration with local law enforcement and prosecuting authorities.

- Authorize, oversee and provide care-planning services for elderly or disabled Missourians.
- Oversee the Money Follows the Person program, assisting seniors and adults with disabilities returning to the community from a long-term stay in a skilled nursing facility.
- Monitor and oversee Older Americans Act programs through Area Agencies on Aging, and serves as a key information source for seniors and adults with disabilities.
- Operate the Ombudsman office and network of volunteers to serve as advocates for residents of Missouri's long-term care facilities.

Missouri State Public Health Laboratory

Missouri State Public Health Laboratory (MSPHL) is dedicated to promoting, protecting and partnering for health by delivering quality public health laboratory services. These services include laboratory testing for infectious diseases, genetic disorders and environmental concerns, both in support of public health programs and as a reference laboratory performing confirmatory or specialized procedures. The MSPHL provides scientific expertise and managerial leadership to meet the challenges in clinical and environmental laboratory disciplines and in the development of public health policy. The MSPHL is comprised of two locations; the main laboratory resides in Jefferson City and its Breath Alcohol program is located in Poplar Bluff.

Appendix 8: Missouri Demographics

Population Age 60 Years and Over in Missouri, 2017-2021 American Community Survey

	Missouri			
	Total		60 years and over	
	Estimate	Margin of Error	Estimate	Margin of Error
Total population	6,141,534	*****	1,445,771	±3,948
SEX AND AGE				
Male	49.3%	±0.1	45.8%	±0.1
Female	50.7%	±0.1	54.2%	±0.1
Median age (years)	38.8	±0.2	69.6	±0.2
RACE AND HISPANIC OR LATINO ORIGIN				
One race	95.4%	±0.1	97.9%	±0.1
White	80.3%	±0.1	87.4%	±0.1
Black or African American	11.3%	±0.1	8.5%	±0.1
American Indian and Alaska Native	0.3%	±0.1	0.3%	±0.1
Asian	2.0%	±0.1	1.2%	±0.1
Native Hawaiian and Other Pacific Islander	0.1%	±0.1	0.1%	±0.1
Some other race	1.4%	±0.1	0.5%	±0.1
Two or more races	4.6%	±0.1	2.1%	±0.1
Hispanic or Latino origin (of any race)	4.4%	±0.1	1.6%	±0.1
White alone, not Hispanic or Latino	78.2%	±0.1	86.6%	±0.1
RELATIONSHIP				
Population in households	5,978,416	*****	1,403,864	±4,104
Householder or spouse	60.1%	±0.2	91.8%	±0.2
Parent	0.8%	±0.1	2.5%	±0.1
Other relatives	33.2%	±0.1	3.1%	±0.1
Nonrelatives	5.9%	±0.1	2.5%	±0.1
Unmarried partner	2.7%	±0.1	1.2%	±0.1
HOUSEHOLDS BY TYPE				
Households	2,433,819	±5,438	897,575	±4,558
Family households	63.3%	±0.2	55.1%	±0.4
Married-couple family	47.7%	±0.2	45.8%	±0.4
Female householder, no spouse present, family	11.2%	±0.2	7.0%	±0.2
Nonfamily households	36.7%	±0.2	44.9%	±0.4
Householder living alone	30.0%	±0.2	41.8%	±0.4

MARITAL STATUS				
Population 15 years and over	4,990,173	±900	1,445,771	±3,948
Now married, except separated	49.2%	±0.3	58.0%	±0.4
Widowed	6.1%	±0.1	18.3%	±0.2
Divorced	12.3%	±0.1	16.5%	±0.3
Separated	1.8%	±0.1	1.2%	±0.1
Never married	30.7%	±0.2	6.1%	±0.1
EDUCATIONAL ATTAINMENT				
Population 25 years and over	4,187,819	±1,553	1,445,771	±3,948
Less than high school graduate	9.0%	±0.1	10.9%	±0.2
High school graduate, GED, or alternative	30.5%	±0.2	35.9%	±0.3
Some college or associate's degree	29.8%	±0.2	27.9%	±0.3
Bachelor's degree or higher	30.7%	±0.3	25.3%	±0.3
RESPONSIBILITY FOR GRANDCHILDREN UNDER 18 YEARS				
Population 30 years and over	3,776,082	±1,102	1,445,771	±3,948
Living with grandchild(ren)	3.0%	±0.1	4.1%	±0.2
Responsible for grandchild(ren)	1.3%	±0.1	1.6%	±0.1
VETERAN STATUS				
Civilian population 18 years and over	4,729,939	±1,271	1,445,771	±3,948
Civilian veteran	8.0%	±0.1	16.0%	±0.2
DISABILITY STATUS				
Civilian noninstitutionalized population	6,035,976	±916	1,408,190	±4,005
With any disability	14.4%	±0.1	31.6%	±0.3
No disability	85.6%	±0.1	68.4%	±0.3
RESIDENCE 1 YEAR AGO				
Population 1 year and over	6,070,203	±1,862	1,445,771	±3,948
Same house	86.0%	±0.2	93.7%	±0.2
Different house in the United States	13.7%	±0.2	6.1%	±0.2
Same county	7.3%	±0.2	3.2%	±0.1
Different county	6.4%	±0.1	2.9%	±0.1
Same state	3.8%	±0.1	1.7%	±0.1
Different state	2.6%	±0.1	1.2%	±0.1
Abroad	0.3%	±0.1	0.2%	±0.1
PLACE OF BIRTH, NATIVITY AND CITIZENSHIP STATUS, AND YEAR OF ENTRY				
Total population	6,141,534	*****	1,445,771	±3,948
Native	5,884,732	±4,306	1,399,888	±4,286
Foreign born	256,802	±4,307	45,883	±1,547
Entered 2010 or later	31.9%	±0.9	9.1%	±1.1

Entered 2000 to 2009	26.8%	±0.8	9.9%	±1.2
Entered before 2000	41.3%	±1.0	80.9%	±1.5
Naturalized U.S. citizen	50.8%	±1.1	74.5%	±1.7
Not a U.S. citizen	49.2%	±1.1	25.5%	±1.7
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH				
Population 5 years and over	5,774,402	±756	1,445,771	±3,948
English only	93.8%	±0.1	96.5%	±0.1
Language other than English	6.2%	±0.1	3.5%	±0.1
Speak English less than "very well"	2.1%	±0.1	1.6%	±0.1
EMPLOYMENT STATUS				
Population 16 years and over	4,910,777	±1,883	1,445,771	±3,948
In labor force	63.2%	±0.1	28.6%	±0.3
Civilian labor force	62.8%	±0.1	28.6%	±0.3
Employed	60.0%	±0.1	27.8%	±0.3
Unemployed	2.8%	±0.1	0.8%	±0.1
Percent of civilian labor force	4.5%	±0.1	2.9%	±0.2
Armed forces	0.4%	±0.1	0.0%	±0.1
Not in labor force	36.8%	±0.1	71.4%	±0.3
INCOME IN THE PAST 12 MONTHS (IN 2021 INFLATION-ADJUSTED DOLLARS)				
Households	2,433,819	±5,438	897,575	±4,558
With earnings	76.3%	±0.2	46.5%	±0.4
Mean earnings (dollars)	84,717	±453	66,927	±780
With Social Security income	32.8%	±0.2	76.5%	±0.3
Mean Social Security income (dollars)	20,751	±92	21,777	±105
With Supplemental Security Income	5.2%	±0.1	6.2%	±0.2
Mean Supplemental Security Income (dollars)	10,302	±126	10,379	±214
With cash public assistance income	1.9%	±0.1	1.4%	±0.1
Mean cash public assistance income (dollars)	3,282	±167	3,322	±295
With retirement income	23.3%	±0.2	50.2%	±0.4
Mean retirement income (dollars)	25,357	±325	26,624	±376
With Food Stamp/SNAP benefits	10.1%	±0.2	7.6%	±0.2
POVERTY STATUS IN THE PAST 12 MONTHS				
Population for whom poverty status is determined	5,967,909	±1,966	1,408,173	±4,004
Below 100 percent of the poverty level	12.8%	±0.2	9.5%	±0.2
100 to 149 percent of the poverty level	8.6%	±0.2	9.0%	±0.2
At or above 150 percent of the poverty level	78.6%	±0.3	81.5%	±0.3
Occupied housing units	2,433,819	±5,438	897,575	±4,558

HOUSING TENURE				
Owner-occupied housing units	67.6%	±0.3	78.9%	±0.4
Renter-occupied housing units	32.4%	±0.3	21.1%	±0.4
Average household size of owner-occupied unit	2.57	±0.01	1.95	±0.01
Average household size of renter-occupied unit	2.21	±0.01	1.52	±0.02
SELECTED CHARACTERISTICS				
No telephone service available	1.2%	±0.1	1.3%	±0.1
1.01 or more occupants per room	1.8%	±0.1	0.5%	±0.1
Owner-occupied housing units	1,645,433	±8,727	708,454	±4,649
SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS				
Less than 30 percent	82.8%	±0.2	79.1%	±0.4
30 percent or more	17.2%	±0.2	20.9%	±0.4
OWNER CHARACTERISTICS				
Median value (dollars)	171,800	±602	168,100	±946
Median selected monthly owner costs with a mortgage (dollars)	1,343	±5	1,232	±9
Median selected monthly owner costs without a mortgage (dollars)	472	±3	475	±3
Renter-occupied housing units	788,386	±7,061	189,121	±3,666
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS				
Less than 30 percent	58.7%	±0.5	52.3%	±0.8
30 percent or more	41.3%	±0.5	47.7%	±0.8
GROSS RENT				
Median gross rent (dollars)	886	±4	759	±7