

State Fiscal Year 2026 Area Agency on Aging Region 7

Area Plan



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Area Plan for State Fiscal Year 2026

Executive Summary

The Mid-America Regional Council (MARC) Area Agency on Aging (AAA) Area Plan for State Fiscal Year (SFY) 2026 (July 1, 2025 – June 30, 2026) is a forward-looking document designed to address the evolving needs of older adults and their caregivers across the Region 7 planning and service area (PSA). Covering Cass, Clay, Jackson, Platte, and Ray Counties in Missouri (MO), the area plan reflects our commitment to promoting dignity, health, and autonomy for aging adults. AAAs across the state provide leadership in developing a regional system of services and supports that enable older adults to maintain their independence and quality of life. Guided by our vision and mission, the area plan aligns with state and federal requirements, the Missouri State Plan on Aging (2024-2027), the Missouri Master Plan on Aging, and is grounded in population data, ongoing needs assessments, and extensive community input.

MARC’s Aging and Adult Services Vision and Goal

We aspire to be a region of thriving older adults and communities.

MARC’s Aging and Adult Services Mission and Role

We seek to empower our region’s vulnerable residents, including older adults, underserved communities and community-based organizations, by increasing equitable access to opportunities and resources that support independence, healthy living and engagement for all residents.

Regional Needs and Trends

The Region 7 PSA is experiencing significant and steady growth in its aging population mirroring national trends. This growth underscores an urgent need for robust aging services to address diverse needs, disparities, and the social and economic challenges older adults are experiencing. At the same time, reductions in funding are trending in the opposite direction of this growth and highlight a pressing need for sustainable solutions. This critical juncture necessitates innovative strategies to optimize resources and foster collaboration across public, private, and community sectors. MARC’s planning incorporates insights from regional town halls, the statewide needs assessment, collaborative partnerships, data analytics, leaders in aging, and interaction with participants to identify key priorities, particularly for older adults with the greatest social and economic need.

Challenges and Opportunities

MARC acknowledges systemic challenges such as limited funding and increasing administrative burden. While demand for services grows, MARC will actively partner with community-based organizations, health systems, and municipalities. The AAA

emphasizes the need for adaptable and collaborative solutions to address transportation, nutrition, safe and affordable housing, and healthcare access. The plan calls for a continued focus on working together with organizations and entities across the region to collectively optimize resources. The following highlight persistent challenges and the opportunity behind each.

- **Health Disparities:** Addressing health-related social needs, such as housing, nutrition, and mental health, requires robust collaboration among health care entities, public health agencies, and community organizations.
- **Support for Caregivers:** Recognizing the essential role of caregivers and supporting respite services.
- **Nutrition:** Addressing food insecurity and nutritional health through innovative programs, such as culturally appropriate meal options, produce prescription programs based on food as medicine concepts, and local partnerships to provide fresh fruits and vegetables and medically tailored groceries.
- **Technological Integration:** Embracing digital tools and technologies offers potential solutions to improve service delivery, reduce isolation, and enhance independence for older adults.
- **Improving Access and Awareness:** Increasing the availability of culturally appropriate services to ensure equitable access.
- **Aging Safely with Dignity:** Expanding access to home- and community-based services, assistive technologies, and fall prevention programs.

Long-Range Planning

Looking ahead, MARC recognizes the need to build a sustainable foundation for an aging population that is growing more diverse and technologically adept. The long-term view includes:

- **Integrated Care Models:** Expanding the Community Support Network (CSN) teaming with health care entities and community-based organizations addressing health-related social needs through person-centered and data-informed approaches.
- **Community Collaboration:** Expanding and strengthening partnerships with local governments, organizations, and volunteers to create age-friendly environments and policies.
- **Technological Advancements:** Leveraging digital solutions to enhance service delivery and reduce isolation.
- **Workforce Development:** Addressing staffing shortages in long-term care and supporting the next generation of professionals in aging services.

Conclusion

The Region 7 Area Plan reflects MARC's unwavering commitment to healthy aging and access to quality services. MARC is poised to collaborate in addressing the challenges and opportunities of an aging population. However, sustained and increased funding is essential to fully realize the plan's potential and ensure that older adults in the PSA can thrive in the years ahead. The MARC AAA invites ongoing collaboration with public, private, and community stakeholders ensuring sustainable, equitable aging services.

Context

This Area Plan serves as a comprehensive look ahead to State Fiscal Year (SFY) 2026 informed by the voice of people living within the Mid-America Regional Council (MARC) Area Agency on Aging (AAA) planning and service area (PSA) known as Region 7 in Missouri. The PSA covers a five-county area including Cass, Clay, Jackson, Platte, and Ray Counties. SFY 2026 will begin on July 1, 2025, and conclude June 30, 2026.

Goals, strategies and services in this planning process are informed by a number of sources, including but not limited to the following:

- Older Americans Act (OAA) requirements
 - *The OAA is being reauthorized including new and more extensive requirements as incorporated in this Area Plan. These new requirements are being operationalized and built into data collection practices and the client management system.*
- MO State Plan on Aging for 2024-2027
 - *The MO State Plan on Aging for the years 2024-2027, also informed by comprehensive needs assessments and input across the state, is designed to expand capabilities and support for older adults.*
- Missouri Master Plan on Aging
 - *The MO Master Plan on Aging is in development. It will be fully informed through regional in-person Town Hall listening tours, a comprehensive statewide needs assessment, and subcommittees based on seven identified goals. Town Hall comments and statewide needs assessment results can be accessed on the MO Department of Health & Senior Services (MO DHSS) website.*
- MARC AAA Four-Year Area Plan
 - *The MARC AAA four-year Area Plan was submitted and accepted in early 2025. The Area Plan is reviewed and updated annually. This SFY 2026 Area Plan represents the second year of the four-year Area Plan.*
- Statewide and County-Level Needs Assessments
 - *We are analyzing county-level data recently received from the statewide assessment conducted by the MO DHSS in partnership with MO AAAs (MA4) between June – September 2024.*
- Ongoing Quantitative and Qualitative Data

- *Quantitative data sources include individual assessment data, participation and feedback information, post-intervention surveys, educational events, community senior center meals, and publicly available data. In addition to identifying needs, this data is used to evaluate the effectiveness and use of resources creating a feedback loop for continuous improvement. Additionally, we work with the United Way for intake and assistance, so are informed by data including top areas of need as evidenced by the number of requests received (see more information in Attachment J). When available we partner with health systems, payers, and universities to further evaluate and understand the impact of services and where there continues to be unmet needs. Collectively, these data sources allow us to regularly zoom in and zoom out ensuring we are prioritizing needs that surface at the population level across the region, while not losing sight of the needs and intersectionality of individuals.*
- *MARC accesses a number of inputs to inform the Area Plan including qualitative data that comes from collaboration with community-based organizations, health care entities, members of the Commission on Aging, and other leaders in aging serving older adults and adults with disabilities. The region partners in listening sessions and convenes thought leaders in the Leadership in Aging Network (LIAN). Most importantly, we seek the voice of individuals and families with lived experience, including informal interactions during service delivery. Additionally, qualitative data is informed anecdotally through participant interactions, aging services fairs, and learning events like Age Positive. These collective voices further inform overall value and continuous quality improvement opportunities of coordinated services across the region.*

As in the past, MARC attempts to identify needs among older adults in our PSA that are 1) most widespread, 2) most directly connected to poor whole-person health and well-being, 3) have been identified as a priority within the above data sources, needs assessment and regional input, and 4) have the greatest feasibility and promise to be addressed by our approach, partners, and funding. MARC’s decision-making process continues to depend on a variety of methods and stakeholders to create informed, regionally sensitive strategic initiatives that are responsive to state and federal priorities.

Opportunities and constraints in meeting the needs of older adults in our PSA are, in part, governed by systems and institutions at the community level. The KC Communities for all Ages attempts to place an “aging lens” on policies and actions of local jurisdictions and municipalities so that the needs of older adults, and indeed of individuals with varying needs and abilities of all ages, are met fully and prior to rising to a point of crisis.

The attachments in this Area Plan work together to inform strengths, opportunities, barriers, and threats. As noted in the four-year Area Plan, the population over 65 in the Kansas City region is expected to nearly double from 2010 to 2028 (226,744 to 406,367, Environmental Systems Research Institute). Life expectancy is also

increasing. It is a critical time for the Aging sector in Kansas City to build a foundation to support these shifting demographics. Considering this, the MARC AAA uses multiple sources of data, quantitative and qualitative, to inform strategic focus.

Attachment G depicts the significance of this growth reflecting an increase of 41.38% in older adults 60 years of age and older across the PSA between 2017 and 2022 estimated census data. Census and MO Intrastate Funding Formula (IFF) data align with state and national trends. Of note, however, are contradicting trends between the population shift (a growing aging population) and reduced funding, due in part to the end of COVID American Rescue Plan Act (ARPA) funds that allowed many AAAs to reach more people with expanded services. As the need for wraparound services enabling older adults to age in the setting of their choice grows, we are optimizing resources and collaboration across the PSA.

The Region 7 PSA is diverse, across urban, suburban, and rural communities. Among populations with greatest economic need (GEN) and greatest social need (GSN), we prioritize outreach to older adults who are low-income minority, have limited English proficiency, and residing in rural areas (see Attachment G for more data regarding these high-need populations in the PSA). Of the total 248,390 older adults 60 years of age and older in the PSA, 2.7% are low-income minority, 1.25% have limited English proficiency, and 9.6% are live in rural areas.

The Area Agency on Aging (AAA) enters into agreements with providers of supportive services, nutrition services, and senior centers through a structured process to meet community needs. The AAA conducts a needs assessment to identify required services and may issue a Request for Proposals (RFP) to invite qualified providers. Proposals are evaluated based on service quality, experience, and cost-effectiveness, leading to the selection of suitable providers. The AAA monitors provider performance at least once annually to ensure compliance and assess effectiveness while fostering collaboration among providers to create a coordinated system of services. This approach ensures that agreements effectively address the needs of the of the communities served.

A number of services are provided through the AAA to support eligible individuals. The Information and Referral Line (I&R) is an essential service that provides individuals with access to various resources and information and direct screenings. Acknowledging growing unmet needs with the conclusion of additional COVID funding, particularly in the areas of transportation, nutrition including access to fresh produce and home delivered meals, and integrated care services (see Attachment J); the following are examples of efforts to keep these top needs front and center – and to work collaboratively toward continuous improvement.

MARC continues to work with the federally required Regional Transit Coordinating Council through the joint MARC/KC Area Transportation Authority's (KCATA) sub-committee on enhanced mobility services for older individuals and individuals with disabilities. This sub-committee, convened quarterly at MARC, is named the Mobility

Advisory Committee (MAC). MAC helps to coordinate expansion of affordable and accessible services throughout the region, facilitates coordination among regional stakeholders, prioritizes FTA section 5310 program projects (including the occasional funding of vehicles for older adult and adults with disability transportation), and assists with implementing a regional mobility management system. Mobility management systems help to better coordinate and fully utilize extant transportation resources, including navigation of complex transportation systems for adults with high need.

MARC supports a consumer directed services (CDS) model for lift-ramp transportation. This approach has afforded lift-ramp users with greater provider flexibility while MARC receives more rides per dollar than under the direct contracting model.

Through a community-based organization (CBO) partner, MARC is providing rides of all types using a ride-hailing company. This service is curated by the CBO, and quality and user-satisfaction remain high.

We continue to coordinate with health care partners providing transportation services to ensure the completion of follow-up appointments and general access to health care among older adults and individuals with disabilities.

There remains a disparity between the supply and demand of affordable and accessible transportation options for older adults and adults with disabilities. In response MARC is forming workgroups across programs, departments, and external innovators to inform solutions within rural and urban settings.

Over the course of the four-year Area Plan, MARC will optimize the property purchased and renovated via Meal Expansion and Infrastructure funding to provide more options for home delivered meals. As a meal repack facility, MARC will have immensely more flexibility to bundle frozen meals with fresh fruits and vegetables, grain/bread, and dairy options. We envision the new facility will be a launchpad for flexibility in meeting cultural and religious preferences as well as medically appropriate meals and shelf stable options or other ways to mitigate the risk of missed meal delivery due to weather or other obstacles. We seek community collaboration to optimize the new property to address food insecurity.

Three new community senior centers were added in SFY 2025 extending reach for congregate meals and activities reducing the risk for social isolation in more rural areas where transportation can be challenging. Additionally, ARPA funds were invested in community senior center improvements in support of safe and sustainable services.

Non-OAA funded programs such as Double Up Food Bucks (DUFb) and KC Fresh Rx further bolster access to fresh produce for eligible participants. DUFb is an incentive program available to individuals with Supplemental Nutrition Assistance Program (SNAP) benefits that matches every SNAP dollar spent on fresh produce with a dollar in rewards that can be used for more fresh produce at participating grocery stores and farmers markets. KC Fresh Rx is a produce prescription program for pre-hypertensive

and pre-diabetic Medicaid beneficiaries as referred by participating clinics. Pilot participants, who are experiencing early improvement in clinical outcome measures, attend nutrition classes with a registered dietician and purchase fresh fruits and vegetables at participating grocery stores.

Integrated care services and care management remain a top priority for MARC in our PSA. Over the plan period we look to find additional ways to expand our reach and visibility, ensuring those needing support know where to go.

In addition to OAA-funded services, we are working with health care entities, no wrong door (NWD) initiatives, community-based organizations, data and technology systems to refine and expand a community care hub (national model) in the Community Support Network (CSN). The CSN promises to extend integrated care services beyond OAA funding limitations and foster local investment in health-related social needs.

The table below provides estimated individuals and units of services anticipated in SFY 2026 by county in the PSA. When two numbers appear, they reflect the individuals / units. For example, for transportation, 27 / 2,328 indicates the AAA estimates it will provide 27 individuals 2,328 units of transportation services in Cass County. If only one number appears, units are not applicable.

Current Service Coverage Charts

**Note: Empty cells indicate no service in that county*

Supportive Services (Title III B Funded)	Cass County	Clay County	Jackson County	Platte County	Ray County
Information and Assistance/Referral	457 / 608	1,001 / 1,334	5,335 / 7,113	256 / 341	115 / 153
Transportation	24 / 2,328	84 / 7,118	407 / 26,446	7 / 155	281 / 8,258
In Home Services:					
Personal Care	15 / 657	9 / 484	64 / 4,537	2 / 162	1 / 11
Homemaker	38 / 2,074	17 / 1,242	407 / 32,337	2 / 190	1 / 16
Legal Assistance	14 / 38	66 / 696	497 / 3,777	12 / 54	4 / 45
Case Management	5 / 48	19 / 104	146 / 1,783	3 / 14	
Ombudsman Services	9,592 <i>*Note: This represents the number reached by visits. This data is not available by county.</i>				

Nutrition (Title III C Funded)	Cass County	Clay County	Jackson County	Platte County	Ray County
Congregate Meals	326 / 13,781	818 / 23,850	2,061 / 73,792	64 / 999	137 / 5,493
Home Delivered Meals	144 / 20,172	297 / 39,314	1,781 / 273,657	51 / 7,710	60 / 8,874

Highest Level Evidence Based Disease Prevention Health Promotion Programs (Title III D Funded)	Cass County	Clay County	Jackson County	Platte County	Ray County
A Matter of Balance	10 / 120	60 / 642	20 / 240	6 / 72	6 / 72
Active Living Everyday		20 / 170	20 / 170	2 / 17	
Aging Mastery Program		40 / 480	30 / 273	5 / 65	
Bingocize	20 / 300	20 / 300	40 / 620	10 / 150	10 / 150

Chronic Disease Self-Management Program	12 / 144	24 / 288	50 / 600	10 / 120	10 / 120
Chronic Pain Self-Management Program	10 / 120	10 / 120	30 / 360	6 / 72	8 / 96
Diabetes Self-Management Program	20 / 240	32 / 384	50 / 600	10 / 120	10 / 120
Drums Alive	20 / 220	15 / 165	40 / 440	10 / 110	
Enhance Fitness		60 / 2,640	10 / 440		
Healthy IDEAS	12 / 72	10 / 60	30 / 180	6 / 36	6 / 36
Fit and Strong		20 / 170	20 / 170	2 / 17	
Stay Strong, Stay Healthy	8 / 96		10 / 120		10 / 120
Tai Chi for Arthritis	20 / 220	120 / 1,680	80 / 1,120	8 / 96	10 / 140
Tomando Control de su Salud	10 / 120	6 / 72	30 / 360		
Walk with Ease	8 / 112	30 / 446	20 / 320	6 / 84	8 / 120
Workplace Chronic Disease Self-Management Program	12 / 140	10 / 120	20 / 240	4 / 48	4 / 48

Family Caregiver Support (Title III E Funded)	Cass County	Clay County	Jackson County	Platte County	Ray County
Information and Assistance	18 / 23	30 / 37	75 / 112	25 / 33	2 / 3
Aging Mastery		8 / 96	12 / 144	5 / 60	
Assessment and Care Planning	8 / 10	22 / 24	56 / 58	5 / 7	1 / 2
Chronic Disease Self-Management Program	3 / 36	8 / 96	12 / 144	5 / 60	2 / 24
Case Management	3 / 60	7 / 140	19 / 380	7 / 140	3 / 60
Caregiver Training	10 / 2,019	49 / 9,435	143 / 24,181	23 / 4,530	
Family Caregiver Public Info & Education	30 / 480	70 / 1,120	700 / 11,200	60 / 960	25 / 400
Interpreter	1 / 3	5 / 15	20 / 60	5 / 15	1 / 3
Training	1 / 3	12 / 19	8 / 13	3 / 5	1 / 3
Building Better Caregivers		5 / 60		5 / 70	
Family Caregiver Legal	1 / 2	3 / 21	8 / 120	2 / 42	1 / 4
Family Caregiver GAP Legal	3 / 45	14 / 110	23 / 249	2 / 15	1 / 4
Respite Care					
In-Home Respite	1 / 80	6 / 830	25 / 1,904	6 / 459	1 / 80
Out-of-Home Day Respite	1 / 80	3 / 400	5 / 880		1 / 80
Other Respite (Structured Respite)	1 / 80	27 / 2,440	16 / 1,831	4 / 355	1 / 80
Out-of-Home Overnight Respite	1 / 80	3 / 400	5 / 880		1 / 80

Non- OAA Funded Programs	Cass County	Clay County	Jackson County	Platte County	Ray County
Silver Haired Legislature (SHL)	2	2	7	2	1
Give 5 Volunteer Program	20	10	20	10	10
Veterans Directed Services	15	20	85	15	5
Double Up Food Bucks	500	40	25,000		300
<i>GS = Grocery Store FM = Farmer's Market</i>	1 GS	3 FM	8 GS 6 FM		1 GS
KC Fresh RX	1 / 7		20 / 140		
Community Support Network: Community Care Hub	20	20	150	10	25
Community Health Worker Program	4	1	100	1	2

Communities for All Ages	50	50	100	50	10
Aging Services Fair	20	50	600	50	20
Age Positive	10	20	100	10	5

Quality Assurance Process

MARC's Area Agency on Aging (AAA) in Missouri is dedicated to delivering high-quality services to older adults. The Quality Assurance (QA) Process consists of three main functions: data collection, remediation of problem areas, and continuous improvement.

Data Collection

- **Assessment Sources:** Data will be gathered biannually or as needed from various sources, including:
 - **Information and Assistance Calls:** Insights from intake calls will assist in evaluating client and program needs, monitoring service demands, and assessing service utilization.
 - **Assessments:** Intake, Home Delivered Meals (HDM), and reassessments deliver comprehensive evaluations that yield essential data on participants' basic needs, emerging trends, the effectiveness of service delivery, and overall outcomes.
 - **Surveys:** Participant surveys for Evidence-Based Programs, along with caregiver surveys, will measure satisfaction, identify areas for improvement, and assess the effectiveness of interventions.
 - **Community Feedback:** Listening sessions collect input from community members to understand their needs and gather suggestions for improving services and developing programs that align with the region's unique needs.
 - **Provider Input:** Feedback from service providers during meetings will inform program adjustments and enhancements.
 - **New Client Management System:** A new system will streamline data collection by cleaning and filtering data, generating reports that highlight service demand and utilization trends, and ensuring efficient workflows for MARC staff.

Remediation of Problem Areas

- **Issue Identification:** Data analysis through the above-mentioned data collection sources will pinpoint areas needing improvement, leading to the development of targeted remediation plans.
- **Action Plans:** Specific steps will be implemented to address identified challenges, with follow-up assessments to evaluate effectiveness.

Continuous Improvement

- **Evaluation:** Regular review meetings will assess the progress of implemented strategies and share best practices.
- **Staff Training:** Ongoing professional development will ensure staff are equipped with the necessary skills for quality service delivery. All MARC staff and contracted personnel are required to complete ongoing professional development related to LGBTQ+ education, resources, and training on Adult Abuse and Neglect, as well as technical assistance when needed.
- **Monitoring of Contracted Service Providers:** MARC will monitor contracted service providers at least annually or as needed to ensure compliance and quality of service delivery.
- **Annual Evaluations:** Annual evaluations are required for both MARC staff and contracted service providers to assess performance and ensure accountability.

Public Access to Grievance Procedures

Members of the public can access grievance procedures on the MARC Aging webpage. Printed materials are available in our offices, and pamphlets containing contact information for MARC are distributed during home visits. Additionally, individuals may reach out to MARC Aging staff for guidance on how to file a grievance.

To locate the grievance policy for the MARC AAA, visit the official website at [MARC.org](https://www.marc.org). Look for sections labeled 'Resources,' 'Policies,' or 'Client Services,' and search for terms like "grievance policy" or "client rights." Grievance procedures are also located in the MARC AAA Policy Manual under the Aging section on MARC.org. Consumers can contact the general MARC number or the Information & Referral line directly via phone or email for assistance, and any MARC staff will escalate grievances to the appropriate oversight. Additionally, check any printed materials from the AAA, as they contain contact information to report grievances.

Accessing Board and Council Minutes

Meeting minutes for MARC's Boards and Councils are available on the MARC website and at our administrative office. <https://www.marc.org/committees>

Internal Policy Updates

The schedule and process for updating internal policies occur annually at the start of the new State Fiscal Year. Contracted Service Providers are notified of Internal Policy Updates prior to implementation through provider meetings, contract amendments, and written memorandums when significant changes need to be communicated.

Goals, Objectives, Strategies, and Activities

The following goals, objectives, strategies and timeline are aligned with the MO State Plan on Aging for 2024-2027 and MARC’s four-year Area Plan. SFY 2026 is the second year in the four-year Area Plan.

Goal: All Missourians can age safely, in a way that promotes health and dignity, in the setting of their choice.	
Outcome 1: Increase the number of Missourians who can safely choose to age in place	
By September 30, 2027, the State of Missouri will implement specific strategies to increase access to assistive technology for older Missourians.	<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>AAA Objective: By September 2025: Implement a referral process to help Kansas City area participants obtain assistive technology from Missouri Assistive Technology (MoAT).</p> <p>By September 2026: Provide at least three instances of community education about home modification and assistive technology services available in the Kansas City Region 7 Planning and Service Area (PSA).</p>	<p>AAA Strategy: Increase team awareness of Missouri Assistive Technology (MoAT) via attendance at DHSS presentations and staff training. Establish a working relationship with MoAT to inform referral processes and community education regarding assistive technology and home modification options.</p> <p>Review options and lists of local resources related to existing home modification and other community organization services.</p>
By September 30, 2027, the State of Missouri will implement specific strategies to decrease the impact of falls on older Missourians.	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

	<p>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>AAA Objective: By September 2025: Offer at least one evidence-based fall prevention program in the Kansas City PSA (Region 7).</p> <p>By September 2026: Compile and maintain a list of local resources available in Region 7 for home modifications.</p>	<p>AAA Strategy: Attend presentations and promote the safety of older adults by increasing access to evidence-based fall prevention programs and local resources in the Region 7 PSA for home modification services provided by community-based organizations (CBOs), health care partners, and community senior centers. Continue offering Matter of Balance across Region 7.</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</p>

	demonstrated efficacy in populations living with HIV/AIDS.
<p>AAA Objective By September 2025: Establish 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>AAA Strategy Attend presentations and streamline a referral process with key partners such as CBOs and the Bureau of HIV, STD, and Hepatitis in DHSS, for older adults living with HIV/AIDS. Continue working with the KC CARE clinic and partner in firming up a referral process.</p> <p>Explore referral processes for the Bureau of HIV, STD, and Hepatitis (Ryan White services). Increase service visibility and referral pathways through collaboration with public health officials, i.e., county health department HIV/STI programs and services.</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>
<p>AAA Objective Ongoing: Wrap-around services, resources, and programs for older adults and caregivers in the Region 7 Kansas City Planning and Service Area (PSA) result in older adults</p>	<p>AAA Strategy Participate in state trainings to inform improved home and community-based services. Foster relationships with Neighborhood Associations through the Aging Services Fair planning process to</p>

and adults with disabilities to safely age in the setting of their choice.	increase visibility and collaboration for future program planning and development.
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Outcome 2: Improve services and supports to caregivers

<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>AAA Objective By September 2025: Stand up 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.</p>	<p>AAA Strategy Attend presentations and offer dementia training (such as Dementia Friends certification) to all AAA staff and contractors; and add to the onboarding process. Continue partnering with the Alzheimer's Association on dementia training for ICS and I&R staff.</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>
<p>AAA Objective By September 2026: Increase caregiving service units by 5%. Increase will be from caregiving service units provided in FFY2024.</p>	<p>AAA Strategy Work with CBOs and other partner organizations to increase outreach and awareness regarding caregiver services. Highlight caregiver services at Aging Services Fair.</p> <p>Ensure caregiver units are consistently reported accurately in the client management system (i.e., not combined with IIIB).</p>

<p>Outcome 3: Improve access to services and programs</p>	
<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>AAA Objective By September 2025: Offer at least one program that participants can access from their homes (via mail, online, or telephone). This will be a program started after October 1, 2023, or an existing program that was</p>	<p>AAA Strategy Add alternative access options for older adults to participate in programs and to engage with Information & Assistance (I&A) when seeking new or additional services.</p>

<p>not previously available from participants' homes.</p> <p>Offer Information & Assistance (I&A) through at least one additional platform beyond telephone and walk-ins.</p>	<p>Pursue a start date for the nutrition intervention program with in-home visits from a dietician or CHW for those who are homebound, based on an integrated assessment.</p> <p>Expand alternative options like the MARC website and email inquiries.</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>AAA Objective By September 2025 Provide at least three instances of community education about transportation resources in Region 7.</p> <p>Ensure that Region 7 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>AAA Strategy Develop and deliver education to the community regarding local (urban, suburban, and rural) transportation options.</p> <p>Work with internal intake and referral and the United Way to review and update current resources and contact information related to identified needs in the State Plan Survey, including 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>AAA Objective</p> <p>By September 2026: Implement a procedure outlining how Region 7 determines which interventions and service referrals require follow-up.</p> <p>Implement a procedure outlining which critical assessment indicators from the standardized intake form will trigger an automated internal referral.</p> <p>By September 2027: Initiate an automated internal referral process for designated critical assessment indicators from the standardized intake form.</p>	<p>AAA Strategy</p> <p>Attend presentations and identify critical assessment indicators and interventions & service referrals that require follow-up to inform a system and procedure for automated internal referrals, as part of data, intake and referral.</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>
<p>AAA Objective Ongoing: Work collaboratively to increase transportation and mobility options for older adults in Region 7.</p>	<p>AAA Strategy Attend state trainings and presentations regarding transportation and mobility management.</p> <p>Continue convening an inter-departmental transportation workgroup to ensure efficient and economical transportation solutions across the PSA. Collaborate to enhance accessible transportation throughout the region and state.</p>

<p>Outcome 4: Improve nutritional health</p>	
<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</p>

	<p>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>AAA Objective</p> <p>By September 2025: Complete an annual DETERMINE Your Nutritional Health screening for 100% of home-delivered meal participants and 50% of congregate participants.</p> <p>By September 2026: Offer at least one intervention to participants who are identified as having a high risk of poor nutritional status or malnutrition. <i>(In addition to home-delivered meals and congregate nutrition)</i></p>	<p>AAA Strategy</p> <p>Create a risk stratification model related to nutritional risk including assessment criteria such as access to healthy foods, equipment needed to appropriately store and reheat frozen delivered meals, and mobility challenges.</p> <p>Optimize repack facility as part of the Meal Expansion and Infrastructure funding to support additional screening and interventions assisting those with nutritional risk. Use list co-created by DHSS and AAAs to choose one intervention to offer. Optimize DETERMINE score in the HDM assessment, also offered to congregate meal participants, to ensure data is being captured in AgingIS. Pursue a start date for the nutrition intervention program with in-home visits from a dietician or CHW for those who are homebound, based on an integrated assessment.</p> <p>Attend presentations to better support oral health barriers to good nutrition.</p>
<p>By September 30, 2027, the State of Missouri will implement specific</p>	<p>4.5: By September 2024, the ten AAAs will have a written policy addressing</p>

<p>strategies to respond to cultural considerations and preferences of participants more effectively.</p>	<p>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>
<p>AAA Objective By September 2026: Provide culturally appropriate meals at least once per month in at least one location in the Kansas City PSA (Region 7).</p> <p>By September 2027: Provide at least three instances of public information about culturally appropriate meals offered in the Kansas City PSA (Region 7).</p>	<p>AAA Strategy Leverage repack facility and collaborate with community partners to establish and communicate meal options that have more fresh foods, are culturally appropriate, honor religious preferences, and responsive to medial needs. Establish a written policy for adjusting meals based on cultural considerations and preferences and include in procurement process.</p>

<p>Outcome 5: Improve financial security</p>	
<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</p>

	to refer participants to Vocational Rehabilitation.
<p>AAA Objective Ongoing: Disseminate learnings via public education and resources (new resources and aligning with existing resources) on approaches that support economic strength for older adults.</p>	<p>AAA Strategy Collaborate with interdepartmental MARC adult education programs and attend community presentations on employment opportunities for older adults to improve access to education and resources.</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>
<p>AAA Objective By September 2025: Provide at least three instances of public education about resources to improve the economic welfare of older adults.</p>	<p>AAA Strategy Organize community informational workshops, distribute educational brochures at local centers, and host virtual seminars featuring financial advisors and experts in support programs, incorporating training on elder fraud prevention.</p>

<p>Outcome 6: Increase services to those with the greatest social need</p>	
<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,</p>

	American Indian and Alaska Native older individuals, and older lesbian, gay, bisexual, and transgender (LGBT) persons.
<p>AAA Objective By September 2025: Ensure that 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>AAA Strategy Review and select a needs assessment tool and processes to ensure race, ethnicity, and language (REaL) and sexual orientation and gender identification (SOGI) data are collected.</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. 6.4: By April 2026, each AAA will have increased services provided to at least one OAA priority population by at least 5%. 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>AAA Objective By April 2026: Increase services provided to at least one Older American Act (OAA) priority population by at least 5%. By April 2027: Increase services provided to at least one additional priority population by at least 5%.</p>	<p>AAA Strategy Utilize state needs assessment REaL and SOGI data and baseline data from DHSS from the client management system (baseline data for FFY2024) to inform increased service options and training needs for staff and contracting partners.</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. 6.7: By September 2026, at least one staff member from each AAA will participate in at least two Missouri LGBT</p>

	Older Adult Alliance statewide meetings annually during FFY2024, FFY2025, and FFY2026.
<p>AAA Objective By September 2026: Participate in at least two Missouri LGBT Older Adult Alliance statewide meetings annually during FFY2024, FFY2025, and FFY2026.</p>	<p>AAA Strategy Provide training on providing context to older adults about why this information is important.</p> <p>Participate in Missouri LGBT Older Adult Alliance statewide meetings.</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> <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.</p>
<p>AAA Objective By September 2025: 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> <p>By September 2027: Engage in at least three public education events that target older adults with the greatest social need.</p>	<p>AAA Strategy Collaborate with the state and community partners in the creation of a shared list of public education and outreach tools for older adults with greatest social need in Region 7.</p> <p>Participate in at least three public education events focused on older adults with greatest need to inform respectful and trust-building interactions, upstream approaches to address disparities, and collective strategies to improve equity.</p> <p>Maintain SAGECare Platinum Credential and apply learnings to statements of inclusion and respectful interactions. Promote SAGECare credentialing with MARC-contracted centers.</p>

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Outcome 7: Improve response to and prevention of abuse, neglect and exploitation in the community and long-term care facilities	
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<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>
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<p>AAA Objective By September 30, 2027, the Area Agency on Aging (AAA) will collaborate with the State of Missouri to implement strategies</p>	<p>AAA Strategy The AAA will leverage state data dashboards to inform decision-making by analyzing trends in elder abuse, neglect,</p>
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<p>for preventing and addressing elder abuse by supporting the creation of data dashboards for informed decision-making in Region 7, enhancing APS Quality Assurance programs, conducting an external evaluation of APS, and analyzing intervention data to identify resource needs.</p>	<p>and exploitation. This will involve identifying areas of greatest need, developing targeted interventions, engaging community stakeholders, and monitoring program effectiveness to ensure data-informed responses to community needs.</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>AAA Objective By September 2026: Participate in at least one MDT meeting in Region 7.</p>	<p>AAA Strategy Engage in meetings with the Elder Abuse Task Force, the state, and other Area Agencies on Aging (AAAs) to gain insights into Multi-Disciplinary Teams (MDTs) and strategies for development in Region 7.</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> <p>7.10: By September 2027, the LTCOP will recruit and train at least 40 ombudsman volunteers.</p>
<p>AAA Objective By September 2027, the AAA will collaborate with the Long-Term Care Ombudsman Program (LTCOP) to conduct at least three advocacy initiatives that promote the rights of residents in long-term care facilities, while also</p>	<p>AAA Strategy Build partnerships with local organizations, engaging legislators through meetings, conducting training workshops for ombudsman volunteers, launching public awareness campaigns, and establishing a feedback mechanism</p>

supporting educational sessions for legislators, participating in systems advocacy activities, and assisting in the recruitment and training of ombudsman volunteers.	for residents and families to enhance advocacy for long-term care rights.
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Outcome 8: Improve mental well-being

By September 30, 2027, the State of Missouri will implement specific strategies to educate Missouri AAAs about frameworks to improve mental well-being.	<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>
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AAA Objective Ongoing: Identify pathways to extend awareness, training, and use of resources that support improved mental well-being.	AAA Strategy Attend state trauma-informed training. Support team member accepted for instructor training for Mental Health First Aid Trainer (MHFA Instructor) and conduct internal awareness training. Optimize accessibility to the Mental Health Missouri Resource Guide from MHFA.org.
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By September 30, 2027, Missouri AAAs will implement specific strategies to increase participant-directed and person-centered services	<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</p>
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	education about events, programs, or services in its PSA that support cultural experiences, activities, or services, including the arts.
<p>AAA Objective By September 2026: Offer at least one participant-directed service.</p> <p>By September 2027: Provide at least three instances of public education about events, programs, or services in Region 7 that support cultural experiences, activities, or services, including the arts.</p>	<p>AAA Strategy Enhance person-centered orientation by offering participant-directed services (based on definition of Self Directed in Area Plan definitions) and public programming that focus on cultural experiences and 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>
<p>AAA Objective By September 2025: Provide at least three instances of community education about the</p>	<p>AAA Strategy Increase focus on reducing social isolation and loneliness through the provision of prevention, identification,</p>





<p>prevention, detection, and response to negative health effects associated with social isolation.</p> <p>By September 2026: 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>By September 2027: 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>	<p>programs, and strategies to mitigate risk and address impact, particularly within priority populations. Develop a communication plan to publicize programs that address social isolation.</p>
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<p>Outcome 9: Improve preparedness for future emergencies</p>	
<p>By September 30, 2027, the State of Missouri will implement specific strategies to improve emergency preparedness across the aging network.</p>	<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> <p>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.</p>
<p>AAA Objective By September 2026: Provide at least three instances of public education about emergency preparedness.</p> <p>By September 2027: Provide information about vaccines and vaccine-preventable diseases as part of at least one health promotion program.</p> <p>Ongoing:</p>	<p>AAA Strategy Review emergency preparedness plans, ensuring secession planning is included, and share overview and updates via public education, including equitable access to vaccines across Region 7.</p>

Review the emergency secession plans in its continuity of operations plan (COOP) and update them as needed.	
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Long Range Planning

In the 10 years ahead, we anticipate many changes in the positioning and role of progressive Area Agencies on Aging (AAA). Among the greatest challenges in adapting to meet future needs is reliable and sufficient funding. Limited funding is at odds with trends of a rapidly growing aging population (see Attachment G – Data) and increased administrative burden. As noted earlier in this Area Plan, the MO Master Plan on Aging, also a 10-year plan and informed by the voices of lived experience, is a key source of long-range planning. However, the needs are clear and the following goals of the MO Master Plan on Aging are unattainable in the absence of sufficient funding.

 Daily Life and Employment	Missourians will live the lives they desire as they age with access to employment options, recreational activities, and opportunities to engage in civic and social opportunities.
 Family Caregivers	Family caregivers in Missouri will be adequately trained and have access to resources to provide effective care in support of the care recipient’s choices and their own well-being.
 Housing and Aging In Place	Missourians will live where they choose in communities that respect their desire to age with dignity in environments that are safe, healthy, and allow for maximum independence.
 Long-Term Services and Supports	Missourians will have access to information to assist them in making an informed choice regarding a continuum of home and community based services; which help them stay safely in their homes for as long as they desire and will also have access to safe, healthy, and inviting options for necessary institutional care.
 Safety and Security	Missourians will have education and resources available to them to keep them safe; free from abuse, neglect, and exploitation; and to help them plan for their financial security in retirement.
 Transportation and Mobility	Missourians will have access to safe and reliable transportation and mobility options so they can get to the places they need or desire to go.
 Whole Person Health	Missourians will have access to the care and services needed to help them live a safe, healthy life with maximum independence as they age.

While we currently offer integrated care services, we are likely to see rising demand due to the intersectionality of individuals and increasingly complex needs. Additionally,

services that were historically provided in care facilities must be available in the community for older adults choosing to age in the place of their choice, and demand for caregiver support will grow.

It is essential that we continue to work more collaboratively with both clinical health care and public health, and that those entities are also integrated, extending access to whole person care, including behavioral health integration. Recognizing that 80% of what impacts health is not related to clinical care, we anticipate an ongoing and perhaps increasing need to recognize and address health related social needs.

Additionally, as we look toward the next ten years, Region 7 is facing significant demographic, economic, and technological changes. These demographic changes present challenges and opportunities for the planning and service area (PSA), requiring us to adapt services and programs to meet the evolving needs of older individuals. The MARC AAA is committed to preparing for these changes, ensuring that older adults are supported in their desire to age with dignity, autonomy, and access to quality services.

The population in the PSA is becoming increasingly diverse, with more communities experiencing changes and generational shifts. MARC is actively engaged in planning efforts to address these shifts, working with community leaders and service providers to ensure that services are equitable, inclusive, and accessible. Collaborative efforts will include the ongoing development of culturally appropriate nutrition services, transportation options, and support systems.

The challenges of an aging population are compounded by economic pressures, especially in areas where resources are already stretched thin. Programs, policies, funding and services will need to be continuously evaluated and adjusted to keep pace with the changing needs as new generations enter the aging demographic.

In response to these challenges, MARC will prioritize efforts to increase the availability of consumer-directed and volunteer programs, focusing on the creation of new opportunities for older adults to engage in their communities and receive services in a more flexible, personalized manner.

As new generations, accustomed to cell phones, computers, virtual reality, wearable devices, smart home technology and social media, enter the older adult demographic, they are likely to look for technology-based solutions and person-centered interactions. We anticipate digital solutions will continue to emerge supporting service delivery, individual autonomy, adaptive technologies, safe home environments for aging in place, and interactions designed to reduce social isolation.

Given the increasing demand for transportation, we anticipate more initiatives like the MO Mobility pilot program in Platte and Clay Counties, mobility management and the expansion of community-based volunteer programs. In addition, improvements in demand transportation systems will be explored to better serve older adults who rely on these services to access medical care, social programs, and other essential services.

Addressing food insecurity remains a critical issue. MARC is working to build community-wide engagement to optimize the newly renovated meal repack property. We will also continue seeking partners and funding sources for specialized meals, such as medically tailored groceries, fresh produce, and culturally appropriate options. Streamlining nutrition efforts through broader collaborations will ensure that older adults have consistent access to nutritious meals even in challenging circumstances like extreme weather or large-scale events that impact congregate meals and deliveries.

As the demand for information and assistance grows, MARC advocates for interoperability between various referral platforms facilitating the flow of data. Maintaining data hygiene will be crucial to providing timely, accurate, and coordinated services to older adults across the region.

Housing remains a pressing concern for older adults, and MARC will continue to support region-wide efforts to increase access to and knowledge of resources on the availability of affordable housing. This includes working with local and regional groups, maintaining comprehensive lists of affordable and available housing, and supporting the development of housing initiatives that allow for aging in place.

MARC recognizes the importance of person-centered integrated care. As part of the effort to promote seamless care across the PSA, MARC will partner with health care entities and community-based organizations to enhance the Community Support Network (CSN), a national community care hub model, meeting people where they are and addressing health related social needs. Expanding mobile crisis response teams and mental health first aid training will improve access to mental health services, particularly in underserved areas. Additionally, greater focus is needed to resolve workforce and staffing shortages in long term care.

Cities and counties, where older adults will increasingly remain in their homes supported by wrap-around services, must promote age-friendly policies and infrastructure through programs such as communities for all ages. Thought leaders will continue to convene to problem-solve, share resources and seek new funding mechanisms for sustainable and collective impact.

Looking ahead, MARC's efforts will be driven by a commitment to reduce fragmentation, foster collaboration across public health, healthcare, and community organizations, optimize resources, and ensure that services are adaptable, sustainable, and responsive to the needs of a changing population. Adequate funding to effectively serve older adults is of utmost importance and must mirror the growth trend in the Missouri aging population. Failure to do so is not only detrimental to older adults safely aging in place, it increases costs due to hospitalization and reactive, emergent care. By recognizing the intersectionality of individuals and their unique needs within the aging population, as well as the need for person-centered and integrated care, we foresee an increasingly robust, agile, and tech-supported environment that promotes healthy aging with dignity and independence.

Attachments

Attachment A – Verification of Intent

Area Plan Submittal and Verification of Intent

Mid-America Regional Council (MARC)
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600 Broadway, Suite 200
Kansas City, MO 64105

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Kristi Bohling-DaMetz, Director of Aging and Adult Services

Counties Served: Cass, Clay, Jackson, Platte, and Ray

This document constitutes the Area Agency on Aging's (AAA) plan for progress toward a comprehensive, coordinated service system for older individuals. This area plan represents the intent of the AAA to act as an advocate by drawing attention to the needs of older individuals for services, by providing information regarding the availability of services, and by participating in the development of resources to meet unmet needs. The plan also represents efforts to coordinate all existing services and resources in the planning and service area (PSA), which can assist in improving the lives of older individuals and to stimulate the commitment of additional funds by public and private agencies to support programs needed by older individuals.

The plan presents analyses of the service needs of older individuals and the resources currently available to meet those needs. The plan also sets forth the program priorities and specific objectives to be undertaken during the plan years.

The AAA has accepted the responsibility for developing and administering the area plan, including all assurances and plans to be conducted by the AAA, under provisions of the Older Americans Act (OAA) as amended, requirements of state general revenue funding, and applicable federal and state laws, regulations, rules, and policies during the period identified. In accepting this responsibility, the AAA assumes responsibility for the development and administration of the area plan for the development of a comprehensive and coordinated system of services and to serve as the advocate and focal point for older individuals in the PSA.

It is understood and agreed by the AAA that: 1) funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with 2 CFR 200- Uniform Administrative Requirements, Cost Principles, and Audit Requirements For Federal Awards, all applicable federal and state laws, regulations,

policies, and procedures of the state of Missouri, the Department of Health and Senior Services (DHSS), and the US Department of Health and Human Services; 2) any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by DHSS shall be deemed incorporated into and become part of this agreement; and 3) funds awarded by DHSS may be terminated at any time for violations of any terms and requirements of this agreement.

The area plan hereby submitted has been developed in accordance with all rules and regulations specified under the OAA and applicable state laws, rules and regulations. The governing body of the AAA has reviewed and approved the area plan.

12/20/2024
(Date)

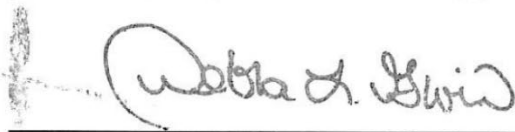

(Signature of Chair, AAA Board of Directors)

12/16/2024
(Date)


(Signature of Area Agency Director)

The Area Agency Advisory Council has had the opportunity to review and comment on the Area Plan on Aging.

12/16/2024
(Date)


(Signature of Chair, AAA Advisory Council)

Attachment B – Area Plan Assurances

The Area Agency on Aging (AAA) submits the area plan as required and agrees to administer such plan in accordance with the State and Federal regulations, laws, and the policies and procedures prescribed by the Department of Health & Senior Services (DHSS).

Purpose of Program (OAA Section 306 (a)(1))

The AAA understands and agrees that it is the purpose of the program to 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 within the PSA 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, and the number of older individuals who are Native American 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.

Per OAA, Section 101, “The primary objectives of this system are: (1) An adequate income in retirement in accordance with the American standard of living. (2) The best possible physical and mental health which science can make available and without regard to economic status. (3) Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford. (4) Full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services. (5) Opportunity for employment with no discriminatory personnel practices because of age. (6) Retirement in health, honor, dignity—after years of contribution to the economy. (7) Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training and recreational opportunities. (8) Efficient community services, including access to low-cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and

which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals. (9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.

(10) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit and protection against abuse, neglect, and exploitation.” . Per 45 CFR 1321, Subpart C,

Section 1321.53(c), “The resources made available to the area agency on aging under the Older Americans Act are to be used to finance those activities necessary to achieve elements of a community-based system set forth in paragraph (b) of this section. For the purpose of assuring access to information and services for older persons, the area agency shall work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate. The area agency shall list designated focal points in the area plan. It shall be the responsibility of the area agency, with the approval of the State agency, to define “community” for the purposes of this section. Since the Older Americans Act defines focal point as a “facility” established to encourage the maximum collocation and coordination of services for older individuals, special consideration shall be given to developing and/or designating multi-purpose senior centers as community focal points on aging. The area agency on aging shall assure that services financed under the Older Americans Act in, or on behalf of, the community will be either based at, linked to or coordinated with the focal points designated. The area agency on aging shall assure access from the designated focal points to services financed under the Older Americans Act. The area agency on aging shall work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with or access to other services and opportunities for the elderly from the designated community focal points. The area agency may not engage in any activity which is inconsistent with its statutory mission prescribed in the Act or policies prescribed by the State under § 1321.11” of this same CFR.

Purpose and Content of Area Plan (OAA Sect. 306(a))

The AAA shall, in order to be approved by the State agency, prepare and develop an area plan for their planning and service area for a four-year period, with such annual adjustments as may be necessary. Each such plan shall be based upon the Area Plan instructions provided by the State agency.

Target Population (OAA Section 306 (a)(4)(A)(i)(I-II))

The AAA will set specific objectives for providing services to older individuals with greatest economic need, older individuals with greatest social need, including specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and older individuals at risk for institutional placement. The AAA will 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. The AAA will include proposed methods of carrying out the preference in the area plan.

Authority and Capacity (19 CSR 15-4.070 Designation of Area Agencies on Aging)

The AAA assures that it has the authority and capacity to develop the area plan, and to carry out a program pursuant to the plan within the PSA either directly or through contractual or other arrangements. The AAA has on file articles of incorporation, where applicable, and these shall be made available upon request by DHSS.

Staffing (19 CSR 15-4.130 Area Agency on Aging Staff)

The AAA will be directed on a full-time basis by an individual qualified through education or experience to develop and implement the area plan. Adequate numbers of qualified staff, including members of minority groups, will be assigned to assure the effective conduct of responsibilities under this plan. Job descriptions will be on file at the AAA and shall be made available upon request by DHSS. The proposed staffing plan for the AAA, which sets forth the number and type of personnel employed will also be on file at the AAA and be made available upon request. The AAA understands and agrees that this plan must be adhered to in all personnel actions taken by the AAA. If the AAA determines that it must deviate from such plan, it must obtain the prior approval of DHSS.

Functions (OAA Section 306 and 307)

In addition to the development and administration of the area plan, the AAA will also carry out directly, to the maximum extent feasible, the following guidelines:

- (a) Provide advocacy on behalf of all older persons within the PSA for which the AAA is responsible.
- (b) 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.
- (c) Serve as the advocate and focal point for older persons within the PSA by monitoring, evaluating and commenting upon all policies, programs, hearings, levies and community actions which will affect older individuals.
- (d) Identify, in coordination with the DHSS, the public and private nonprofit entities involved in the prevention, identification and treatment of the abuse, neglect and exploitation of older individuals and adults with disabilities, and based on such identification, determine the extent to which the need for appropriate services for such individuals is unmet.
- (e) Work in cooperation with agencies, organizations, and individuals participating in activities under the plan.
- (f) Inventory the available public or private resources within the PSA to meet the needs of the older individuals and evaluate the effectiveness of the services

in meeting such needs. A listing of resources will be kept up-to-date and be available through the AAA upon request by individuals and DHSS (19 CSR 15-4.295(6-7)).

- (g) Establish measurable program objectives consistent with State guidance, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement; and 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 include proposed methods to achieve the objectives. (See Appendix II- State Goals and Appendix III- Sample AAA Goals)
- (h) Either through direct service waiver, contract or grant:
 - (1) Facilitate the coordination of community-based, long-term care services designed to retain individuals in their homes, thereby deferring unnecessary, costly institutionalization, and designed to include the development of case management services as a component of the long-term care services;
 - (2) Facilitate involvement of long-term care providers in the coordination of community-based, long-term care services and work to increase community awareness of and involvement in addressing the needs of residents of long-term care facilities;
 - (3) Coordinate priority services, which the area agency is required to expend funds under Title III, Part B of the Older Americans Act (OAA) with activities of community-based organizations established for the benefit of victims of Alzheimer's disease and related neurological disorders with neurological and organic brain dysfunction and the families of such victims;
 - (4) Pool available resources of public and private agencies in order to strengthen or start services for older persons;
 - (5) Provide for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the AAA 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.
- (i) Periodically evaluate the activities carried out under the area plan; evaluations will include the views of older persons participating in such activities and monitoring the performance of contracting agencies and grantees receiving funds under the area plan;
- (j) Area agencies on aging will enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; and will include in any such contract provisions to assure that any recipient of funds under division (a) 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 (b) 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. No legal assistance will be furnished unless the subcontractor administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the subgrantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the PSA in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the AAA makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any contractor selected is the entity best able to provide the particular services. To the extent practicable, the 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 the OAA and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals. The 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.
- (k) Where possible, enter into arrangements with organizations providing day care services for children or adults, assistance to older individual caring for relatives who are children, and respite for families to provide opportunities for older persons to aid or assist, on a voluntary or paid basis, in the delivery of such services to children, adults and families;
 - (l) If possible, regarding the provision of services under the OAA, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals that:
 - (1) Were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 for fiscal year 1981 and did not lose the designation as a result of failure to comply with such Act; or
 - (2) Came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and
 - (3) Meet the requirements under section 675(c)(3) of the Community Services Block Grant Act.
 - (4) 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.
 - (m) 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 (OAA Section 305(a)(2)(E)).

- (n) Use outreach efforts that identify individuals eligible for assistance under the OAA.

Outreach will have special emphasis on older individuals:

- (1) Residing in rural areas;
- (2) With greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (3) With greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (4) With severe disabilities;
- (5) With limited English-speaking ability; and
- (6) With Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caregivers of such individuals)
- (7) At risk for institutional placement, specifically including survivors of the Holocaust.

Additionally the agency has the responsibility to inform the older individuals referred to above, and the caretakers of such individuals, of the availability of such assistance.

- (o) The AAA, 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. 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.
- (p) Include information detailing how the AAA 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. (See Appendix IV Emergency Preparedness Examples and Tools)
- (q) Provide a grievance procedure for older individuals who are dissatisfied with or denied services.

Direct Provision of Services (19 CSR 15-4.200 Area Agency on Aging Sub-grants or Contracts)

The AAA understands and agrees that services may be provided directly in accordance with the OAA, and federal and state regulations. The AAA must maintain approved waiver documentation that direct service delivery is necessary to assure an adequate

supply of such services or the services can be provided more economically, or that such services are directly related to administrative function. The AAA assures that there is no conflict of interest in the provision of such direct services and that the direct provision of such services will not jeopardize the AAA's ability to perform its other responsibilities.

The AAA also assures that any situation not in compliance with a specific Code of State Regulations (CSR) requirement will be corrected in a reasonable period of time. CSR's based on federal regulations cannot be waived. If a CSR is more restrictive than the federal regulation, the AAA may choose any method to meet the intent of the regulation. Documentation must be maintained.

Advisory Council (OAA Section 306(a)(6)(D)) and Area Agency Board (RSMo 192.2020)

The AAA will have an advisory council which shall meet at least quarterly, with all meetings being subject to sections 610.010 to 610.030. The council will consist 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 the OAA, representatives of older individuals, local elected officials, providers of veterans' health care (if appropriate), and the general public. The advisory council shall advise the AAA continuously on all matters relating to the development and administration of the area plan and operations conducted under the plan. The advisory council shall advise the AAA with respect to the development of the area plan and budget, and review and comment on the completed area plan and budget before its transmittal to the division. The advisory council should review and evaluate the effectiveness of the AAA in meeting the needs of older individuals in the PSA.

The area agency board shall be responsible for all actions of an AAA in its jurisdiction, including, but not limited to, the accountability for funds and compliance with federal and state laws and rules. Such responsibility shall include all geographic areas in which the AAA is designated to operate. Each area agency board shall: (1) Conduct local planning functions for Title III and Title XX, and such other funds as may be available; (2) Develop a local plan for service delivery, subject to review and approval by the division, that complies with federal and state requirements and in accord with locally determined objectives consistent with the state policy on aging; (3) Assess the needs of older individuals within the planning and service delivery area for service for social and health services, and determine what resources are currently available to meet those needs; (4) Assume the responsibility of determining services required to meet the needs of older individuals, assure that such services are provided within the resources available, and determine when such services are no longer needed; (5) Endeavor to coordinate and expand existing resources in order to develop within its PSA a comprehensive and coordinated system for the delivery of social and health services to older individuals; (6) Serve as an advocate within government and within the community at large for the interests of older individuals within its PSA; (7) Make grants to or enter into contracts with any public or private agency for the provision of social or health services not otherwise sufficiently available to older individuals within the

planning and service area; (8) Monitor and evaluate the activities of its service providers to ensure that the services being provided comply with the terms of the grant or contract. Where a provider is found to be in breach of the terms of its grant or contract, the area agency shall enforce the terms of the grant or contract; (9) Conduct research, evaluation, demonstration or training activities appropriate to the achievement of the goal of improving the quality of life for older individuals within its planning and service area; (10) Comply with division requirements that have been developed in consultation with the area agencies for client and fiscal information, and provide to the division information necessary for federal and state reporting, program evaluation, program management, fiscal control and research needs.

Arrangements with Other Federally Sponsored Programs (OAA 306(a)(12))

Provide that the AAA will establish effective and efficient procedures for coordination of services with entities conducting programs that receive assistance under the OAA with the planning and service area served by the agency and entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in OAA sec. 203(b), within the planning and service area.

For the purposes of subsection (a), programs related to the objectives of this Act shall include—

- (1) Title I of the Workforce Innovation and Opportunity Act,
- (2) Title II of the Domestic Volunteer Service Act of 1973,
- (3) Titles XVI, XVIII, XIX, and XX of the Social Security Act,
- (4) Sections 231 and 232 of the National Housing Act,
- (5) the United States Housing Act of 1937,
- (6) Section 202 of the Housing Act of 1959,
- (7) Title I of the Housing and Community Development Act of 1974,
- (8) Title I of the Higher Education Act of 1965 and the Adult Education and Family Literacy Act,
- (9) Sections 3, 9, and 16 of the Urban Mass Transportation Act of 1964,
- (10) the Public Health Service Act, including block grants under title XIX of such Act,
- (11) the Low-Income Home Energy Assistance Act of 1981,
- (12) Part A of the Energy Conservation in Existing Buildings Act of 1976, relating to weatherization assistance for low income persons,
- (13) the Community Services Block Grant Act,
- (14) demographic statistics and analysis programs conducted by the Bureau of the Census under title 13, United States Code,
- (15) Parts II and III of title 38, United States Code,
- (16) the Rehabilitation Act of 1973,
- (17) the Developmental Disabilities Assistance and Bill of Rights Act of 2000,
- (18) the Edward Byrne Memorial State and Local Law Enforcement Assistance Programs, established under part E of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3750–3766b)),

- (19) Sections 4 and 5 of the Assistive Technology Act of 1998 (29 U.S.C. 3003, 3004), and
- (20) Section 393D of the Public Health Service Act (42 U.S.C. 280b–1f), relating to safety of seniors. (OAA Sec. 203(b))

Establishment or Maintenance of Information and Assistance Services (OAA Section 307(a)(2))

The AAA will take such steps as are required to achieve the establishment or maintenance of information and assistance services sufficient to assure that all older persons within the PSA covered by the plan will have reasonably convenient access to such services with particular emphasis on linking services available to isolated older individuals and older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of individuals with such disease or disorders).

Public Hearings (19 CSR 15-4.150 Waivers)

The AAA will conduct periodic evaluations and public hearings on the activities carried out under this plan. Prior to submitting a waiver request for a priority service, the area agency shall conduct, at a minimum, one (1) public hearing on the content of a proposed waiver. The hearing shall be scheduled at a convenient time and location to ensure maximum attendance by interested parties, representatives of the governing body and advisory council to the area agency, public officials and older individuals. The AAA must give adequate public notice, at least 20 calendar days prior to the conduct of such hearings. Notice of the public hearing shall be provided to service providers, organizations of older individuals, public officials and other public and private agencies in the planning and service area. Records and results of public hearings will be kept on file at the AAA and submitted to DHSS with the waiver request.

Contracts/ Procurement (2 CFR 200.320 Methods of Procurement to be Followed)

The AAA must ensure that procurement methods follow the requirements in 2 CFR 200.320. (a) Procurement by micro-purchases, are the acquisition of supplies or services, the aggregate dollar amount of which does not exceed the micro-purchase threshold To the extent practicable, the non-Federal entity must distribute micro-purchases equitably among qualified suppliers. Micro-purchases may be awarded without soliciting competitive quotations if the non-Federal entity considers the price to be reasonable.

(b) Procurement by small purchase procedures. Small purchase procedures are those relatively simple and informal procurement methods for securing services, supplies, or other property that do not cost more than the Simplified Acquisition Threshold. If small purchase procedures are used, price or rate quotations must be obtained from an adequate number of qualified sources.

(c) Procurement by sealed bids (formal advertising). Bids are publicly solicited and a firm fixed price contract (lump sum or unit price) is awarded to the responsible bidder whose bid, conforming with all the material terms and conditions of the invitation for bids, is the lowest in price. The sealed bid method is the preferred method for procuring construction, if the conditions in paragraph (b)(1) of this section apply. (i) In order for sealed bidding to be feasible, the following conditions should be present: (A) A complete, adequate, and realistic specification or purchase description is available; (B) Two or more responsible bidders are willing and able to compete effectively for the business; and (C) The procurement lends itself to a firm fixed price contract and the selection of the successful bidder can be made principally on the basis of price. (ii) If sealed bids are used, the following requirements apply: (A) Bids must be solicited from an adequate number of qualified sources, providing them sufficient response time prior to the date set for opening the bids, for local, and tribal governments, the invitation for bids must be publicly advertised; (B) The invitation for bids, which will include any specifications and pertinent attachments, must define the items or services in order for the bidder to properly respond; (C) All bids will be publicly opened at the time and place prescribed in the invitation for bids; (D) A firm fixed price contract award will be made in writing to the lowest responsive and responsible bidder. Where specified in bidding documents, factors such as discounts, transportation cost, and life cycle costs must be considered in determining which bid is lowest. Payment discounts will only be used to determine the low bid when prior experience indicates that such discounts are usually taken advantage of; and (E) Any or all bids may be rejected if there is a sound documented reason.

(d) Proposals. A procurement method in which either a fixed price or cost-reimbursement type contract is awarded. Proposals are generally used when conditions are not appropriate for the use of sealed bids. They are awarded in accordance with the following requirements: (i) Requests for proposals must be publicized and identify all evaluation factors and their relative importance. Proposals must be solicited from an adequate number of qualified offerors. Any response to publicized requests for proposals must be considered to the maximum extent practical; (ii) The non-Federal entity must have a written method for conducting technical evaluations of the proposals received and making selections; (iii) Contracts must be awarded to the responsible offeror whose proposal is most advantageous to the non-Federal entity, with price and other factors considered; and (iv) The non-Federal entity may use competitive proposal procedures for qualifications-based procurement of architectural/engineering (A/E) professional services whereby offeror's qualifications are evaluated and the most qualified offeror is selected, subject to negotiation of fair and reasonable compensation. The method, where price is not used as a selection factor, can only be used in procurement of A/E professional services. It cannot be used to purchase other types of services though A/E firms that are a potential source to perform the proposed effort.

(e) [Reserved]

(f) Procurement by noncompetitive proposals. Procurement by noncompetitive proposals is procurement through solicitation of a proposal from only one source and

may be used only when one or more of the following circumstances apply: (1) The acquisition of property or services, the aggregate dollar amount of which does not exceed the micro-purchase threshold (see [paragraph \(a\)\(1\)](#) of this section); (2) The item is available only from a single source; (3) The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation; (4) The Federal awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from the non-Federal entity; or (5) After solicitation of a number of sources, competition is determined inadequate.

Grants or contracts made by the AAA to for-profit contractors will be specifically identified in the area plan. The AAA further assures that no evidence of fraud, or audit problems has been found with those profit-making organizations.

Contributions for Services (OAA Section 315)

The AAA will assure service providers under the area plan shall afford each recipient with the opportunity to voluntarily contribute for all or part of the costs of the services provided. Each recipient shall determine for himself what he/she is able to contribute toward the cost of the service and providers shall clearly inform each recipient no service shall be denied because of his/her inability or failure to contribute to the cost of such service.

The AAA shall provide that the methods of receiving contributions from individuals by the agencies providing services under the area plan shall be handled in such a manner as to:

- a) protect the privacy and confidentiality of each recipient;
- b) establish appropriate procedure to safeguard and account for all contributions; and,
- c) use all collected contributions to expand the service for which it was given.

The AAA, in conducting public hearings on Area Plans, shall consult with the relevant service providers and older individuals from within the PSA to determine the best method for accepting voluntary contributions.

Training (19 CSR 15-7.010(4))

The AAA will make provisions for the training of personnel necessary for the implementation of the area plan. The training plan will be available in the area office and available to DHSS upon request. Attendance by an authorized representative of the AAA at specified training sessions sponsored by DHSS and the federal Administration on Aging is mandatory; other training is at the discretion of the AAA.

Evaluation (OAA Section 206(a))

The AAA will coordinate and assist in any efforts undertaken by DHSS or the Administration on Community Living to evaluate the effectiveness, feasibility, and costs of activities under the area plan.

Confidentiality (19 CSR 15-4.300 Record Keeping and Confidentiality and OAA Section 307(e))

The AAA will assure that no information obtained from an agency providing services about a service recipient under the area plan shall be disclosed in an identifiable form without the informed consent of the individual, except as required in RSMo 192.2450, regarding mandatory reporters' requirement to make a report to the Missouri Adult Abuse and Neglect Hotline.

An AAA may not require any provider of legal assistance under this subchapter to reveal any information that is protected by the attorney-client privilege.

Public Information (RSMo 610.023: Sunshine Law)

The AAA will provide for a continuing program of public information designed to assure that information about the program and activities is effectively and appropriately promulgated throughout the PSA. The AAA will make available at reasonable times and places, the area plan, all periodic reports, and all policies governing the administration of the program in the area upon request for review by interested persons and representatives of the media.

Amendments to the Area Plan (19 CSR 15-4.140 Area Agency on Aging Plan)

The AAA assures that it will prior to implementation; submit for approval to DHSS necessary documentation of substantial changes, additions, or deletions to the area plan in accordance with the Missouri Code of State Regulations and the terms and conditions of the contract.

Affirmative Action Plan (19 CSR 15-4.120 Affirmative Action/Equal Employment Opportunity/Preference in Hiring)

The AAA assures that it will have an Affirmative Action Plan. The Affirmative Action Plan will be available upon request. The AAA, subject to established job qualification requirements and merit system requirements, shall give preference in hiring to applicants who are 60 years of age or over for all full- or part-time positions.

Priority Services (OAA Section 306(a)(2))

The AAA assures that it will expend the minimum funds allotted for the priority service categories of access services, in-home services and legal assistance and assures that

the AAA 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. Per the current Missouri State Plan on Aging the minimum expenditures for each category are: (A) 30 percent for 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) 20 percent for in-home services (which may include only homemaker, chore, personal care, respite, adult daycare, telephone reassurance, friendly visiting, homebound shopping, home modification and repair, home technology and automation and medication set-up, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction); and (C) 1 percent for legal assistance.

Coordination with Mental Health Agencies (OAA Section 306(a)(6)(F))

The AAA assures that it will, in coordination 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 AAA with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations.

Coordination with Agencies Providing Services for Persons with Disabilities (OAA Section 306(a)(5))

The AAA assures it will coordinate planning, identification, assessment of needs, and provision of services 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.

Coordination with DHSS/APS Elder Abuse Prevention Services

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.

Coordination with Missouri Assistive Technology

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.

Coordination of Services for Older Relative Caregivers

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.

Voluntary Arrangements with Housing Organizations (OAA Section 321(a)(4))

The AAA will coordinate with services designed (A) to assist older individuals to obtain adequate housing, including residential repair and renovation projects designed to enable older individuals to maintain their homes in conformity with minimum housing standards; (B) to adapt homes to meet the needs of older individuals who have physical disabilities; (C) to prevent unlawful entry into residences of older individuals, through the installation of security devices and through structural modifications or alterations of such residences; or (D) to assist older individuals in obtaining housing for which assistance is provided under programs of the Department of Housing and Urban Development

Publishing of AAA Contact Information and Accuracy of Information

The AAA assures that it will publish its contact information in a variety of formats easily accessible to older individuals, their caregivers, and adults with disabilities. This may include but is not limited to: telephone directories, either print or web-based; websites; print or electronic media; and outreach publications such as newsletters, flyers, etc.

Each AAA has discretion to determine what variety and formats will best reach its targeted populations.

The AAA assures that it will maintain, monitor and update all electronic information at least annually and as necessary to update for changes. Electronic information, includes, but is not limited to: the AAA web site and all information pertaining to web based information for use with development of the area plans and/or reporting purposes.

Area Volunteer Services Coordinator

The AAA assures that it has discretion to provide for an area volunteer services coordinator, who shall:

- (a) Encourage and enlist the services of local volunteer groups to provide assistance and services appropriate to the unique needs of older individuals within the PSA;
- (b) Encourage, organize and promote the use of older individuals as volunteers to local communities within the area; and

- (c) Promote the recognition of the contribution made by volunteers to programs administered under the area plan.

Contractual and Commercial Relationships (OAA Section 306(a)(13-15))

The AAA assures that it will:

- (a) Maintain the integrity and public purpose of services provided and service providers, under the OAA in all contractual and commercial relationships;
- (b) Disclose to the ACL Assistant for Aging Secretary and DHSS;
 - (1) The identity of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (2) 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 the OAA by the AAA 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 will be enhanced as a result of such contract or such relationship; and
- (e) On the request of the Administration for Community Living (ACL) Assistant Secretary for Aging or the state, for the purpose of monitoring compliance with the OAA (including conducting an audit), disclose all sources and expenditures of funds the AAA receives or expends to provide services to older individuals.

The AAA assures that funds received under its contract with DHSS will not be used to pay any part of a cost (including an administrative cost) incurred by the AAA to carry out a contract or commercial relationship that is not carried out to implement the OAA.

The AAA assures that preference in receiving services under its contract with the DHSS will not be given by the AAA to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement the OAA.

Special Menus (19 CSR 15-4.245(7)) Nutrition Service Standards)

The AAA assures that it will provide special menus, where feasible and appropriate to meet the particular dietary needs arising from the health requirements, religious requirements, or ethnic backgrounds of older eligible individuals.

Access to Programs by Older Native American Indians (OAA Section 306(a)(11) and 306(a)(6)(G))

The AAA assures that it will determine if a significant population of older Native American Indians reside in the PSA. If so then the AAA will assure to pursue outreach activities to increase access of those older Native American Indians to all aging programs and benefits provided by the agency, including programs and benefits under Title III of the OAA, if applicable, and in coordination with services provided under Title

VI. All services under the area plan will be made available to older Native American Indians to the same extent as such services are available to all older individuals.

Case Management (OAA Section 306(a)(8))

The AAA assures that it will not duplicate case management services provided through other federal and state programs. That case management services will be coordinated with services provided through other federal and state programs and that such services will be provided by:

- (a) A public agency; or
- (b) A nonprofit private agency that:
 - (1) gives each older individual seeking services under this title a list of agencies that provide similar OAA funded services within the area;
 - (2) gives each individual a statement that they have a right to make an independent choice of OAA funded case management service providers and documents receipt by such individual of such statements;
 - (3) has case managers acting as agents for the individual receiving the services and not as promoters for the agency providing such services; or
 - (4) is located in a rural area and obtains a waiver of the requirement described in clauses (1) through (3).

AAA Contractual Provisions

The AAA assures it will comply with all the following provisions, as applicable, and will include the provisions within all agency contracts, including contracts with sub-grantees as applicable.

- (a) Violation or Breach of Contract: All contracts, other than those for small purchases, will include administrative, contractual or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as may be appropriate.
- (b) Termination for Cause and Convenience: All contracts in excess of \$10,000 will include provision for termination for cause and convenience of the AAA, including the manner by which it will be effected and the basis for settlement.
- (c) Equal Employment Opportunity: All construction contracts of the AAA and their contractors/service providers in excess of \$10,000, will include provision for compliance with Executive Order 11246 of September 24, 1965 entitled "Equal Employment Opportunity", as amended by Executive Order 11375 of October 13, 1967 and as supplemented by DOL regulations (41 CFR Part 60).
- (d) Copeland "Anti-Kickback" Act: All contracts and subgrants for construction or repair will include provision for compliance with the Copeland "Anti-Kickback" Act (18 U.S.C. 874) as supplemented in DOL regulations (29 CFR Part 3). The AAA will require all service providers to comply with the same.
- (e) Davis-Bacon Act: All construction endeavors of the AAA in excess of \$2,000 will include provision for compliance with the Davis-Bacon Act (40 U.S.C. 276(a) a through (a7)) as supplemented by DOL Regulations (29 CFR Part 5). The AAA will require all service providers to comply with the same.

- (f) Contract Work Hours and Safety Standards Act: All construction endeavors of the AAA in excess of \$2,000, and in excess of \$2,500 for other contracts involving employment of mechanics or laborers, will include provision for compliance with Sections 103 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-330) as supplemented by DOL Regulations (29 CFR part 5). The AAA will require all service providers to comply with the same.
- (g) Compliance Requirements: The AAA will include in all solicitation for services all applicable compliance and reporting requirements being imposed upon the service provider. The AAA will require all service providers to comply with the same.

Below is a list of state and federal compliance requirements related to programs funded with DHSS resources:

- (1) Public Law 89-73 as amended through Public Law 116-131, enacted March 25, 2020 “Older Americans Act”
 - (2) 2 CFR 200 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards”
 - (3) 7 CFR Chapter II Part 250.42 “USDA Food and Consumer Service, Nutrition Program for the Elderly”
 - (4) 45 CFR Part 80 “Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health and Human Services. Effectuation of Title VI of the Civil Rights Act of 1964”
 - (5) 45 CFR Part 84 “Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Participation”
 - (6) 45 CFR Part 91 “Nondiscrimination on the Basis of Age in HHS Programs or Activities Receiving Federal Financial Assistance”
 - (7) 45 CFR Part 92 “Nondiscrimination on the Basis of Race, Color, National Origin, Sex, Age or Disability in HHS Programs or Activities Receiving Federal Financial Assistance”
 - (8) 45 CFR Part 1321 “Grants to State and Community Programs on Aging”
 - (9) 20 CFR Part 641 “Senior Community Service Employment Program”
 - (10) 19 CSR 15-4 “Older Americans Act” and 19 CSR 15-7 “Service Standards”
- (h) Patent and Copyrights Rights: The AAA will include in all solicitations and contracts for services all requirements and regulations pertaining to patent rights with respect to any discovery or invention, and any copyrights and rights in data which arises or are developed in the course of or under such contract, where applicable. The AAA will require all service providers to comply with the same.
 - (i) Clean Air Act/Clean Water Act/EPA Regulations: The AAA will comply with, and with respect to all contracts, subcontracts, and subgrants in excess of \$100,000, the AAA will require all contractors and service providers to comply

with all applicable standards, orders, or requirements issued under section 306 of the Clean Air Act (42 U.S.C. 1857 (h)), section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR Part 15).

- (j) Americans with Disabilities Act Compliance: The AAA will comply with the requirements of the Americans with Disabilities Act of 1990, as amended, and will require compliance by contractors and service providers, as applicable.
- (k) Windsor v. United States: The AAA will comply with and will include in all solicitations and contracts for services the requirement to provide services to married same-sex couples.
- (l) Each AAA assures it will include in each agreement made with a provider of any service under this title, a requirement that such provider will:
 - (1) 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;
 - (2) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with Limited English Proficiency, and older individuals residing in rural area in accordance with their need for such services; and
 - (3) meet specific objectives established by the AAA, for providing services to low-income minority individuals, older individuals with Limited English Proficiency, and older individuals residing in rural areas within the PSA. (OAA Section 306(a)(4))
- (m) Service providers are made aware that persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services. (45 CFR 1321.69(a))
- (n) Bostock v. Clayton County: The AAA will comply with and will include in all solicitations and contracts for services the requirement to ensure employees are protected against discrimination because of their sexual orientation **or** gender identity.

Disease Prevention and Health Promotion: Evidence-Based Programs (OAA Section 361)

The AAA will assure that all programs using Title IIID funds will meet these criteria (which are equivalent to the “highest-level” criteria of the former definition):

- (1) Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; *and*
- (2) Proven effective with older adult population, using Experimental or Quasi-Experimental Design; *and*
- (3) Research results published in a peer-review journal; *and*
- (4) Fully translated in one or more community site(s); *and*
- (5) Includes developed dissemination products that are available to the public.

For further information regarding these requirements please visit the following website: <https://acl.gov/programs/health-wellness/disease-prevention>.

The AAA will implement, 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.

Senior Center Assurances (19 CSR 15-4.175 (2)-(3))

The AAA assures that at any time there is a plan to open, relocate, renovate or terminate a senior center; prior notice will be given to DHSS via the completion of form I.7 Opening, Relocation, Renovation or Termination of a Senior Center.

Area agencies may utilize supportive services funding received from the division to finance the acquisition, construction, alteration or renovation of multipurpose senior centers only where an area plan or area plan update has been approved by the division, where funding has been explicitly identified and designated in the plan or plan update for the named center and where— (A) The center is operated under an approved direct service waiver where title to the structure is held by the area agency; or (B) A grant is made to a public or nonprofit private organization where title to the structure is held by the public or nonprofit organization.

Criminal Background Checks for In-Home Service Direct Care Workers (19 CSR 15-7.021 In-Home Service Standards)

The AAA shall maintain documentation in its files that verifies the adoption, implementation and enforcement of the following policies in recruiting, hiring and employing in-home direct care staff and volunteers, and to require the same of all subcontractors:

- (1) All persons who provide in-home direct care, who may provide in-home direct care, or who may otherwise have contact with a person receiving in-home care, funded by the AAA shall complete an employment application prior to such contact.
- (2) The application shall contain a question requiring disclosure of all criminal convictions, findings of guilt, pleas of guilty, and pleas of nolo contendere except minor traffic offenses.
- (3) Copies of all screening information, to document screening was conducted in compliance with sections 210.900 – 210.936, 192.2490 and 192.2495.1, RSMo, shall be maintained by the AAA, or their subcontractor.
- (4) The AAA, or their subcontractor, shall require disclosure of all aliases and social security numbers used by any person who provides or applies to provide direct in-home care. Family Care Safety Registry and Employee Disqualification List (EDL) checks shall be performed for all aliases and social security numbers utilized by such persons. If the AAA, or their subcontractor, utilizes a private investigatory agency to conduct background screenings, the AAA, or their

subcontractor, will utilize only those private investigatory agencies that are able to comply with the provisions of this assurance and the requirements set forth in sections 210.900 – 210.936, 192.2490.1 and 43.530 – 43.540, RSMo. The AAA, or their subcontractor, will maintain in its files copies of all documents provided to the private investigatory agency, all documents evidencing the screening that was conducted, including a copy of the request and search made by the private investigatory agency, and all documents received from the private investigatory agency.

- (5) In the event the AAA, or their subcontractor, decides to employ any in-home direct care worker whose criminal record violates this provision, the AAA promises, agrees, and understands that such a worker may not provide any services to a client funded by any DHSS funding, program income, or funds used to satisfy any DHSS matching requirements. In the event such a worker does provide services funded by any of the aforementioned sources, it shall constitute a material breach of the contract between DHSS and the AAA. Payment for any services provided in breach of this provision, from any of the aforementioned sources, shall be considered an unallowable cost and shall be repaid to DHSS.
- (6) No person shall be employed by the AAA, or any subcontractor, in any capacity related to the provision of in-home services funded by the AAA, who is, at the time of his/her employment, listed on the EDL maintained by the DHSS pursuant to Chapter 192, RSMo, and the AAA agrees to verify, and ensure all subcontractors verify, that all staff are not so listed at any time during their employment. The AAA, or their subcontractor, will maintain in its files verification of the EDL checks. Employment of an individual who is listed on the EDL shall constitute a material breach of the contract between DHSS and the AAA. Any direct care services provided in breach of this provision shall be considered an unallowable cost, and any payment for such services, from any of the sources listed in paragraph 5, shall be repaid to the DHSS.
- (7) The term “person” as used in this assurance includes employees, volunteers, interns, contract personnel and any other individual who may have contact with clients

Grievance Procedures (19 CSR 15-4.210)

Each area agency shall establish written grievance procedures that provide the opportunity to appear before the governing body to the following: (A) Individuals who wish to resolve areas of conflict regarding delivery of services; (B) Service provider applicants whose application to provide services is denied; and (C) Service providers whose subgrant or contract is terminated or not renewed. (2) The written grievance procedures shall be filed with the division as an addendum to the area agency’s plan and shall include, at a minimum, the following: (A) Time limitations, as applicable, and procedures to be followed to request a grievance hearing; (B) Procedures for conducting the grievance hearing; (C) Opportunity to review any pertinent information relating to the issues; and (D) Criteria to be used for making a final determination that include: 1. Time limitations for notification of the decision from the date of grievance

hearing; 2. Reasons for the final determination and the evidence on which it was based; and 3. Advice of the right to appeal to the division for mediation to service providers who meet the following conditions: A. Application to provide services under an area plan has been denied; or B. Subgrant or contract is terminated or not renewed for reasons other than a determination that the service provider has materially failed to comply with the terms of the subgrant or contract as provided in 45 CFR 75.371-75.375.

Withholding of Area Funds (OAA Section 306(f))

- (1) If the head of a State agency finds that an AAA 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 AAA available under this subchapter.
- (2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the AAA 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 AAA, 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 subchapter in the PSA served by the AAA for a period not to exceed 180 days, except as provided in subparagraph (B).
 - (B) If the State agency determines that the AAA 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.

Counseling Assistance Available to Limited English Speaking (OAA Section 307(a)(15)(B))

Each AAA shall designate an individual employed by the AAA, or available to such AAA 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.

Coordination of Community-Based Long-term Care Services (OAA Section 307(a)(18) and 306(a)(16))

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.

Area agencies on aging will provide, to the extent feasible, for the furnishing of services under the OAA, consistent with self-directed care.

Senior Service Growth and Development Program Fund (RSMo 192.385)

Area agencies on aging will expend at least fifty percent of all monies distributed under RSMo 192.385 to the development and expansion of senior center programs, facilities, and services.

Internal Control Policy

Area agencies on aging shall have an internal control policy that conforms to 45 CFR 75.302(b).

Data Collection

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.

Low Income Minority Older Adults

The area agency on aging will—

(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).

Responsibilities of service providers under State and area plans

As a condition for receipt of funds under this part, each area agency on aging shall assure that service providers shall:

(a) Specify how the service provider intends to satisfy the service needs of those identified as in greatest economic need and greatest social need, with a focus on low-income minority individuals in the area served, including attempting to provide services to low-income minority individuals at least in proportion to the number of low-income minority older individuals and family caregivers in the population serviced by the provider;

(b) Provide recipients with an opportunity to contribute to the cost of the service as provided in § 1321.9(c)(2)(x) or (xi);

(c) Pursuant to section 306(a)(16) of the Act (42 U.S.C. 3026(a)(16)), provide, to the extent feasible, for the furnishing of services under this Act through self-direction;

(d) Bring conditions or circumstances which place an older person, or the household of an older person, in imminent danger to the attention of adult protective services or other appropriate officials for follow-up, provided that:

(1) The older person or their legal representative consents; or

(2) Such action is in accordance with local adult protective services requirements, except as set forth at § 1321.93 and part 1324, subpart A, of this chapter;

(e) Where feasible and appropriate, make arrangements for the availability of services to older individuals and family caregivers in weather-related and other emergencies;

(f) Assist participants in taking advantage of benefits under other programs; and

(g) Assure that all services funded under this part are coordinated with other appropriate services in the community, and that these services do not constitute an unnecessary duplication of services provided by other sources.

I have read the above assurances and certify that my agency will comply with each of the assurances and will remain in compliance for the program years for which we are submitting this plan.

01/10/2025

(Date)


(Signature of Area Agency Director)

Attachment C – Information Requirements

The Area Agency on Aging must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your Area Plan submission. Please submit the AAA response under the appropriate sections below.

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 plan.

AAA Response:

A newly created algorithm to identify and add those at greatest need to services and waitlists during intake is a key method employed to assure preference will be given to older adults with greatest economic and social need. Bilingual staff now offer in-home assessments and services. Beginning in SFY 2025, investments in rural centers include generator and facility upgrades and expanded reach with additional centers across the PSA. See additional information below.

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.

Full Regional Emergency Preparedness Plans are to be submitted to the SUA on an annual basis by April 1st, in coordination with the SUA Emergency Planning Coordinator. These plans must include the four phases of disaster management – Mitigation; Preparedness; Response; and Recovery (Stabilization) for the planning and coordination of activities for the state and timely continuation of service and the restoration of normal living conditions for older individuals.

AAA Response:

Emergency Preparedness

The MARC AAA is part of a larger metropolitan planning organization (MPO) supporting emergency preparedness. Below is a summary of MARC's collaboration and leadership in these efforts and the AAA-specific Continuity of Operations Plan (COOP) plan.

Through the Metropolitan Emergency Managers Committee (MEMC) MARC works very closely with the Community Organizations Active in Disaster (COAD). MEMC and COAD report at monthly meetings and are engaged in many of MARC's planning, training and exercise activities.

MARC's Regional Homeland Security Coordinating Committee is the Regional Homeland Security Oversight Committee (RHSOC) for the five counties of Cass, Clay, Jackson, Platte, and Ray, mirroring the Region 7 AAA PSA. MARC's Emergency Services Director serves on the RHSOC Chairs Committee and the Homeland Security Advisory Committee (HSAC) for the state of MO.

As a Metropolitan Planning Organization (MPO), we operate the MARC Health Care Coalition (HCC) that serves all of MO Region A. The Health and Medical Program Manager in MARC's Local Government Services Department serves as the Readiness Coordinator for the MARC HCC. The RHSOC and HCC are central to the emergency services work MARC leads.

The state approved AAA-specific COOP plan for the PSA is included below.

**MID-AMERICA REGIONAL COUNCIL
(MARC) AGING AND ADULT SERVICES
AREA AGENCY ON AGING (AAA)
CONTINUITY of OPERATIONS PLAN
(COOP)**

Developed In Collaboration With



Division of Senior and
Disability Services

2024 - 2025

January 2023

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I. EXECUTIVE SUMMARY

The MARC Aging and Adult Services, Area Agency on Aging (AAA), is an integral part of the aging network in the Missouri counties of Cass, Clay, Jackson, Platte and Ray. We provide essential services necessary to support persons living in a home and community based setting. We are a primary resource for information and assistance, nutrition programs, in-home care needs, caregiver support, public benefits counseling, transportation, and many other areas of interest to seniors. At the community level, our senior centers provide congregate and home-delivered meals and are well known as a resource for information and assistance, socialization, education, and health promotion activities.

This continuity of operations plan documents how MARC Aging and Adult Services will ensure that essential functions are continued in the face of a disaster or emergency event that affects normal business operations. The plan provides direction for agency employees, regardless of the type of event that prompts the need for activation of the plan. It also includes the process by which this agency will achieve a timely and orderly recovery from an event and resume normal operations.

Following emergencies, disasters, or other events resulting in the activation of the COOP, MARC Aging and Adult Services is responsible to provide specific essential functions recognized in this plan.

This plan will be implemented any time the Department Director, or designee, determines it is necessary to ensure essential functions are maintained or resumed in a timely manner.

Kristi Bohling-DaMetz
Kristi Bohling-DaMetz
Director of Aging and Adult Services

6/3/2024
Date

II. INTRODUCTION

The various disasters experienced by Missouri in recent years have demonstrated a clear need for emergency preparedness and disaster response planning. It is imperative that MARC Aging and Adult Services engage in active planning efforts to mitigate the impact of future events on agency staff and the customers served through MARC Aging and Adult Services programs.

One of the most critical services provided is home-delivered meals to homebound persons. Any COOP event that disrupts the delivery of these meals could result in serious consequences, up to and including loss of life. The senior centers are often called upon to support the emergency management response to various events, by serving as shelters and providing food for individuals and response workers. The information and assistance network operated by MARC Aging and Adult Services is likely to see increased requests during an event and continuity planning will ensure the ability to respond to immediate needs in a timely manner as well as long term needs during the recovery phase.

MARC Aging and Adult Services Continuity of Operations Plan has the following primary objectives:

- Provide for the continuation of the organization's essential functions and operations;
- Identify and protect essential equipment, vital records, and other assets;
- Assess and minimize damage and losses;
- Provide organizational and operational stability;
- Facilitate decision-making during a COOP event; and
- Achieve an orderly recovery from COOP operations.

III. PURPOSE

This COOP Plan establishes the policy and procedures necessary to ensure that MARC Aging and Adult Services is able to continue mission essential functions in the event that normal operations are disrupted. Procedures are included for the relocation of staff and functions, when necessary. The plan is designed to:

- Ensure that the MARC Aging and Adult Services is prepared to provide critical services in a compromised environment;
- Establish and enact implementation procedures to activate various components of the COOP Plan to provide sufficient operational capabilities relative to the event;
- Provide a means for uninterrupted communication to/from/between the Missouri Department of Health and Senior Services, local providers, and other resources;
- Ensure that MARC Aging and Adult Services and local service providers COOP plans are viable and operational; and
- Facilitate return of MARC Aging and Adult Services to normal operating conditions as soon as possible.

IV. APPLICABILITY AND SCOPE

MARC Aging and Adult Services is the entity designated by the Missouri Department of Health and Senior Services to administer state and federal funding for elderly programs and to plan and implement programs and services for the elderly in the PSA. This Planning and Service Area encompasses Cass, Clay, Jackson, Platte, and Ray counties.

The provisions of this document will guide MARC Aging and Adult Services’ actions during any event that affects business operations, which will trigger the implementation of the COOP Plan, regardless of the type of hazard that causes the event.

V. ESSENTIAL FUNCTIONS

Essential functions are those organizational functions and activities that must be continued under any and all circumstances.

The Essential Support Functions for Area Agency on Aging are as follows:

Priority	Essential Functions	Return Time Objective
1	Establish communication among senior management and affected locations; determine operational viability of affected locations.	Immediate
2	Determine viability of AgingIS and fiscal reporting systems; re-establish remote and/or electronic connectivity, if necessary	Immediate
3	Maintain or re-establish consumer information and assistance lines	Within 12 hours
4	Determine viability of direct services; re-establish as needed	Immediate
5	Serve as advocate for the elderly in any stricken location in the PSA	Within 12 hours

These functions must be supported throughout the duration of any disaster.

MARC Aging and Adult Services has identified the following staff and resource requirements necessary to support essential functions during a COOP event:

Priority 1:

- MARC Aging and Adult Services must have sufficient staff to receive and respond to calls.
- Telephone and IT systems identified within this plan must be immediately available.
- Operations must be able to be moved to an alternate facility when necessary.

Priority 2 and 3:

- MARC Aging and Adult Services must have sufficient staff available to respond to priority requests.
- Staff must be able to respond to critical issues.
- At a minimum, telephone access must be available.

Priority 4:

- Sufficient staff must be available to implement and maintain daily communication with providers. **Appendix 1** provides a chart indicating the communications process.
- At a minimum, telephone access must be available.

All Priorities:

- Sufficient staff must be available to disseminate critical information to providers and network partners.

VI. AUTHORITIES AND REFERENCES

The Missouri Department of Health and Senior Services and Missouri's ten Area Agencies on Aging are obligated to participate in emergency preparedness and disaster response activities on behalf of seniors and adults with disabilities. The citations listed below contain the necessary authority for these activities:

OAA Section 306 (a) (17) states that AAAs shall "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."

OAA Section 307 (a) (30) states that the State Unit on Aging shall develop a state plan that includes "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."

Missouri Governor’s Executive Order 05-20 directs all state agencies to prepare or update existing plans to address the continuity of their operations and services and the security of their constituents and employees.

19 CSR 15-4.190 (9) states: “The area agency shall develop a comprehensive, coordinated disaster preparedness plan which shall include service providers in the PSA.”

The Missouri State Plan on Aging for 2024 – 2027 defines goals and objectives specific to emergency preparedness and disaster response planning.

Missouri Area Agency on Aging Area Plan, updated annually.

VII. CONCEPT OF OPERATIONS

The objective of this Continuity of Operations (COOP) Plan is to ensure a viable capability exists to continue essential agency functions across a wide range of potential emergencies, including when the primary facility is either threatened or inaccessible.

This plan outlines actions to be taken to secure MARC Aging and Adult Services facilities and personnel; relocate to an alternate facility, if necessary, and to return as quickly as possible to serving the needs of older Missourians in the Kansas City, Missouri region.

All MARC Aging and Adult Services contracts contain language providing for the activation of their individual plans by the Department Director, or designee.

Planning Considerations and Assumptions

This COOP Plan is based on the following assumptions:

- An emergency condition may require relocation of MARC Aging and Adult Services to alternate facility;
- An emergency can occur with little or no warning, causing significant loss of life and environmental and economic damage. In an emergency, it will be necessary to continue the essential functions of MARC Aging and Adult Services in order to respond to day-to-day needs of citizens.
- Employees who have been assigned specific responsibilities within the COOP plan are willing and able to carry out these responsibilities.
- Staff will be provided adequate training on this COOP plan such that they will be able to perform their duties during a COOP event.
- As part of their commitment to this plan, MARC Aging and Adult Services will engage in systematic assessments of procedures, resources, and training to ensure its continued ability to carry out its responsibilities as outlined in this plan.

In accordance with federal guidance and emergency management principles, a viable COOP capability must:

- Be maintained at a high-level of readiness;
- Be capable of implementation both with or without warning;
- Be operational within (3) three to (12) twelve hours of notification;
- Maintain sustained operations in an alternate facility or location for up to 30 days; and
- Accept maximum advantage of existing state, federal and local government infrastructures.

1. Phase I: Activation and Relocation

MARC Aging and Adult Services Department Director, or designee, will oversee the activation of any portion of the COOP. Once the decision is made to activate the COOP, MARC Aging and Adult Services Department Director or designee will begin the notification procedures. The Department Director, or designee, will serve as the agency spokesperson.

a. Decision Process

Emergencies, or potential emergencies, may affect the ability of MARC Aging and Adult Services to perform its mission essential functions from the Kansas City, Missouri central office. In the event that MARC Aging and Adult Services is unable to perform its essential functions from the central office the Department Director, or designee, will direct the activation of the COOP. The Department Director, or designee, will notify the Missouri Department of Health and Senior Services (DHSS) that the Agency is activating its COOP. A pre-selected Alternate Relocation Facility may be activated; staff will deploy and continue MARC Aging and Adult Services mission essential functions from the alternate location.

Scenarios in which the COOP Plan will be activated include:

- The MARC Aging and Adult Services central office is closed to normal business activities as a result of an event (whether or not originating in the Agency building), or credible threats of action would preclude access or use of the central office building and the surrounding area.
- The area surrounding the central office is closed to normal business activities as a result of a widespread utility failure, natural disaster, significant hazardous material incident, civil disturbance, or terrorist or military attack(s). Under these scenarios, there could be uncertainty regarding whether additional events such as secondary explosions, after-shocks, or cascading utility failures could occur, and the Agency will have to activate its COOP.
- Staff levels are significantly compromised (i.e. illness outbreak); two levels of management are unavailable; or key partners are unavailable for an extended period of time.

Such incidents could occur with or without warning and during business or non-business hours. Whatever the incident or threat, the COOP will be executed in response to a full-range of disasters and emergencies to include natural disasters, terrorist threats and incidents, and technological disruptions and failures.

b. Alert, Notification, and Implementation Process and Alert Procedures:

If the situation allows for warning, staff may be alerted prior to a notification of COOP activation.

MARC Aging and Adult Services uses all available methods to maintain communication with staff during an event including telephone, text and email messages as necessary. When an event will affect MARC Aging and Adult Services operations, the Department Director, or designee, will immediately begin notification to managers and essential staff through a call-down (call-tree) procedure. First notice will generally be conducted via telephone with text messaging as a backup. Email will be utilized when necessary to complete contact or provide additional information.

Depending on the situation, current information will also be available as follows:

- COOP hotline will be established, if feasible;
- Agency broadcast via MARC Aging and Adult Services main phone number;
- Use of telephone message system; and
- Local radio and television announcements released.

Most employees, unless otherwise identified, should listen for specific instructions. All MARC Aging and Adult Services employees should remain at their office or home until specific guidance is received.

c. Leadership

Orders of Succession

During events with significant impact, the ability of MARC Aging and Adult Services leaders to respond may be impacted, up to and including a total lack of accessibility. **Appendix 2** provides a chart indicating the orderly transition for all leadership position within the agency if any designated manager is unavailable or unable to execute their role. The designated successor will be considered to have the same authorities and responsibilities as the person they are replacing.

Delegations of Authority

The incumbents in the positions specified above are delegated authority to perform all the duties and responsibilities of the position for which they are named successor. Authority to act as successor will be exercised only when the superior is unable or unavailable to act and when immediate action is required. Successors will keep a record of important actions taken during the period in which they are acting as successor.

d. **Devolution**

In the event the MARC Aging and Adult Services Central Office is completely incapacitated, all functions will be transferred to the **Palmer Center, Independence, Missouri, or Vesper Hall, Blue Springs, Missouri**. If those facilities are not available, then transfer will be made through mutual pact to the closest available operating Missouri Area Agency on Aging.

2. **Phase II: Alternate Facility Operations**

At the time of COOP activation, the Department Director, or designee, will determine the need to relocate staff to an alternate facility. All other resources will be exhausted prior to relocation such as designating staff to work from home or other remote facility.

MARC Aging and Adult Services has identified continuity locations in **Independence, Missouri, and Blue Springs, Missouri**. Should relocation to another alternate facility be necessary, a risk assessment will be completed to ensure any relocation facility is safe and appropriate for use. Such assessment will include, at a minimum, evaluation of structural integrity along with availability of utilities, food and water, restrooms, lighting, phones, tables and chairs, communication and IT connectivity.

a. **Mission Critical Systems**

The following table outlines the systems (or processes) that support the operation of essential functions of MARC Aging and Adult Services:

System Name	Location	Control / Responsibility	Dependency Systems	Restoration Priority
Internet Connectivity	Central Office	MARC IT Program Director	AgingIS, EMAIL	Immediate
EMAIL	Central Office	MARC IT Program Director		Immediate
AgingIS	Innovative Data Systems Hosted Location	IDS	Web based application	Immediate
Office Tools	Central Office	MARC IT Program Director		<12 hours
HDM Driver Info	Local Centers	Center Administrator		Immediate
HDM Route Info	Local Centers	Center Administrator		Immediate
Financial	Central Office	MARC Finance/ Administration		>24 hours

b. Critical Files, Records, and Databases

The following table outlines the files, records and databases that are considered vital to support the essential functions of MARC Aging and Adult Services:

Vital File, Record, or Database	Form of Record (e.g., hardcopy, electronic)	Pre-positioned at Alternate Facility	Hand Carried to Alternate Facility	Backed up at Third Location
Financial Records	Electronic/Hardcopy		X	X
Grants and Contracts	Hardcopy/Electronic copies beginning SFY-19		X	
Insurance Policies	Electronic/Hardcopy		X	X
COOP Plan	Electronic/Hardcopy		X	X
Employee/Payroll records	Electronic/Hardcopy		X	X
Client records	Electronic/Hardcopy	X		X
Resources/Services	Electronic/Hardcopy	X		X
Phone roster	Electronic/Hardcopy	X		X

3. Phase III: Reconstitution

As soon as practical following an emergency relocation, a MARC Aging and Adult Services designee, with support from appropriate agencies, will initiate operations to salvage, restore, and recover MARC Aging and Adult Services headquarters after the approval of the local and Federal law enforcement and emergency services involved. Reconstitution procedures will commence when the Department Director or other authorized person ascertains that the emergency situation has ended and is unlikely to recur. Once this determination has been made, coordination with other state authorities, one or a combination of the following options may be implemented, depending on the situation.

- Continue to operate from the alternate location with support from other AAAs, DHSS and/or local service providers, if necessary.
- Begin an orderly return to the MARC Aging and Adult Services office and reconstitute from remaining MARC Aging and Adult Services or other resources.
- Begin to establish a reconstituted MARC Aging and Adult Services office in some other facility in the Kansas City, Missouri vicinity.

a. Development of Plans and Schedules

The MARC Aging and Adult Services Department Director will coordinate and develop Reconstitution and Termination Plans for the orderly transition of all Agency functions, personnel, equipment, and records from the alternate facility to a new or restored Agency facility. Each organizational element will designate a

reconstitution staff person to assist in the development of the appropriate plans and schedules. The MARC Aging and Adult Services Department Director will approve the plans and schedules prior to the cessation of operations.

b. Procedures to Reoccupy / or New MARC Aging and Adult Services Office

Upon a decision by the MARC Aging and Adult Services Department Director and/or designated authority, that the MARC Aging and Adult Services office can be re-occupied, or that a different facility will be established as a new MARC Aging and Adult Services location:

- The MARC Aging and Adult Services Department Director, or designee, will oversee the orderly transition of all MARC Aging and Adult Services functions, personnel, equipment, and records from the alternate facility to a new or restored MARC Aging and Adult Services office facility;
- Each organizational element, in turn, will designate a reconstitution coordinator to work with the MARC Aging and Adult Services Department Director, or designee, and will inform office personnel of developments regarding reconstitution; and
- Prior to relocating to the current MARC Aging and Adult Services facility or another building, the Department Director, or designee, will conduct appropriate security, safety, and health assessments for suitability.

When the necessary equipment and documents are in place at the new or restored headquarters facility, the staff remaining at the alternate facility will transfer mission essential functions and resume normal operations.

c. After-Action Review and Remedial Action Plan

The agency will conduct an after-action review in a timely manner to evaluate what worked well, identify areas for improvement and revise procedures as necessary to strengthen the overall COOP Plan. A corrective action plan will be developed to address all recommendations for improvement. Appropriate timeframes for implementation of necessary changes will be established by the Department Director with regard to internal priorities. Any recommendations in the areas of life safety, alert and notification, the activation process, implementation or operation of essential functions will be incorporated into the plan as soon as possible, but not later than during the annual review.

VIII. CONTINUITY PLANNING RESPONSIBILITIES

The table below outlines specific COOP planning responsibilities by position. The Department Director provides overall leadership and direction for the overarching plan. Other key positions must maintain an awareness of the agency's COOP plan as a whole, as

well as individual issues relative to specific areas of responsibility in support of essential functions. All managers will maintain a current after-hours contact list that they have access to at all times.

Responsibility	Position
Update continuity plan annually	Department Director, or designee
Update telephone rosters monthly	Administrative/designated staff
Conduct alert and notification tests	Department Director, or designee
Develop and lead continuity training on-going	Department Director, or designee
All Management Team feed updates into the plan as needed	Department Director, or designee

IX. LOGISTICS

a. Alternate Location:

Designated agency employees are issued a notebook to be maintained at their place of residence. The notebooks are set up for connection to the internet via VPN (Virtual Private Network). The Director of Finance and Administration has access to all electronic records via VPN. If short-term closure is anticipated, staff may work from home using internet connections until they are able to return to the central office rather than activating the alternative facility.

In the event that the MARC Aging and Adult Services office building is severely damaged or destroyed, the Department Director, or designee, will direct staff to report to work with notebooks at an alternate location.

If relocating outside of Kansas City becomes necessary the agency will relocate to the nearest appropriate senior center within our PSA. Two alternate locations have been identified: Palmer Center, Independence, Missouri, or Vesper Hall, Blue Springs, Missouri.

The Disaster Coordinator will determine the location and notify MARC staff where to report. If relocating outside of our PSA becomes necessary the agency will relocate to the nearest appropriate Missouri area agency. The Disaster Coordinator will determine the location and notify staff where to report.

The MARC Aging and Adult Services 1-800-593-7948 number will be transferred and all calls on our 816-421-4980 line will be forwarded to our relocation site.

If an emergency situation makes travel impossible the Disaster Coordinator will instruct MARC Aging and Adult Services employees to work from home. The area agency 1-800-593-7948 number will be transferred and all calls on our 816-421-4980 line will be forwarded to the appropriate staff person(s).

MARC Aging and Adult Services mail will be forwarded to the designated relocation site.

b. Interoperable Communications

MARC Aging and Adult Services staff have ability to access email accounts and work files via VPN. While technology remains available, email distribution lists, mobile phones and other methods of communication will be used. Management and staff have cell phones that allow them to maintain necessary contact while in transit to relocation facilities.

If short-term closure is anticipated, staff may work from home using internet connections until they are able to return to the central office rather than activating the alternative facility.

The identified alternate site can provide for communication with essential personnel, external vendors and emergency personnel via phone, computer and/or fax.

X. TESTS, TRAINING, AND EXERCISES

Disaster preparedness training and review of MARC Aging and Adult Services COOP will be conducted at least annually, at one of more staff meetings prior to the onset of the winter season. Training will include review of the agency plan and current pertinent information, personnel assignments, unit responsibilities and use of the agency call down tree, contact lists, provider disaster reports and data collection.

New staff will receive disaster plan review and orientation at the time of hire.

MARC Aging and Adult Services will work with the DSDS Disaster Response Coordinator, the American Red Cross and local Emergency Management to facilitate the availability and accessibility of disaster related training for Agency staff. Staff will be encouraged to participate in classes of individual interest with the goal of developing a level of varied internal expertise.

Agency staff will participate in disaster planning/coordination with providers and County Emergency Operations Offices. MARC Aging and Adult Services will participate with local organizations and emergency management personnel during state and/or federal drills and exercises when appropriate or able.

XI. CONTINUITY PLAN MAINTENANCE

The MARC Aging and Adult Services Continuity of Operations Plan is based on guidelines provided by the Missouri Department of Health and Senior Services (MDHSS).

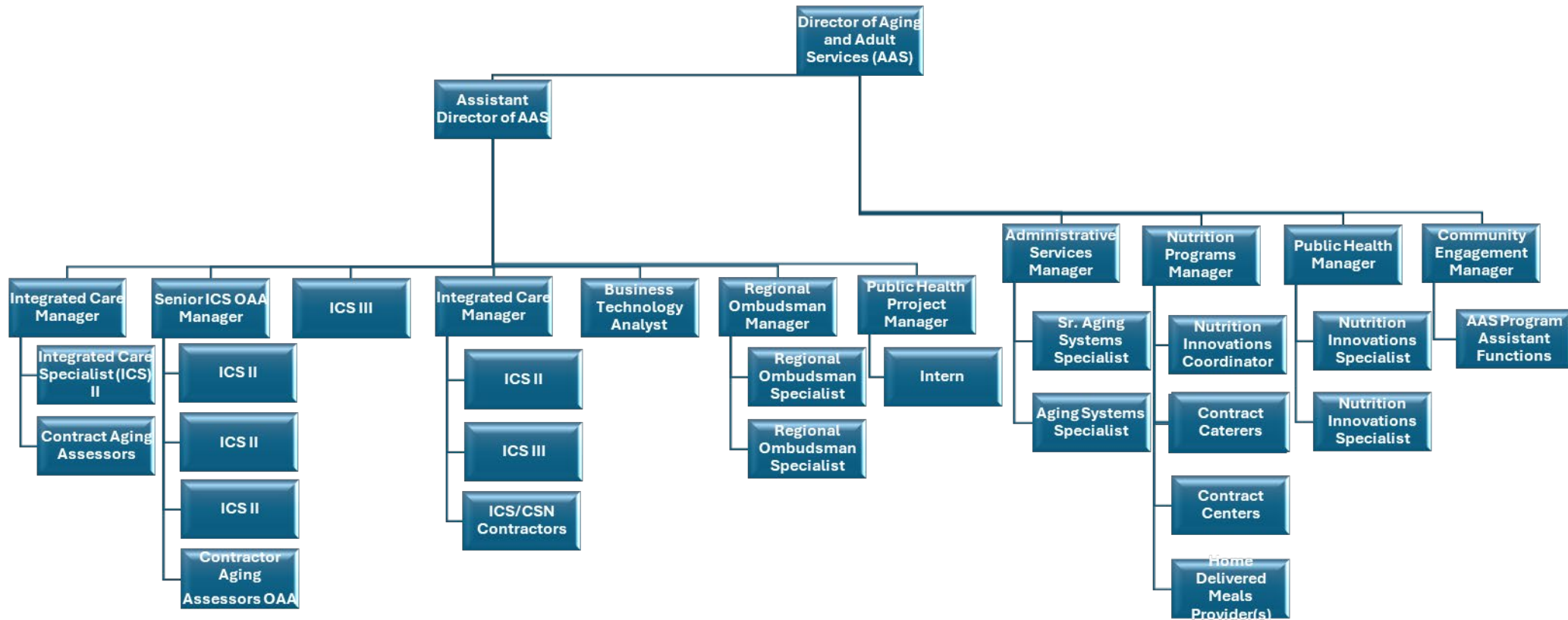
The MARC Aging and Adult Services Department Director has the overall authority and responsibility for maintenance of this plan. The plan will be reviewed and revised annually, as required and in accordance with MARC Aging and Adult Services Area Plan. Updates and changes will be reflected in the Record of Changes section of this document.

MARC Aging and Adult Services will re-evaluate its responsibilities, in light of the changing world situation, technology, etc. and provide updated information about its emergency responsibilities to the Missouri Department of Health and Senior Services. Changes to the plan are also made to address deficiencies identified in reviews, drills and exercises. Emergency telephone numbers will be reviewed and updated quarterly by designated administrative staff.

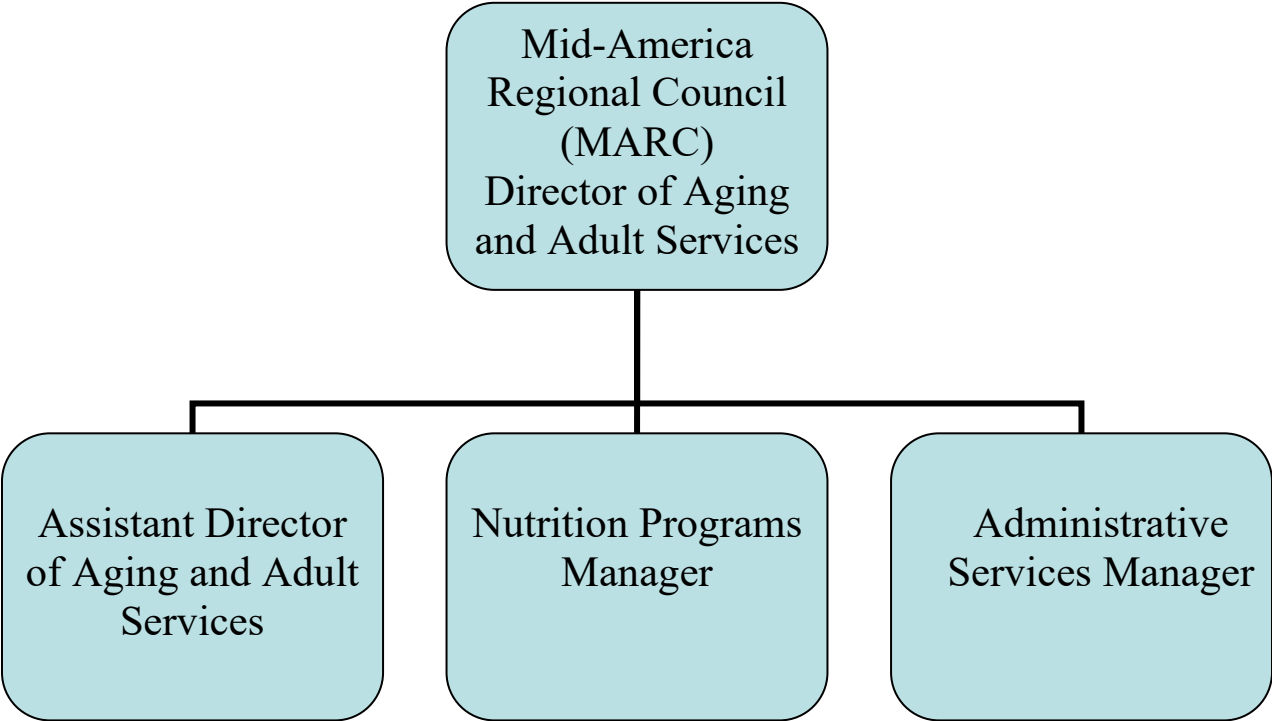
Operational checklists, staff contact lists, resource documents and other information subject to frequent changes will be updated as necessary to keep the plan current. Changes will be disseminated to affected staff and other entities as necessary. These lists and documents can be accessed at central office and electronically.

MARC Aging and Adult Services is responsible for reviewing the COOP plans of its contractors that provide essential services, at least annually during the monitoring process, to insure the plans are adequate to carry out their responsibilities in the event of a business interruption.

Appendix 1: Progression of Internal and External Communications



Appendix 2: Orders of Succession



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.

AAA Response:

Individuals residing in rural areas:

MARC is participating on the Community Leadership Board for Project Guardian in Ray County, a Transformation of Rural Community Health (ToRCH) Missouri HealthNet pilot project. Led by Ray County Hospital, the director of population health has convened a broad group of services, primary care, behavioral health, and community-based organization partners leveraging a community information exchange (CIE) and closed-loop referral platform, Unite Us. With a focus on addressing social determinants of health (SDOH), goals for this rural health initiative include 1) improved population health, 2) enhanced sustainability for rural hospitals, 3) reduced avoidable utilization, and 4) reduced overall cost to the healthcare system.

MARC's AAA is seeing greater interest and engagement from key stakeholders in rural areas, particularly in Ray County (as noted above) and northern Platte and Clay Counties where there is a senior levy in place. We are working with leaders in rural portions of the PSA to extend center access by increasing the number of congregate, home-delivered meals, and transportation options with the addition of three new community senior centers in SFY 2025 (Parkville, Platte Senior Services, and Kearney). To further expand the reach of home delivered meals, a freezer van was provided for Ray County Transportation. Research suggests there is an ardent desire to age in place among rural older adults. We continue to embrace this desire regardless of difficulty and challenges in service delivery.

Section 307(a)(14)

The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

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.

AAA Response:

Low-income minority older individuals:

MARC's AAA is working to increase visibility in the community as a safe and welcoming place to connect and receive support. We do that in multiple ways including, as noted below, by collaborating with partner organizations and contracting entities to support

language access and culturally responsive service, and to collaborate in creating safe and welcoming spaces that invite diversity.

In pursuit of a meal repack facility purchased and renovated through the Meal Expansion and Infrastructure fund, we look forward to incorporating cultural and religious preferences in home delivered meal options.

MARC's Aging and Adult Services department completed training and received a SAGECare Platinum Credential. This process included 'assessment of policies, practices and staff training to create an inclusive and welcoming space for all older adults, regardless of sexual orientation or gender identity', and includes continuing education.

MARC-contracted centers are incentivized to enhance their focus on equity and belonging by completing SAGECare training and certifications with bronze, silver, and goal financial levels tied to yearly objectives.

An updated statement of inclusion has been added to the policy and procedure manual, as follows. *MARC's Aging and Adult Services is committed to providing equal access to all individuals regardless of age, race, color, religion, sexual orientation, gender identity, or expression, national origin, disability, genetic information, or any other characteristic protected by law. As a service provider, we adhere to inclusion and non-discrimination in all programs and activities.*

We continue to seek experts and those with lived experience to be members of our Commission on Aging. As we invite new members, we are reviewing county by county data to align representation.

We have actively engaged with the KC Health Collaborative, the Health Forward Foundation, and the Institute for Healthcare Improvement in the formation of a Kansas City Health Equity Learning and Action Network (LAN). While participating in strategic planning for phase two, the initial phase included anti-racism training and Action Communities across health and community organization sectors.

Voters in Jackson County recently approved a senior levy to further support and extend services beyond the capacity of OAA.

Individuals with limited English proficiency:

Information and Assistance teams work with interpreters to support informed assessment and connection to appropriate services. Interpreters with various partners and local centers not only support language differences, but they also facilitate culturally competent interactions.

Recognizing a higher number of Spanish speaking older adults in our PSA as compared to other languages, we continue to use a Spanish language version of chronic disease

self-management education to supplement other evidence-based curricula and will soon offer on demand (learning management system) and live interactive training in Spanish.

MARC's congregate and home-delivered meal programs directly support the following languages and ethnic groups: Spanish, Vietnamese, Arabic, Russian, and Chinese. As needed, there are structured language supports available within Somalian and Sudanese communities.

MARC's AAA met with the Refugee Programs Coordinator from the Missouri Office of Refugee Administration (MO-ORA) and Refugee Social Services at the Jewish Vocational Service organization in Kansas City, Missouri, informing each other of multiple aspects in the care for older adults, including the prospect of cultural awareness training, participation in the planning of events, inviting culturally diverse input for Missouri's Master Plan on Aging, provision of OAA services for eligible adults, collaboration and support for care management, and shared ideas and resources regarding effective interpreter services.

Additionally, MARC has bi-lingual team members who conduct in-home assessments for services and other language services. Additionally, the MARC AAA offers translated publications about services and incentivizes contracted partner organizations through the procurement process who develop programming, services, and highlight special accommodations for individuals with limited English proficiency. Further we have begun offering in-person community health worker training in Spanish to grow and expand a bilingual workforce.

3026(a)(18))

Describe methods the area agency on aging will use to coordinate planning and delivery of transportation services (including the purchase of vehicles) to assist older individuals, including those with special needs, in the area.

Transportation Services

Transportation is a significant need across the region whether rural, urban, or suburban. MARC continues to work with the federally required Regional Transit Coordinating Council through the joint MARC/KC Area Transportation Authority's (KCATA) sub-committee on enhanced mobility services for older individuals and individuals with disabilities. This sub-committee, convened quarterly at MARC, is named the Mobility Advisory Committee (MAC). MAC helps to coordinate expansion of affordable and accessible services throughout the region, facilitates coordination among regional stakeholders, prioritizes FTA section 5310 program projects (including the occasional funding of vehicles for older adult and adults with disability transportation), and assists with implementing a regional mobility management system. Mobility management systems help to better coordinate and fully utilize extant transportation resources, including navigation of complex transportation systems for adults with high need.

MARC supports a consumer directed services (CDS) model for lift-ramp transportation. This approach has afforded lift-ramp users with greater provider flexibility while MARC receives more rides per dollar than under the direct contracting model.

Through a community-based organization (CBO) partner, MARC is providing rides of all types using a ride-hailing company. This service is curated by the CBO, and quality and user-satisfaction remain high.

We continue to coordinate with health care partners providing transportation services to ensure the completion of follow-up appointments and general access to health care among older adults and individuals with disabilities.

There remains a disparity between the supply and demand of affordable and accessible transportation options for older adults and adults with disabilities. In response MARC is forming workgroups across programs, departments, and external innovators to inform solutions within rural and urban settings. One example was a consumer-directed transportation pilot for dialysis patients. The pilot gave access to weekly dialysis treatment for individuals who have difficulty getting to dialysis appointments, resulting in late arrivals or missed appointments because of unreliable or insufficient transportation as an alternative to cost reimbursement, knowing the criticality of regular and consistent treatment.

Attachment D – Organizational Information

The following information will help provide information regarding the structure and Staff responsibilities of your agency.

- a. Provide an organizational chart for the Area Agency on Aging.
If the AAA is not freestanding (MARC and SLAAA), the chart must address placement of the aging unit within the multipurpose organization. The director of the multipurpose agency must certify that the aging unit functions only as the AAA for the purpose of carrying out the AAA functions specified in the Older Americans Act (OAA).
- b. Provide the Area Agency on Aging Staff Responsibilities.
Include the following information on the Organizational chart for all staff charging program time to any funding source on your Notice of Grant Award (NGA).
 - Employee’s Name- enter the full name of the employee
 - Employee’s Title- enter the title as it appears on the employee’s job description. The time should be entered as 1.0 equals a full-time employee. Half-time employees should be listed as .5 and hourly employees should be listed with the average number of hours per week that individual is employed with the agency.

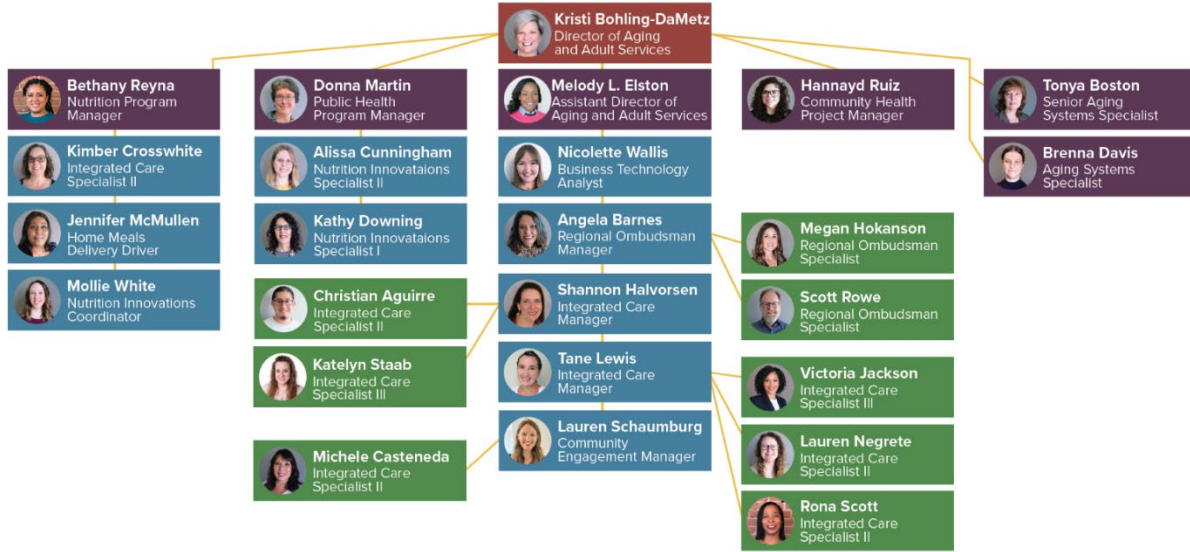
The Mid-America Regional Council Area Agency on Aging (MARC AAA) resides within the Aging and Adult Services Department at MARC.

MARC Organizational Chart



MARC Department of Aging and Adult Services (AAS) Organizational Chart

All staff members of the MARC AAA are employed on a full-time basis (40 hours weekly); the AAA does not employ any part-time staff.



Attachment E – Advisory Council Information

Per 45 CFR 1321.63 requires each Area Agency on Aging to have an Advisory Council. The council shall carry out advisory functions which further the area agency's mission of developing and coordinating community-based systems of services for all older individuals and family and older relative caregivers specific to each planning and service area. The council shall advise the agency relative to:

- (1) Developing and administering the area plan;
- (2) Ensuring the plan is available to older individuals, family caregivers, service providers, and the general public;
- (3) Conducting public hearings;
- (4) Representing the interests of older individuals and family caregivers; and
- (5) Reviewing and commenting on community policies, programs and actions which affect older individuals and family caregivers with the intent of assuring maximum coordination and responsiveness to older individuals and family caregivers.

The council shall include individuals and representatives of community organizations from or serving the planning and service area who will help to enhance the leadership role of the area agency in developing community-based systems of services targeting those in greatest economic need and greatest social need. The advisory council shall be made up of:

- (1) More than 50 percent older individuals, including minority individuals who are participants or who are eligible to participate in programs under this part, with efforts to include individuals identified as in greatest economic need and individuals identified as in greatest social need in § 1321.65(b)(2);
- (2) Representatives of older individuals;
- (3) Family caregivers, which may include older relative caregivers;
- (4) Representatives of health care provider organizations, including providers of veterans' health care (if appropriate);
- (5) Representatives of service providers, which may include legal assistance, nutrition, evidence-based disease prevention and health promotion, caregiver, long-term care ombudsman, and other service providers;
- (6) Persons with leadership experience in the private and voluntary sectors;
- (7) Local elected officials;
- (8) The general public; and
- (9) As available:
 - (i) Representatives from Indian Tribes, Pueblos, or Tribal aging programs; and
 - (ii) Older relative caregivers, including kin and grandparent caregivers of children or adults age 18 to 59 with a disability.

Conflicts of interest. The advisory council shall not operate as a board of directors for the area agency. Individuals may not serve on both the advisory council and the board of directors for the same entity.

Describe your Advisory Council (AC) including the following:

- Composition (including a chart);
- Meeting frequency;
- How members are selected, appointed, or elected;
- Terms of office;
- Explanation of how AC minutes may be obtained by the general public.

Furthermore, explain how the AC advises the AAA on:

- Enhancing the leadership role of the AAA;
- Furthering the AAA’s mission of developing and coordinating community-based systems of services for all older persons in the planning and service area;
- Matters relating to the development of the Area Plan;
- Administration of the Area Plan;
- Operations conducted under the Area Plan; and
- Conducting public hearings.

Advisory Council – Commission on Aging

The Commission on Aging, as outlined in the bylaws, serves as an advisory body to the Mid-America Regional Council (MARC) Board of Directors, and its reporting and advisory roles help shape the operations and strategic direction of the Area Agency on Aging (AAA).

Composition

- The MARC Commission on Aging (COA) is comprised of representatives from various entities, including:
 - Cass County (1)
 - Clay County (1)
 - Jackson County (2)
 - Platte County (1)
 - Ray County (1)
 - City of Independence, MO (1)
 - City of Kansas City, MO (2)
 - City of Lee’s Summit, MO (1)
 - At-large, MARC (2)
- Members are appointed by the Chief Elected Official of the political jurisdiction they represent. There are also two members at-large appointed by the Chair of the MARC Board of Directors.
- The council must be comprised of at least fifty-one percent eligible consumers of AAA services.

Meeting Frequency

- Regular business sessions are held on the second Wednesday of each month. Special meetings can be called by the Chair or requested by the Director of Aging within seven days' notice.

Selection, Appointment, or Election of Members

- Members are appointed by the Chief Elected Official of the political jurisdiction they represent. The Chair of the MARC Board of Directors appoints the Chair of the Commission and two members at-large. Vacancies are filled through appointments by the MARC Board Chair.

Terms of Office

- Members serve for a term of two years and may be reappointed at the discretion of the appointing official. Members who miss three consecutive meetings may be reviewed for continued service.

Access to Advisory Council Minutes

After each meeting, a summary of actions and discussions is prepared and submitted to all members. This summary is reviewed and approved at the next regular meeting. Agendas and approved minutes from the COA meetings are publicly accessible. Copies can be requested through a formal request to the MARC Aging and Adult Services Department, at 600 Broadway Blvd, Suite 200, Kansas City, Missouri 64105, by email to marcinfo@MARC.ORG or by calling (816) 474-4240.

Advising the AAA

The Advisory Council advises the Area Agency on Aging (AAA) in several ways:

Enhancing the Leadership Role of the AAA

By fostering the development of a comprehensive service system and increasing commitments from public and private entities to serve older people.

Furthering the AAA's Mission

Through planning, guidance, and reassurance of services that enhance effectiveness and accessibility, the council supports the AAA's mission.

Development of the Area Plan

The council reviews plans, service outlines, and makes recommendations to the MARC Board of Directors, ensuring alignment with regional needs and priorities.

Administration of the Area Plan

It evaluates activities under the Area Plan and supports the monitoring and review of contracting entities' performance, ensuring efficient administration.

Operations Conducted Under the Area Plan

Overseeing operations by offering support, guiding resource allocation, and assessing the effectiveness of these resources while providing technical assistance as needed.

Conducting Public Hearings

The council will hold public reviews to address grievances as requested, including the evaluation of contracting entities, with all meetings open to public attendance to gather input on the needs of older individuals and share relevant information.

MARC Commission on Aging Roster*		
Entity	Name	Appointment term
Cass County (1)	<i>Vacancy</i>	<i>Vacancy</i>
Clay County (1)	Ms. Tina Uridge 816.455.4800 tina@claycoseniors.org Clay County Senior Services 4444 North Belleview, STE 209 Kansas City, MO 64116	04/22/2021-04/22/2026
Jackson County (2) fwhite@jacksongov.org mhennoisy@jacksongov.org	Joan McDowd* mcdowdj@umkc.edu 910 W. 33rd Terrace Kansas City, MO 64111	03/29/2019-03/29/2026
	<i>Vacancy</i>	
Platte County (1)	Ms. Martha (Marte) Zirschky* 816.587.2344 mzirschky@att.net P.O. Box 12053 Parkville, MO 64152	01/10/2018-01/10/2026
Ray County (1) raycountycommissioners@yahoo.com Pat Mills will help with scheduling, raycoseniorcenter1@yahoo.com	<i>Vacancy</i>	<i>Vacancy</i>
City of Independence, MO (1) eweir@indepmo.org kosborne@indepmo.org	Ms. Beth Legler*, RN 22905 NW Ashford Ct. Blue Springs, MO 64015 816-813-8837	08/07/2019 – 08/07/2026

	Blegler53@gmail.com	
City of Kansas City, MO (2)	<i>Vacancy</i>	<i>Vacancy</i>
aly.hernandez@kcmo.org john.stamm@kcmo.org Quinton.lucas@kcmo.org	<i>Vacancy</i>	<i>Vacancy</i>
City of Lee’s Summit, MO (1) wbaird@cityofls.net (Mayor Bill Baird) Beto.Lopez@cityofLS.net (Mayor Pro Tem, and MARC Board proxy for Mayor Baird)	<i>Vacancy</i>	<i>Vacancy</i>
At-large, MARC (2)	Ms. Debbie Gwin (Chair) 7128 N. Hickory St. Kansas City, MO 64118 816-270-2800 dgwin@platteseniors.org	04/19/2021-04/19/2026, appointed by MARC Board Chair, Harold Johnson
	<i>Vacancy</i>	<i>Vacancy</i>
*Older Americans Act: At least 51% of the Commission membership must be eligible for MARC Area Agency on Aging services (i.e., age 60+ and resides in the 5-county service area)		

Attachment F – Area Agency Board of Directors Information

45 CFR 1321.55(b)(10) states that the AAA must, “Have a board of directors comprised of leaders in the community, including leaders from groups identified as in greatest economic need and greatest social need, who have the respect, capacity, and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change, and plan community responses for the present and for the future.” The board has the responsibility to ensure that the resources made available to the area agency on aging under the Act shall be used consistent with the definition of area plan administration as set forth in 45 CFR 1321.3 to finance those activities necessary to achieve elements of a community-based system set forth in paragraph (b) of 45 CFR 1321.55(b) and consistent with the requirements for provision of direct services as set forth in 45 CFR sections 1321.85 through 1321.93.

Describe your Board of Directors including the following:

- Composition (including a chart);
- Meeting frequency;
- How board members are selected, appointed, or elected;
- Terms of office;
- How long each officer has been in the position;
- Explanation of how Board minutes may be obtained by the general public.

Furthermore, explain how the Board of Directors advises the AAA on:

- Enhancing the leadership role of the AAA;
- Furthering the AAA’s mission of developing and coordinating community-based systems of services for all older persons in the planning and service area;
- Administration of the Area Plan;
- Operations conducted under the Area Plan; and
- Accessing the Needs of eligible persons in the planning and service area;
- Designing solutions based on the needs assessments;
- Tracking success of the solutions developed; and
- Plan community responses for the present and future of the service area.

Mid-America Regional Council Board of Directors

The MARC Board of Directors is composed of 33 elected leaders from nine counties and six major cities across Missouri and Kansas. This diverse group collaborates to guide regional policies and initiatives.

Leadership and Structure

As of April 2024, Chair Janeé Hanzlick from Johnson County, Kansas, leads the board, supported by 1st Vice Chair Beto Lopez of Lee's Summit, Missouri, and 2nd Vice Chair Damien Boley of Smithville, Missouri. Their leadership ensures balanced representation and effective decision-making. (See the Board of Directors Information listed below.)

Meeting Frequency

The board meets on the 4th or 5th Tuesday of each month at the MARC offices in Kansas City, Missouri.

Selection and Terms

Board members are selected through a combination of election and appointment processes. Elected officials are typically mayors or county executives from the member jurisdictions, while appointed representatives may be nominated by their respective organizations or agencies. The appointments are reviewed and confirmed by the existing board members, ensuring a fair and transparent process. Board members are eligible to be on the board for the duration of their election or appointment. Board officers typically serve a two-year term and may be reappointed.

Board Minutes

The minutes from the Board of Directors meetings are publicly accessible. Interested individuals can obtain the minutes by visiting MARC's official website, where they are published after each meeting. Additionally, copies can be requested through a formal request to the MARC administrative office, at 600 Broadway Blvd, Suite 200, Kansas City, Missouri 64105 or calling (816) 474-4240, ensuring transparency and accountability to the community. All MARC Board Meetings are open to the public.

<https://www.marc.org/committees/marc-board-directors>

The Commission on Aging, as outlined in the bylaws, serves as an advisory body to the Mid-America Regional Council (MARC) Board of Directors, and its reporting and advisory roles help shape the operations and strategic direction of the Area Agency on Aging (AAA). The Commission's relationship with the MARC Board of Directors ensures that the AAA's leadership role, mission and operations are continuously assessed, improved and aligned with the needs of the community it services. The collaborative efforts between the Commission and the Board facilitate effective administration and execution of the Area Plan, thereby enhancing the overall impact of the AAA's initiatives.

The Board of Directors of the Mid-America Regional Council (MARC) plays a crucial role in the advising the AAA through the mechanisms outlined below.

Enhancing the Leadership Role of the AAA

Strategic Oversight: The Board provides strategic direction and oversight to ensure the AAA is positioned as a leader in aging services within the PSA. This includes supporting initiatives that foster partnerships and collaboration with public and private entities.

Policy Recommendations: By reviewing and approving policies, contracts, funding opportunities, and expenditures recommended by the Commission on Aging, the Board guides the AAA in adopting leadership practices that align with regional and national standards.

Furthering the AAA's Mission

Mission Alignment: The Board ensures that the AAA's activities and strategies are aligned with its mission to develop and coordinate community-based systems of services. This involves approving the area plan and related initiatives that address the needs of older persons.

Resource Allocation: The Board reviews and evaluates the allocation of resources to strengthen existing services and develop new programs that enhance service delivery and accessibility.

Administration of the Area Plan

Evaluation and Monitoring: The Board supports and encourages the evaluation of the area plan's implementation, ensuring that goals are met and that the plan is responsive to changing needs of the region. This includes reviewing performance metrics and outcomes reported by the Commission on Aging.

Approval of Contracts: After contract discussion and review through the Commission on Aging Advisory Council, the Board approves contracts with service providers, ensuring that they align with the objectives of the area plan and meet quality standards.

Operations Conducted Under the Area Plan

Operational Guidance: The Board reviews and supports the operational aspects of the Area Plan, including the support of services, supporting the maintenance of resource inventories, and supporting the evaluation of service effectiveness.

Technical Support: The Board supports the provision of technical assistance to service providers, ensuring they have the resources and expertise needed to deliver quality services.

Assessing the Needs of Eligible Persons in the Planning and Service Area

Needs Assessment: The Board supports and encourages the process of conducting comprehensive needs assessments to identify the needs of eligible people in the service area. This involves gathering input from various stakeholders and using data-driven approaches.

Designing Solutions Based on the Needs Assessments

Solution Development: The Board advises on the design of solutions and strategies that address identified needs, ensuring that they are feasible, sustainable, and aligned with the AAA's mission.

Innovation Promotion: The Board encourages innovative approaches to service delivery and problem-solving, promoting the use of new technologies and methodologies.

Tracking Success of the Solutions Developed

Performance Metrics: The Board supports and encourages the establishment and review of performance metrics to track the success of implemented solutions, ensuring accountability and continuous improvement.

Feedback Mechanisms: The Board supports the development of feedback mechanisms to gather input from service recipients and stakeholders, using this information to refine and enhance services.

Plan Community Responses for the Present and Future of the Service Area

Future Planning: The Board supports and advises as needed in strategic planning to anticipate future needs and challenges, ensuring that the AAA is prepared to respond effectively.

Community Engagement: The Board promotes community engagement and collaboration in planning processes, fostering a collective response to aging-related issues.

Through these advisory roles, the Board of Directors ensures that the AAA remains a responsive, effective, and forward-thinking organization, capable of meeting the needs of older adults in the planning and service area.

MARC Board of Directors

MARC Board Officers below began these positions in April 2024.

BOARD OFFICERS



Chair

Janeé Hanzlick
Commissioner
Johnson County, Kansas



1st Vice Chair

Beto Lopez
Mayor Pro Tem
Lee's Summit, Missouri



2nd Vice Chair

Damien Boley
Mayor
Smithville, Missouri



Treasurer

Holly Grummert
Councilmember
Overland Park, Kansas



Secretary

Dr. Bridget McCandless
Councilmember
Independence, Missouri

Board Members

CASS COUNTY, MISSOURI

- **Bob Huston**, Presiding Commissioner
 - Commissioner's representative: **Ryan Johnson**, Commissioner
- **Kristofer Turnbow**, Mayor, Raymore (*represents cities in Cass County*)

CLAY COUNTY, MISSOURI

- **Jerry Nolte**, Presiding Commissioner
 - Alternate: **Scott Wagner**, Commissioner
- **Victor Hurlbert** Auditor
 - **Jon Carpenter**, Commissioner
- **Damien Boley**, Mayor, Smithville (*represents cities in Clay County*)
 - Alternate: **Randy Pogue**, Mayor, Kearney

JACKSON COUNTY, MISSOURI

- **Frank White Jr.**, County Executive
 - Representative: **Jalen Anderson**, County Legislator
- **DaRon McGee**, County Legislator
 - Alternate: **Megan Marshall**

- **Mike McDonough**, Mayor, Raytown (*represents cities in Jackson County other than Independence, Kansas City and Lee's Summit*)
 - Alternate: **Leonard Jones**, Mayor, Grandview

JOHNSON COUNTY, KANSAS

- **Mike Kelly**, Commission Chairman
 - Alternate: **Becky Fast**
- **Janeé Hanzlick**, Commissioner
 - Alternate: **Jeff Meyers**, Commissioner
- **Eric Mikkelson**, Mayor, Prairie Village (*represents cities in Johnson County other than Olathe and Overland Park*)
 - Alternate: **Michael Poppa**, Mayor, Roeland Park
- **Rick Walker**, Mayor, De Soto (*represents cities in Johnson County other than Olathe and Overland Park*)
 - Alternate: **Mickey Sandifer**, Mayor, Shawnee

LEAVENWORTH COUNTY, KANSAS

- **Doug Smith**, Commissioner
 - Alternate: **Vernon Fields**, Councilmember, Basehor
- **Jeff Culbertson**, Commissioner

MIAMI COUNTY, KANSAS

- **Rob Roberts**, Commissioner
 - Alternate: **Tyler Vaughan**, Commissioner

PLATTE COUNTY, MISSOURI

- **Scott Fricker**, Presiding Commissioner
- **Chis Wright**, Recorder of Deeds

RAY COUNTY, MISSOURI

- **Sheila Tracy**, Presiding Commissioner

UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY, KANSAS

- **Tyrone Garner**, Mayor/CEO
 - Mayor's Representative: **Mike Kane**, Commissioner
- **Tom Stephens**, Mayor, Bonner Springs
 - Alternate: **Carolyn Caiharr**, Mayor, Edwardsville
- **Christian Ramirez**, Commissioner

- **Dr. Evelyn Hill**, Commissioner
- **Tom Burroughs**, Commissioner

INDEPENDENCE, MISSOURI

- **Rory Rowland**, Mayor
 - Mayor's Representative: **Bridget McCandless**, Councilmember
- **Jared Fears**, Councilmember

KANSAS CITY, MISSOURI

- **Quinton Lucas**, Mayor
- **Eric Bunch**, Councilmember
- **Johnathan Duncan**, Councilmember
- **Nathan Willett**, Councilmember

LEE'S SUMMIT, MISSOURI

- **Bill Baird**, Mayor
 - Mayor's representative: **Beto Lopez**, Mayor Pro Tem

OLATHE, KANSAS

- **John Bacon**, Mayor
 - Mayor's representative: **Marge Vogt**, Councilmember

OVERLAND PARK, KANSAS

- **Curt Skoog**, Mayor
 - Mayor's representative: **Logan Heley**, Councilmember
- **Holly Grummert**, Councilmember
 - Alternate: **Inas Younis**, Councilmember

PUBLIC TRANSPORTATION REPRESENTATIVES - VOTING MEMBERS

- **VACANT**

PUBLIC TRANSPORTATION REPRESENTATIVES - NON-VOTING ADVISORY MEMBERS

- **Frank White III**, President and CEO, Kansas City Area Transportation Authority
 - Alternate: **Dick Jarrold**, Vice President, Kansas City Area Transportation Authority
- **Michael Moriarty**, Chief of Transportation Planning, Kansas Department of Transportation

- Alternate: **Leroy Koehn**, District Engineer, Kansas Department of Transportation
- **Chris Redline**, District Engineer, Missouri Department of Transportation
 - Alternate: **Jeff Hardy**, Assistant District Engineer, Missouri Department of Transportation

Attachment G – Data

For describing populations statewide, it is important to be consistent throughout the state by using the same source for key data elements. Each year, the AAAs will be provided with the data profiles used to development the Intrastate Funding Formula.

The AAAs shall use this same data to describe the following:

- identify the eligible populations below for the PSA:
 - low-income minority older individuals,
 - older individuals with limited English proficiency,
 - and rural older individuals in the PSA,
- Provide statistical data regarding current participants in programs or activities surrounding each of the populations listed above.
- Describe the barriers that the AAA currently faces in providing services and actions the AAA plans to target these populations.

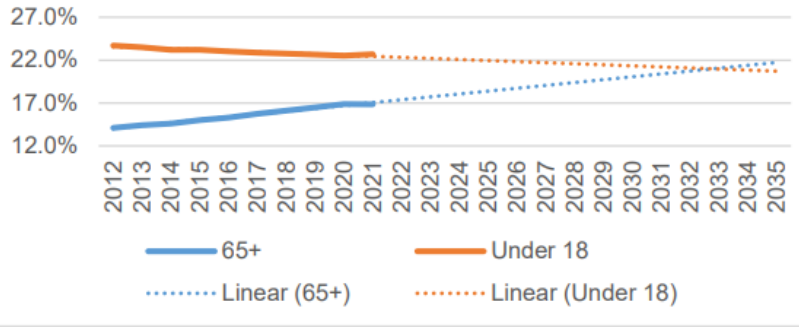
Older Americans Act Section 307(a)(15)(B)(i) requires AAAs to designate an individual employed by the AAA, or available to such AAA on a full-time basis, whose responsibilities will include—

- (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.

- **Describe how the AAA is meeting this requirement.**

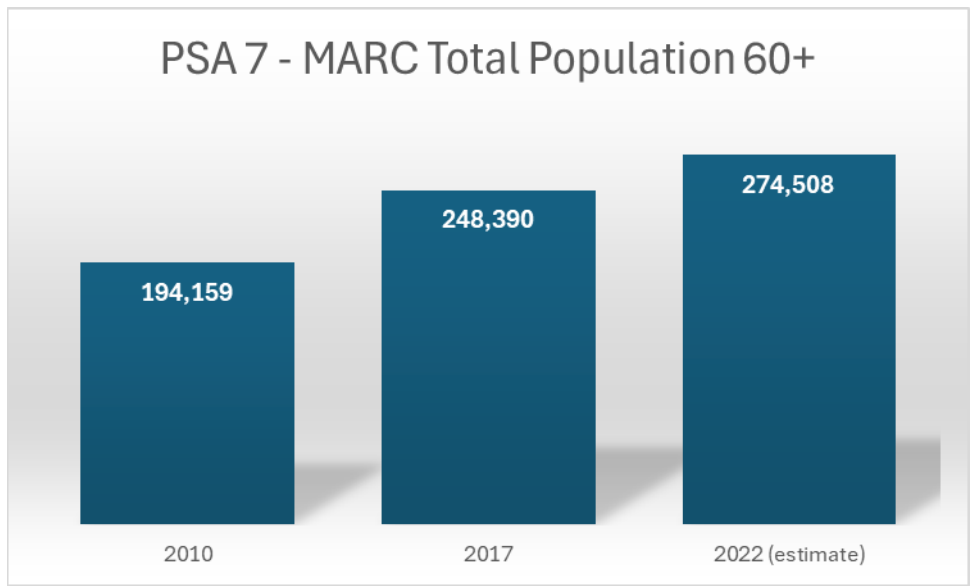
Corresponding with the predicted growth trend in the older adult population over time, as illustrated by the Change in Missouri’s Population Distribution trend below from the 2024-2027 Missouri State Plan on Aging, the MARC AAA PSA, according to Missouri’s Intrastate Funding Formula (IFF) is also experiencing a steadily increasing trend.

Change in Missouri's Population Distribution

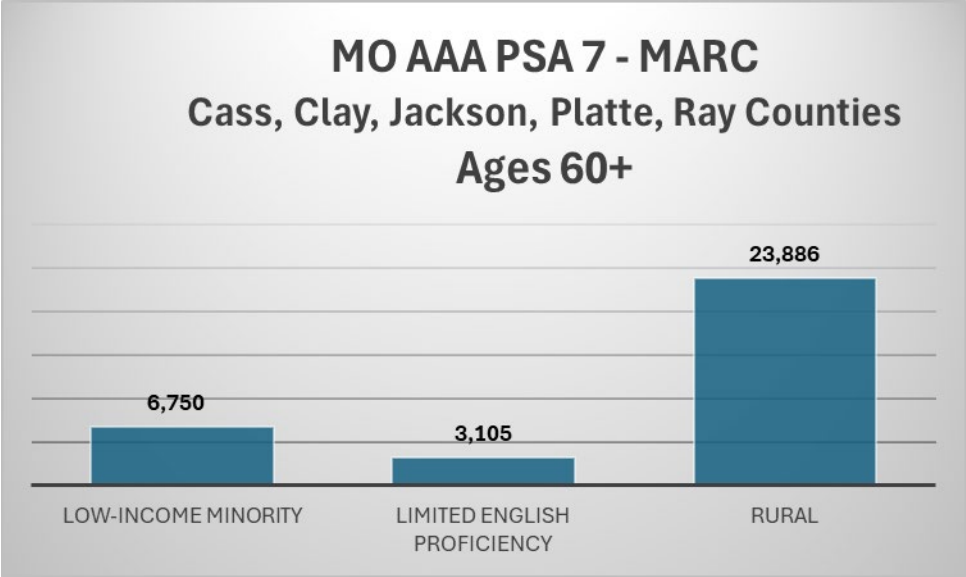


Data from American Community Survey 5-year Estimate Subject Tables 2012-2021

There were 248,390 individuals 60 years of age or older in 2017 across the MARC AAA (Region 7 PSA). This is up from 194,159 in 2010 and continues to trend upward based on 2022 estimates of 274,508. The chart below represents a 41.38% increase for this PSA between 2017 and 2022 estimated data.



Within the older adult total, we see populations with the greatest economic and social need across the PSA as follows.



Rural areas in the PSA include Ray County and portions of all other four counties in the region (northern Platte and Clay Counties, eastern Jackson County, and southern Cass County). The following chart compares the number of participants, units, and types of services provided in rural and non-rural portions of the PSA.

Annual Summary Report By Service Group Rural

7/1/2023 - 6/30/2024

State Code	State Service Definition	Rural Clients	Rural Units	Non-Rural Clients	Non-Rural Units	Total Units
01S	Personal Care	15	1004.75	182	16697.5	17702.25
02S	Homemaker	22	2578	221	23747.25	26325.25
04S	Home Delivered Meals	138	21300	3845	598855	620155
06S	Case Management	2	6	225	1871.65	1877.65
07S	Congregate Meals	508	20623	3118	104950	125573
10S	Transportation	271	10188	580	35339	45527
11S	Legal Assistance	1	7.17	600	4645.7	4652.87
13S	Information & Assistance	0	0	7	21792	23305
A02	Home Repair	3	3	90	93	96
B04	Disease Prevention & Health Promotion (DHP)	5	98	361	5771.5	5869.5
FC1	Information Services	7	1360	224	40128	41488
FC2	Access Assistance	1	0.25	47	201	201.25
FC3	FC Counseling	1	5.91	44	538.07	543.98
FC4	FC Respite Care	1	5	96	9198.25	9203.25
FC5	Supplemental Services	0	0	11	145	145
Report Totals		871	57179.08	8646	863972.92	922665
						9518

MARC's Area Agency on Aging (AAA) Region 7 PSA reflects broad diversity, particularly in and around Jackson County. The following chart compares the number of participants, units, and types of services provided for low-income minority and non-low income minority older adults in the PSA.

Annual Summary Report By Service Group LIMinority

7/1/2023 - 6/30/2024

State Code	State Service Definition	LI & Minority	LI & MIN Units	Non-LI MIN	Non-LI MIN Units	Total Units	
01S	Personal Care	20	2310.5	177	15391.75	17702.25	
02S	Homemaker	19	2125.75	224	24199.5	26325.25	
04S	Home Delivered Meals	1088	179815	2891	439551	620155	
06S	Case Management	32	270.8	195	1606.85	1877.65	
07S	Congregate Meals	232	13720	3394	111853	125573	
10S	Transportation	114	5789	736	39717	45527	
11S	Legal Assistance	231	2005.12	352	2492.24	4652.87	
13S	Information & Assistance	0	0	8	23305	23305	
A02	Home Repair	14	14	79	82	96	
B04	Disease Prevention & Health Promotion (DHP)	1	13	365	5856.5	5869.5	
FC1	Information Services	5	963	224	40294	41488	
FC2	Access Assistance	1	6	47	195.25	201.25	
FC3	FC Counseling	24	223.14	21	320.84	543.98	
FC4	FC Respite Care	3	264.5	94	8938.75	9203.25	
FC5	Supplemental Services	0	0	11	145	145	
Report Totals		1653	207519.81	7840	713948.68	922665	9518

Currently, we do not have access to service delivery breakdown information for persons with limited English proficiency. As data fields are added to the client management system the AAA will be better able to pull this report for the Region 7 PSA.

Barriers

A number of barriers exist across these three populations of greatest economic and social need (GEN and GSN). Race, ethnicity, and language (REL) data is likely under-reported, therefore underestimating where disparities exist across the Region 7. We continue to face the impact of 'isms.' Efforts to reframe aging seek to address ageism. However, when racism or language barriers are also present there is an exponential impact on the likelihood of disparities in whole-person health.

Finding services in the first place can be challenging for those with limited English proficiency. Reducing this barrier through visibility and increased awareness of services, as well as partnerships with organizations who serve diverse language individuals and families is paramount.

Unfortunately, the added need to find or wait for interpreters can slow the start of services or limit options like caregiver services especially for less common languages. We continue to optimize access to bilingual staff and contract providers while expanding community partnerships to broaden language access and navigation support.

Transportation is challenging, particularly for those with the greatest economic need. Kansas City buses remain free to ride. However, routes are often slow and difficult to count on for scheduled appointments. While a variety of transportation options are available to older adults, even waiting for reimbursement of costs is formidable for many prompting them to skip needed appointments or dialysis.

In rural areas, finding affordable transportation options covering broad areas and longer distances is challenging. Transportation surfaced as a consistent need prompting the establishment of a MARC-led Transportation Workgroup and RFPs focusing on rural providers.

Additionally, fewer resources and community-based organizations may be available and/or readily accessible for older adults in rural portions of the PSA increasing the risk of social isolation. Three additional community senior centers were added in SFY 2025 to extend further into the rural portions of the PSA.

Assistance for older individuals with limited English-speaking ability and low-income minority older individuals

The AAA is actively meeting the requirements in Section 307(a)(15)(B)(i) of the Older Americans Act by designating a dedicated staff member responsible for ensuring that older individuals with limited English proficiency receive appropriate counseling assistance. This individual is tasked with connecting older adults to interpretation services and access to programs and services under the Act, ensuring that language barriers do not hinder participation.

The MARC AAA has full-time access to bilingual translation services, ensuring that support is available from the initial contact at Information and Referral. This comprehensive approach allows participants to receive necessary assistance and referrals to outside services in their preferred language, enhancing their overall experience and engagement.

Additionally, the MARC AAA is committed to fostering cultural competency among its staff. Regular training sessions are conducted to raise awareness of cultural sensitivities, enabling service providers to effectively address the linguistic and cultural differences of the diverse populations they serve. This initiative is further strengthened by a developing partnership with a nonprofit organization that specializes in supporting individuals from various language backgrounds within the Kansas City region.

Moreover, the MARC AAA is in the process of establishing a bidirectional referral system with this nonprofit organization, which will facilitate seamless communication

and resource sharing. This collaborative effort aims to enhance service delivery and ensure that all older adults, regardless of language, can access the support they need to thrive in their communities.

The MARC AAA is dedicated to addressing the needs of low-income minority individuals aged 60 and over. Through intentional strategies, the organization has prioritized these communities by hosting listening sessions and informational events that highlight available services in disproportionately underserved areas, particularly those at or below the poverty threshold. The MARC AAA has successfully organized free and publicly accessible resource fairs in these key locations, enhancing community engagement and awareness.

In pursuit of its mission, the MARC AAA has forged strategic partnerships and collaborations with community-based organizations (CBOs), non-profit entities, and agencies specializing in serving these populations. This collaborative approach has facilitated the planning of events and programming, ensuring prioritized access to essential services for communities in need.

Looking ahead, the MARC AAA is committed to refining its intake process to better serve low-income minority individuals. The organization will implement weighted assessments to prioritize individuals facing the greatest challenges, particularly those from low-income zip codes, minority backgrounds, and limited or non-English speaking communities. This strategic focus aims to enhance service delivery, streamline referrals, and ensure that the most vulnerable populations receive the support they need.

Attachment H – Senior Centers and Focal Points

Complete each section in the table below for each service location in your planning and service area. Locations include senior centers, administrative offices and other locations where services are routinely carried out. Please include type of center in the second column. Types include MPC (multipurpose senior center), FP (focal point), SAT (satellite), and OTHER. If a center is OTHER, please provide an explanation.

- Focal point (F): A facility established to encourage the maximum collocation and coordination of services for older individuals that has been designated in Area Plans for comprehensive service delivery.
- Multipurpose senior center (M): A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental and behavioral health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.
- Satellite (S): a center that is “under” another center and only provides partial services such as only congregate meals and recreation.
- OTHER (O): A facility that does not meet one of the other definitions. Must provide explanation of what services the facility provides.

The following table provides an overview of community senior centers in the PSA.

Center Name	Type of Center (F, M, S, O)	County	Address	Phone Number	Days and Hours of Operation	Direct or Contracted Service (D/C)	Congregate Meals (C)/Home Delivered Meals (H) Carry Out (CO)	Bilingual Staff (Y/N)	Services Provided
Belton Senior Center	M	Cass	609 Minnie Ave, Belton, MO 64012	816-348-7410; 816-630-5955	8am-2pm M-F	C	C	N	Evidence-Based programs, exercise classes, Games (bingo, trivia, etc.), educational presentations, arts and crafts, transportation to/from center, technology classes
Vesper Hall Senior Center	M	Jackson	400 N.W. Vesper, Blue Springs, MO 64014	816-228-0237	8am-5pm M-F	C	C/H	N	Evidence-Based programs, exercise classes, Games (bingo, cards, dominos, etc.), health screenings, support groups, arts and crafts, transportation to/from center

Harrisonville Senior Center	M	Cass	2400 Jefferson Pkwy, P.O. Box 133 Harrisonville, MO 64701	816-380-8980	8am-2pm M-F	C	C/H	N	Health screenings, bingo, cards
Don Bosco Community Center	M	Jackson	580 Campbell, Kansas City, MO 64106	816-691-2900	9am-4pm M-F	C	C/H	Y	Health screenings, wellness education classes, transportation to/from center, exercise classes, Mobile Food Drive
Excelsior Springs Senior Center	M	Clay	500 Tiger Drive, Excelsior Springs, MO 64024	816-630-5955	8am-2pm M-F	C	C	N	Exercise classes, Games (bingo, Wii bowling etc.), arts and crafts, transportation to/from center, technology classes, music classes, live band on Thursdays
Guadalupe Senior Center	M	Jackson	1015 Avenida Cesar Chavez, Kansas City, MO 64108	816-421-1015	8:30am-5pm M-F	C	C/H	Y	Transportation to/from center, exercise classes, bingo and other games, health screenings and nurse visits, arts and crafts, occasional field trips/outings
Palmer Senior Center	M	Jackson	218-A North Pleasant, Independence, MO 64050	816-325-6200	8am-5pm M-F	C	C/H	N	Evidence-Based programs, fitness classes, health screenings, tech classes, Veteran's Café, classes on art/music/dancing, bingo and other games, transportation to/from center
Kearney Senior Center	F	Clay	600 N Jefferson St, Kearney, MO 64060	816-635-0466	9am-2pm M-F	C	C	N	Evidence-Based programs, games (bingo, cards, dominos, etc.), exercise classes, technology assistance, drive-thru mobile food bank, commodity boxes, transportation to/from center
Liberty Silver Center	M	Clay	1600 S Withers Road, Liberty, MO 64068	816-439-4368	8am-2pm M-F	C	C/H	N	Evidence-Based programs, games (cards, bingo, etc.), arts and crafts, health screenings, exercise classes available at the community center as well, transportation to/from center
Oak Grove Senior Center	F	Jackson	1901 Broadway, P.O. Box 403, Oak Grove, MO 64075	816-690-4003	9am-3pm M-F	C	C/H	N	Games (bingo, billiards, etc.) arts and crafts, transportation to/from center

Parkville Living Center	F	Platte	819 Main St, Parkville, MO 64152	816-741-6824	7:30am-2pm M-Th	C	C	N	Games, tech classes/assistance, support groups, educational presentations
Platte Senior Services	F	Platte	12200 N Ambassador Dr, Suite 104, Kansas City, MO 64163	816-270-4100	8am-2pm M-F	C	C	N	Exercise classes, arts and crafts, games (bingo, cards, etc), book club, support groups, transportation to/from center
Ray County Senior Center	F	Ray	1015 West Royle, P.O. Box 207, Richmond, MO 64085	816-470-5808	8am-4:30pm M-F	C	C	N	Games (bingo, cards), host Harvesters food pantry once/month
Shepherd's Center of KC-Central	O <i>(This location does not serve congregate meals)</i>	Jackson	9200 Ward Parkway, Ste 200, Kansas City, MO 64114	816-293-9596	8am-5pm M-F	C	H	Y	Evidence-Based programs, exercise classes, art classes, senior companionship opportunities (phone pals, in-home visits), care management, special outings, Medicare counseling

Attachment I – Public Education Evaluation Report

Per OAA Section 306(a)(4)(B), “the area agency on aging will use outreach efforts that will—

- (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 - older individuals residing in rural areas;
 - older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - older individuals with severe disabilities;
 - older individuals with limited English proficiency;
 - older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

- (ii) inform the older individuals referred above and the caretakers of such individuals, of the availability of such assistance.”

Missouri added the four categories of Caregivers as well since serving all four populations is required under the final rule.

Please describe outreach activities targeted towards each population listed above, in narrative form. Complete and include the data table for each population above, including information from the previous state fiscal year such as the increase in unduplicated persons served, increase in units of service, etc., as applicable.

We continue to work toward the aim of near household recognition among individuals who are eligible for assistance, with an ongoing emphasis on individuals with greatest social and economic need, and to have immediate recognition among primary stakeholders in the regional aging network.

MARC’s department of Aging and Adult Services now includes a community engagement manager who convenes thought leaders and municipalities promoting age-friendly cities and awareness of services. The community engagement manager works with public affairs to use communication tools such as billboards, postcards, and brochures as well as social media. Additionally, we worked with contractors, partners, and neighborhood organizations to provide a comprehensive Aging Services Fair with special emphasis on populations included below across the PSA.

The Leadership In Aging Network (LIAN) includes a group of individuals vested in improving outcomes for older adults across the PSA and informing new ideas. These are key stakeholders critical to broadening awareness and visibility of services that support aging, in concert with the Missouri State Plan on Aging overarching goal to age safely, in a way that promotes health and dignity, in the setting of the individual's choice.

While focusing on key groups of older adults, we recognize the importance of remaining mindful of intersectionality and therefore place emphasis on special populations while avoiding labels and assumptions of need.

When possible, we combine and align outreach efforts with those that are well known and accepted across the PSA. An example of this is our contractor relationship with the United Way (2-1-1) for Information and Assistance.

Older individuals residing in rural areas

Outreach to older individuals and the caretakers of such individuals in rural areas is primarily done through trusted and known sources. In many cases that includes community senior centers, home-delivered meal drivers, transportation, in-home service providers and health care partners.

We ensure centers receive timely information and updates to share with individuals and caregivers. In the case of generating interest in the Kansas City Town Hall for the Missouri Master Plan on Aging, we worked with home-delivered meal drivers and center administrators to announce and distribute information regarding the event and opportunity to provide input.

Each MARC-contracted rural service provider often has preferred methods of communication with older individuals and caregivers as well, including but not limited to newsletters, flyers, word-of-mouth, and local media.

Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas)

Outreach activities for older individuals with greatest economic need and their caretakers, especially low-income minority and rural dwelling individuals, is often dependent on collaboration with other social service, health care, municipal, and community-based organizations. Referrals from these entities across the PSA make it essential that we communicate early and often.

Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas)

Increasingly communities are considering social risk and the overall impact of ignoring the foundational needs of older adults. As a result, our outreach activities to older individuals with greatest social needs and their caretakers, especially low-income minority and rural dwelling individuals, have expanded to align with health care entities,

insurance providers, community collaboratives, and community information exchange closed loop referral platforms.

In Ray County (rural area) we are partnering in outreach activities as a member of the Community Leadership Board for Project Guardian, a Transformation of Rural Community Health (ToRCH) Missouri HealthNet pilot project focused on addressing social determinants of health (SDOH) through improved population health, rural hospital sustainability, reduced avoidable utilization and overall cost of care.

Older individuals with severe disabilities

Outreach to older individuals with severe disabilities and their caretakers typically flows through specialty care providers helping to support their independence and opportunity within the community.

Older individuals with limited English proficiency

Outreach to older individuals with limited English proficiency and their caretakers is supported through our contracting centers and service providers. Additionally, we actively seek to partner with other organizations serving this population, such as the Missouri Office of Refugee Administration and Refugee Social Services at the Jewish Vocational Service organization in Kansas City, recognizing the diverse individuals they serve with limited English proficiency.

Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals)

In addition to above mentioned outreach activities, Information and Assistance personnel and contractors provide direct referrals for caretakers and individual clients to specialized providers in the PSA. The Alzheimer Disease Research Center (ADRC) at the University of Kansas Medical Center, and the local Alzheimer's Association chapter are among those specialized providers. To further support awareness and streamline support services, the Alzheimer's Association provides annual training to MARC Information and Referral call center personnel, to appropriately identify callers who may have been diagnosed with dementia, and/or identify specialized services to cater to their specific need.

Older individuals at risk for institutional placement, specifically including survivors of the Holocaust

All older individuals made vulnerable to poverty, social risk, or declining health may be at greater risk for institutional placement. Therefore, MARC's AAA outreach activities to increase awareness of long-term care diversion programs are in discussion as we plan and gather supportive data.

In summary, all these efforts are seated in an understanding that our outreach efforts must be culturally competent and responsive to individual populations.

The following table reflects changes in the number of people served, the overall units of service delivered, and the variance from SFY 2023 to SFY 2024. Due to COVID-related American Rescue Plan Act (ARPA) funding, the AAA was able to do more outreach resulting in the delivery of more units of service during this timeframe. We are likely to see these numbers decline in the coming years without the additional funds. While critically important, OAA funds were never intended to cover all needs, so other funding sources such as senior levies in Clay, Platte, and Jackson Counties will be vital.

Population	SFY2024 # Reached	Change from SFY2023 (+/-)	% Difference between SFY2023 and SFY2024
Unduplicated Persons	9518	(+) 764	8.7% increase
Units of Service	922,665	(+) 56,385	6.5% increase
Older Rural Adults	871	(-) 218	20% decrease
Older Adults with GEN	NCC	NCC	<i>(See Notes Below)</i>
Older Adults with GSN	NCC	NCC	<i>(See Notes Below)</i>
Older Adults with Severe Disabilities	NCC	NCC	<i>(See Notes Below)</i>
Older Adults with Limited English Proficiency	NCC	NCC	<i>(See Notes Below)</i>
Older Adults with Alzheimer’s or related Dementias	NCC	NCC	<i>(See Notes Below)</i>
Older Adults at Risk for Institutional Placement	NCC	NCC	<i>(See Notes Below)</i>
Older Adult Survivors of the Holocaust	NCC	NCC	<i>(See Notes Below)</i>
Caregivers age 18+ of Older Adults	NCC	NCC	<i>(See Notes Below)</i>
Older Adult Caregivers of Children	NCC	NCC	<i>(See Notes Below)</i>
Older Adult Caregivers of Adults with Disabilities	NCC	NCC	<i>(See Notes Below)</i>
Caregivers of any age for persons with Alzheimer’s and Related Dementias	NCC	NCC	<i>(See Notes Below)</i>

Notes:

- *NCC = Not Currently Collected.*
- *While this data has not been collected in the past, additional fields are being added in the client management system, so this newly required data will be available in the future.*

Attachment J – Annual Information and Assistance Referral Report

Document the types of services and service agencies which older adults were given information about or where referrals were made. When follow-ups were necessary, provide information about the results of follow-up efforts with service providers and persons who sought assistance (19 CSR 15-4.295(11)). Additionally, address areas where needs are unmet.

From a process standpoint, requests and questions come in through Information and Referral (I&R) and based on identified needs clients are connected with Area Agency on Aging (AAA) services often provided by MARC-contracted community-based organizations (CBOs). In addition to MARC staff working with I&R, we contract with the United Way (2-1-1) as a recognized resource when seeking support services.

For a variety of reasons, including eligibility, service line holds due to funding or workforce restrictions, or general lack of available resources for the specific request, the client may not receive a service. Referrals are commonly made to organizations

external to AAA resources, such as utility assistance programs, houselessness support, or other specialized requests, and referrals are commonly made to agencies or state government units that respond to mental or behavioral health needs as well as those that serve individuals with disabilities.

We continue to build systems to track referrals in real-time and have visibility into real-time performance indicators. While the platform has provided great flexibility and responsiveness, it does require time for development and troubleshooting. We are migrating to a new client management system which will provide OAA functions and reduce the need for application development.

The data table that follows reflects the types of I&R requests MARC received in 2024 (calendar year). The column labeled “Unmet Needs” refers to instances in which the I&R team did not locate an available resource. This usually occurs because the resource is not currently available, there is a lack of funding, the client already tried the agency (to receive help through the referred-to agency), client does not qualify, the client personally declined the referral, or other various reasons.

Since previous reporting, these top needs remain fairly consistent though the order has changed slightly. Items bolded in blue reflect previous top needs. New top 20 needs in 2024 include Home Health Aide Services, Homemaker Services, and General Legal Aid. Unmet needs for areas such as Personal Care and Low-Cost Home Rental Listings decreased, while the unmet need for Home Delivered Meals, Specialized I&R, Senior Ride Programs, and Case/Care Management increased informing strategy discussions.

Top 50 Needs (January – December 2024)	Total Needs	% of Requests	Unmet Needs	Unmet %
Home Delivered Meals	2782	25.87%	575	20.67%
Specialized Information and Referral	1846	17.17%	774	41.93%
Senior Ride Programs	1258	11.70%	446	35.45%
Case/Care Management	549	5.11%	54	9.84%
Personal Care	419	3.90%	169	40.33%
Low-Cost Home Rental Listings	229	2.13%	30	13.10%
Home Rehabilitation Programs	220	2.05%	89	40.45%
Area Agencies on Aging	178	1.66%	53	29.78%
General Minor Home Repair Programs	162	1.51%	53	32.72%
Family Caregiver Subsidies	160	1.49%	36	22.50%
Legal Counseling	153	1.42%	54	35.29%
Medicaid Applications	149	1.39%	1	0.67%
Electric Service Payment Assistance	130	1.21%	39	30.00%
Home Health Aide Services	119	1.11%	2	1.68%

Homemaker Assistance	108	1.00%	17	15.74%
Non-Emergency Medical Transportation	104	0.97%	35	33.65%
Adult Protective Services	103	0.96%	2	1.94%
Senior Housing Information and Referral	95	0.88%	64	67.37%
Gas Service Payment Assistance	93	0.86%	32	34.41%
General Legal Aid	89	0.83%	6	6.74%
Disability Related Transportation	84	0.78%	34	40.48%
Housekeeping Assistance	84	0.78%	25	29.76%
Medical Equipment/Supplies	82	0.76%	3	3.66%
Rent Payment Assistance	81	0.75%	27	33.33%
Adult In Home Respite Care	74	0.69%	25	33.78%
Food Pantries	71	0.66%	9	12.68%
Medicare Information/Counseling	70	0.65%	2	2.86%
Health Fairs	54	0.50%	1	1.85%
Medicaid Information/Counseling	52	0.48%	1	1.92%
General Paratransit/Community Ride Programs	49	0.46%	13	26.53%
Consumer Complaints	48	0.45%	4	8.33%
Community Shelters	45	0.42%	7	15.56%
Senior Centers	45	0.42%	4	8.89%
Ride App Services	45	0.42%	3	6.67%
Ramp Construction Services	45	0.42%	1	2.22%
Housing Authorities	45	0.42%	0	0.00%
Veteran Benefits Assistance	44	0.41%	0	0.00%
Senior Companion Program	43	0.40%	5	11.63%
Weatherization Programs	40	0.37%	1	2.50%
Water Service Payment Assistance	39	0.36%	13	33.33%
Personal Alarm Systems	35	0.33%	23	65.71%
Section 8 Housing Choice Vouchers	34	0.32%	0	0.00%
Tax Preparation Assistance	33	0.31%	3	9.09%
Caregiver Counseling	32	0.30%	0	0.00%
General Yard Work	28	0.26%	8	28.57%
Landlord/Tenant Assistance	25	0.23%	1	4.00%
Social Security Disability Insurance	21	0.20%	1	4.76%

Transitional Housing/Shelter	20	0.19%	1	5.00%
Advocacy	18	0.17%	0	0.00%
Prescription Expense Assistance	16	0.15%	1	6.25%

Follow-ups outside of MARC’s contracted services don’t happen often. MARC has a system of accountability with contractors that helps ensure secure referrals are conducted in a timely manner and services are rendered within a specified timeframe. MARC developed functionality to track referrals real-time and have visibility into real-time performance indicators. When a call is added to the I&R list, the current process involves two attempts and documentation of follow-up attempts in this platform and the state client management system. Successful follow-up notes include any additional resources provided.

The data below shows top referrals from United Way in 2024 (calendar year). In both 2023 and 2024 nearly 60% of all calls were for MARC Intake and Assistance.

Top Referrals	Call Count	%
Mid-America Regional Council - Aging Services	6059	58.03
MO DHSS - Senior and Disability Services	235	2.25
Missouri Housing Development Commission - Kansas City	151	1.45
Kansas City Area Transportation Authority - RideKC Freedom	134	1.28
KC Shepherd's Center	104	1.00
Habitat for Humanity of Kansas City	90	0.86
Samuel U. Rodgers Health Center - Health Insurance Services	82	0.79
Christmas In October - Kansas City	80	0.77
Legal Aid Of Western Missouri - Central Office	77	0.74
KCHousingLocator.com	73	0.70
Metro Lutheran Ministry - Central - Minor Home Repair for Senior or Disabled Citizens	66	0.63
Missouri Protective Services For Aging Hotline	66	0.63

Attachment K – Description of Coordination with Required Partners

The Older Americans Act requires the Area Agencies on Aging to coordinate with the State Agency responsible for mental and behavioral health services (OAA Section 306(a)(6)(F)) and agencies providing services for persons with disabilities (OAA Section 306(a)(5)).

Describe how the AAA coordinates with the Missouri Department of Mental Health to ensure individual mental and behavioral or disability service needs are met. Additionally, describe how the AAA coordinates with the Department of Health and Senior Services to ensure individual disability needs are met.

MARC collaborates with the Department of Health and Senior Services (DHSS) and the Missouri Department of Mental Health (DMH) on the needs of individuals under their purview on several levels.

At the strategic level, MARC works alongside other organizations focused on mental and behavioral health, including primary care models of integrated behavioral health. Our service providers routinely refer individuals to services funded by DMH, ensuring that those in need receive the appropriate support.

To build local capacity, we are investing in Mental Health First Aid Instructor Training and exploring future evidence-based programming based on the Program to Encourage Active, Rewarding Lives (PEARLS). This program focuses on strategies to address social isolation and depression in older adults, which are critical issues in our communities.

Care managers are actively involved in making referrals to agencies serving individuals with disabilities and behavioral health needs, including DMH, The Whole Person (our local Center for Independent Living), and other mission-aligned organizations. We also partner with mental health agencies and resources whose missions closely align with MARC's Area Agency on Aging. This includes collaboration with care management programs within federally qualified health centers (FQHCs), which offer integrated services to address both physical and mental health needs effectively.

In addition, we engage with local levies and organizations that support mental health initiatives, fostering a network of resources that can better serve the PSA. This comprehensive approach ensures that individuals have access to the full spectrum of support they require.

In collaboration with MARC's department of local government, we have been disseminating information about the 988 mobile crisis response service—available via call or text—as an alternative to law enforcement or emergency department responses. Our collective aim is to ensure that this critical information reaches all client-facing organizations, individuals, and caregivers.

SOMEONE TO TALK TO

SOMEONE TO RESPOND

SOMEWHERE TO GO



988 Suicide & Crisis Lifeline

Mobile Crisis Response Team

Behavioral Health Crisis Centers



Additionally, MARC coordinates disability services with the DHSS on Brain Injury Waiver referrals and provides home and community-based services (HCBS) referrals to service providers in the community. In compliance with the Older Americans Act (OAA), MARC is committed to working in coordination with state agencies, including those responsible for elder abuse prevention services. This involves increasing public awareness about elder abuse, neglect, and exploitation, as well as removing barriers to education, prevention, investigation, and treatment of these issues, as appropriate. By fostering these collaborations and initiatives, we strive to enhance the overall well-being of the individuals we serve, ensuring their mental, behavioral, and disability service needs are met effectively.

The OAA requires that the AAA work 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.

Describe how the AAA coordinates with the Department of Health and Senior Services to ensure the public is aware of elder abuse, neglect, and exploitation. Explain how the AAA will help remove barriers to education, prevention, investigation, and treatment of abuse, neglect, and exploitation for older adults and caregivers in your service area.

The Mid-America Regional Council (MARC) coordinates closely with the Department of Health and Senior Services (DHSS) to ensure that the public is well-informed about elder abuse, neglect, and exploitation. This partnership is crucial for raising awareness and protecting vulnerable older adults in our communities.

Raising Public Awareness

Information Dissemination at Events: MARC actively participates in community events where we disseminate information regarding elder abuse and neglect. We set up informational booths, distribute literature, and engage directly with attendees to raise awareness about recognizing signs of abuse and understanding reporting procedures.

Brochures and Educational Materials: MARC produces and distributes brochures that include contact information about elder abuse, neglect, and exploitation. These materials are designed to educate older adults, caregivers, and the public about their rights and available resources.

Online Resources: The MARC Aging webpage provides information and contact information to report elder abuse and neglect. We provide educational content, links to reporting agencies, and resources that help older adults and caregivers navigate these issues.

Senior Centers Engagement: Collaboration extends to MARC community centers, where we provide educational sessions and distribute materials and Adult Abuse and Neglect Hotline numbers are posted. These centers serve as community focal points for older adults, making them ideal venues for sharing information about elder abuse prevention.

Removing Barriers to Education, Prevention, Investigation, and Treatment

Direct Services and Training: MARC ensures that all aging staff and those interacting with aging services participate in the annual Adult Abuse and Neglect training. This requirement extends to service contractors, community centers,

and vendors, emphasizing the importance of recognizing and responding to potential abuse situations.

Comprehensive Training Programs: MARC offers training programs for various stakeholders, including healthcare professionals and caregivers, on identifying and addressing elder abuse.

Community Resource Access: MARC is committed to removing barriers to accessing resources for older adults and caregivers. We create a centralized resource hub that provides information on services related to elder abuse prevention, reporting mechanisms, and supportive services for victims and their families.

Collaboration with Local Agencies: MARC engages with local law enforcement as needed, legal assistance organizations, and advocacy groups to ensure easy access to reporting and collaboration on safety. By fostering strong partnerships, we ensure that concerns about abuse are addressed promptly and effectively.

Support for Caregivers: Recognizing that caregivers often face significant challenges, MARC provides support services through contract agencies, including counseling and respite care. This support helps alleviate caregiver burdens and promotes a healthier caregiving environment, ultimately reducing the risk of neglect.

Through these coordinated efforts with the Department of Health and Senior Services, MARC is dedicated to raising awareness of elder abuse and removing barriers to education, prevention, investigation, and treatment. Our goal is to create a safer environment for older adults and ensure that they receive the support they need to thrive.

The OAA requires the AAA 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.

Describe how the AAA coordinates services referrals to Missouri Assistive Technology to help older adults access and use assistive technology to enhance their lives.

MARC will coordinate referrals to Missouri Assistive Technology (MAT) in the PSA, to help older adults access assistive technology that enhances their quality of life. This effort is vital for developing a comprehensive system for long-term care in home and community-based settings.

Coordination of Services and Referrals

MARC will create clear referral pathways to MAT, ensuring older adults can access necessary assistive technology resources, including information on devices and

funding. MARC will partner with MAT to deliver training sessions on various assistive technologies, equipping staff with the knowledge needed to make appropriate referrals. Our care managers will assess older adults' specific needs to make targeted referrals to MAT, ensuring technology solutions align with individual capabilities.

The OAA requires the AAA to facilitate the area-wide 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;

Describe how the AAA will meet this mandate for each item listed above.

Meeting the OAA Mandate

MARC will collaborate with local agencies, including the No Wrong Door (NWD) system, to enhance access to services for older adults in the Kansas City Region. The organization will analyze the local long-term care system and gather input from older adults and caregivers to recommend service improvements. Additionally, MARC will implement evidence-based programs, including A Matter of Balance and Tai Chi for Arthritis and Falls Prevention, to educate older adults and caregivers on healthy behaviors that reduce injury and disability risks.

Finally, MARC will ensure the distribution of information on long-term care planning and available services through public education campaigns and Aging and Disability Resource Centers. The MARC AAA is in the planning stages of several initiatives aimed

at enhancing the availability and dissemination of information regarding long-term care planning and resources. One current measure is comprehensive information and referral services through the Information and Assistance/Referral line, which serves as a central hub for individuals seeking guidance on various long-term care options, including community services and residential facilities. Additionally, the MARC AAA will implement workshops and educational programs that address critical topics such as financial planning and navigating long-term care insurance.

Outreach initiatives have been implemented, conducting presentations at community centers, community fairs, health expos, long-term care communities, and hospitals to directly engage local communities and raise awareness. Collaborations with healthcare providers such as clinics, federally qualified health centers, community-based organizations, and community health worker initiatives ensure that relevant information is shared during medical appointments, thereby providing timely guidance to patients and families. Furthermore, the creation of educational materials, such as brochures and online resources, is prioritized to make information more accessible for a broader audience.

Specialized Pathways and Partnerships

MARC provides referrals to Programs of All-Inclusive Care for the Elderly (PACE) services, allowing eligible older adults to receive personalized healthcare while remaining in their communities. MARC will also refer individuals nearing nursing home level of care to PACE, supporting their independence.

MARC leadership will engage in discussions with agencies serving older adults to identify opportunities for service improvement and will host training for providers to enhance collaboration.

Through these efforts, MARC will ensure older adults in our service area have access to the resources, support, and technology needed to enhance their lives in their communities.

The OAA requires 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 provided through other Federal and State programs; 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).

Describe how the AAA will ensure that case management services provided by the AAA will meet the above requirements.

Case management services provided through the MARC Area Agency on Aging (AAA) meet the requirements outlined in the Older Americans Act (OAA) by implementing the following strategies:

Compliance with OAA Requirements

MARC ensures that case management services do not duplicate those provided by other Federal and State programs. This is accomplished through consistent communication during the intake and assessment phases, making appropriate referrals to relevant agencies and eligible services, and conducting ongoing evaluations during intervention of client needs alongside available community resources.

Case management services are provided through qualified, contracted, public or nonprofit private agencies to ensure comprehensive support for individuals in need. The AAA plays a crucial role in this process by guaranteeing that each older individual seeking services receives a comprehensive list of agencies operating within the PSA that offer similar services. This transparency allows individuals to make informed decisions about their care options.

Additionally, individuals are provided with a clear statement outlining their right to choose their service providers independently. This empowers them to select the agency that best meets their specific needs and preferences. MARC documents the receipt of this information to ensure that individuals are fully aware of their rights and choices.

Furthermore, case managers serve as dedicated advocates for the individuals receiving services. Their primary focus is on prioritizing the needs and preferences of the individuals rather than promoting the agency itself. This advocacy role is essential in ensuring that clients receive tailored support that aligns with their unique circumstances, ultimately fostering a more person-centered approach to case management.

Community Care Management

Community care management is a core service offered through MARC's Planning and Service Area (PSA). Through a procurement process, MARC subcontracts with community-based organizations and individual contractors to deliver care management services. These care managers typically have backgrounds in social work, healthcare, or community health work.

After conducting a comprehensive assessment, usually in the older adult's home, care managers determine eligibility and individual needs. They then collaborate with the participant to develop a tailored care plan. When applicable, MARC designates care managers who are bilingual to facilitate effective communication and build trust with participants.

MARC and its contracted community-based organizations conduct regular meetings to enhance service delivery and prevent duplication. Care managers collaborate with family members and other members of the participant's care team to provide comprehensive support. Additionally, MARC is partnering with care management agencies to establish a network that identifies each agency's specialties, ensuring efficient resource allocation and allowing participants to receive optimal care while maximizing funding for holistic and effective services.

The OAA Final Rule requires the AAA 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. This includes the following:

- Title I of the Workforce Innovation and Opportunity Act,
- Title II of the Domestic Volunteer Service Act of 1973,
- Titles XVI, XVIII, XIX, and XX of the Social Security Act,
- Sections 231 and 232 of the National Housing Act,
- The United States Housing Act of 1937,
- section 202 of the Housing Act of 1959,
- title I of the Housing and Community Development Act of 1974,
- title I of the Higher Education Act of 1965 and the Adult Education and Family Literacy Act,
- sections 3, 9, and 16 of the Urban Mass Transportation Act of 1964,
- the Public Health Service Act, including block grants under title XIX of such Act,
- the Low-Income Home Energy Assistance Act of 1981,
- part A of the Energy Conservation in Existing Buildings Act of 1976, relating to weatherization assistance for low-income persons,
- the Community Services Block Grant Act,
- demographic statistics and analysis programs conducted by the Bureau of the Census under title 13, United States Code,
- parts II and III of title 38, United States Code,
- the Rehabilitation Act of 1973,
- the Developmental Disabilities Assistance and Bill of Rights Act of 2000, (18) the Edward Byrne Memorial State and Local Law Enforcement Assistance Programs, established under part E of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3750–3766b)),
- sections 4 and 5 of the Assistive Technology Act of 1998 (29 U.S.C. 3003, 3004), and
- section 393D of the Public Health Service Act (42 U.S.C. 280b–1f), relating to safety of seniors.

Describe how the AAA will meet this mandate for each entity listed above, as applicable.

MARC has incorporated collaboration with partners identified in aforementioned programs into its policies and procedures.

Attachment L – Fiscal

Match

The AAA will provide a written plan of how the required match funds for the OAA funds would be obtained and provided to the AAA. The AAA shall confirm that no match dollars are from program that require a participant to qualify based on their income or assets.

AAA Response:

To provide Older Americans Act programs, which utilizes five different types of Title III funds, MARC will require that each federal subrecipient contractor meet a 25% match of the total cost of the program under contract. This match must be reported on a quarterly basis.

MARC will also utilize volunteer time provided at each center, valued at the prevailing minimum wage in Missouri, as well as the value of time donated to MARC by its Commission on Aging members, valued at the hourly rate of the Department of Aging and Adult Services Director.

No match dollars will be from any program that requires a participant to qualify based on income or assets.

Fiscal Monitoring

Describe how the AAA conducts quality assurance (fiscal monitoring) of the providers and the frequency of the reviews. The AAA should include how they review the provider's process for accounting for any donations. Provide details of how the AAA addresses issues of non-compliance discovered during the monitoring providers.

AAA Response:

All federal subrecipient providers will be required to submit a Quarterly Cost Report to MARC. This report not only allows MARC to determine that all federal dollars are spent on allowable costs but is also used by the provider to report all in-kind match, by line item, for the provided services.

Each Request for Proposal (RFP) document requires a narrative answer from the respondent regarding its process for accounting for any donations. MARC staff reviews every provider's process as a part of annual on-site monitoring.

All monitoring visits will be followed up with a monitoring report. Any issue of noncompliance will be included within this report. Depending on the severity of any noncompliance issues, a corrective action plan may be required to be submitted by a specified date, and a follow-up by MARC staff will follow.

Allocation Methodology

Detail the process the AAA uses to allocate Federal, State, and other funding to providers and services.

AAA Response:

Allocation of Federal, State and other funding utilized to provide services under MARC agreements shall be based on demand and need, requiring that priority for services be given to those in the greatest social and economic need (GSN and GEN), with special consideration given to low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas.

Budget Narrative

Explain the budget process and detail any significant changes expected. This should relate to the completed Proposed Budget Chart (**Attachment M**).

AAA Response:

Allotment Table 2026-1 was used to inform Attachment M. MARC's budget development begins with an allotment table received from the State Unit on Aging (SUA) and based on the intrastate funding formula (IFF).

The table in Attachment M contains all funding MARC is estimated to receive for Older Americans Act (OAA) programs during SFY 2026 (July 1, 2025 – June 30, 2026). Based on the allotment table, budgets are developed for each of the broad categories of programs funded by the OAA. Examples of these broad categories include the following.

- Administration – oversight of all programs
- Supportive Services – various programs such as transportation, legal services, information & referral, in-home health services and case management, among others
- Long-Term Care Ombudsman Program
- Family Caregiver programs – variety of programs that specifically focus on caregivers providing direct care for an older family member, or possibly loved ones afflicted with Alzheimer's or other associated condition
- Congregate nutrition – a setting for a nutritious lunch among older adults
- Home delivered meals – daily nutritious meal for eligible homebound older adults

MO Elderly Handicap Transportation Assistance Program (MEHTAP) and Medicaid funds are estimates based on previous year trending. Program Income primarily consists of voluntary donations and is also estimated based on previous SFY data. At this point, no significant changes are expected.

Attachment M – Proposed Budget for SFY2026

The following proposed budget is based on estimates provided by the state in Allotment Table 2026-1.

Current Year Funding	Administration	Supportive Services	Ombudsman	Congregate Nutrition	Home-Delivered Nutrition	Disease Prevention Health Promotion	Family Caregiver	Special Programs	Unbudgeted	Set Aside for Next Year	Total
DHSS Allotment Funding	589,788	933,332	237,504	1,018,403	2,636,895	58,152	423,815	0	0	0	5,897,889
MEHTAP	0	250,000	0	0	0	0	0	0	0	0	250,000
Medicaid-HDM	0	0	0	0	1,049,721	0	0	0	0	0	1,049,721
Medicaid-Other	0	0	0	0	0	0	0	0	0	0	0
Program Income	0	250	0	164,200	17,500	0	0	0	0	0	181,950
Interest Income	0	0	0	0	0	0	0	0	0	0	0
Other-DHSS Match	95,151	120,397	27,407	133,113	160,603	NA	105,954	0	0	0	642,625
Other-Non-DHSS Match	0	0	0	0	0	0	0	0	0	0	0

Attachment N – Definitions and Approved Services for SFY2026

Area Plan Definitions, including approved services for SFY2026 can be found in box.com at [SFY2026 Area Plans | Powered by Box](#).

Attachment O – Public comments

Process used to obtain public views of eligible older adults and caregivers in the PSA.

The MARC AAA SFY 2026 Area Plan will go out for public comment before finalizing. Between January 25, 2025, to February 24, 2025, the Area Plan will be accessible on MARC's website in the Aging Focus Area, <https://www.marc.org/aging/aging-and-adult-services>. Notifications will be posted on social media. All comments must be emailed to marcinfo@MARC.ORG by 5pm CST Monday, February 24, 2025.

Comments received during the public comment period or note that no comments were received.

Describe any modification of document based on comments.

Waivers and Other Forms

Pre-Approved Direct Services Waiver

AAA Name: Mid-America Regional Council (MARC)

Required Regulation Reference: 19 CSR 15-4.200(2)

Regulation Language: The area agency on aging shall use subgrants or contracts with service providers to provide supportive services, nutrition services, and/or in-home services under all Older Americans Act (OAA) funding sources. For waiver of this requirement, the area agency on aging shall submit a written request that thoroughly documents that direct provision of service, using its own employees, is necessary—

- (A) To assure an adequate supply of the service;
- (B) Where those services are directly related to the area agency on aging’s administrative functions;
or
- (C) Where those services of comparable quality can be provided more economically by the area agency on aging.

The State Unit on Aging has determined the following services to be directly related to the administrative function of an Area Agency on Aging and may be provided directly. Please mark each service you wish to provide directly by placing an “X” in front of the service below.

- Information and Assistance
- Public Education
- Ombudsman
- Advocacy
- Supplemental Services
 - Congregate Meals
- Home-Delivered Meals
- III D Highest-Level Evidence Based Services
- III E National Family Caregiver Services
- Case Management

The State Unit on Aging has determined that services with projected expenditures of DHSS, Program Income and Cash Match of \$50,000.00 or less may be provided directly based on cost effectiveness. Please list any services which you request to have waived based on this description below. **If you don’t wish to waive any services in this section, please indicate by stating “Not Applicable”**
Not Applicable



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 | Phone: 573-751-6400 | FAX: 573-751-6010
 RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711



Paula F. Nickelson
 Director

Michael L. Parson
 Governor

Waiver Request

The Mid-America Regional Council (MARC) Area Agency on Aging (AAA) requests that the following CSRs be waived and amended in accordance with the following document until the Missouri SUA can update 19 CSR 4 to reflect the changes implemented in 45 CFR 1321 and 45 CFR 1324.

Waivers of and Additions to the Missouri State Code of Regulations for Compliance with the Older Americans Act Final Rule

The State Unit on Aging (Division of Senior and Disability Services) must comply with the Older Americans Act (OAA) Final Rule (45 CFR 1321) by October 1, 2025. To ensure that the State Code of Regulations (19 CSR 15-4) complies with the OAA Final Rule, the SUA has reviewed all relevant regulations and determined that waiving or amending the following is necessary. The AAA shall follow the policies and procedures outlined in the Missouri SUA and AAA Policy and Procedures Manual, which comply with the OAA Final Rule. This waiver shall be in effect for SFY2025 and going forward until such time as the SUA informs the AAAs that the CSRs have been updated.

Summary of CSRs to be Waived or Amended

CSR Reference	Change	Action	Policy and Procedure Reference
19 CSR 15-4.010: Definition of Terms	Added and Updated definitions	See additional information below.	2.4 Program Definitions
19 CSR 15-4.070: Designation of Area Agencies on Aging	Waived	See updates in Missouri SUA and AAA Policies and Procedures.	1.1 Designation and Modification to Planning and Service Areas by the SUA
19 CSR 15-4.080: Withdrawal of Designation	Waived	See updates in Missouri SUA and AAA Policies and Procedures.	1.2 Withdrawal of Area Agency Designation
19 CSR 15-4.090: Appeal to the Assistant Secretary	Waived	See updates in Missouri SUA and AAA Policies and Procedures.	1.2 Withdrawal of Area Agency Designation
19 CSR 15-4.100: Area Agency on Aging Governing Body	Additional Requirements	See additional information below and updates in Missouri SUA and AAA Policies and Procedures.	1.11 AAA Board of Directors
19 CSR 15-4.105: Area Agency on Aging Election Procedures for Governing Body Membership	Portion waived	See the language that was removed below.	1.11 AAA Board of Directors
19 CSR 15-4.110: Area Agency on Aging Advisory Council	Waived	See additional information below and updates in Missouri SUA and AAA Policies and Procedures.	1.10 Advisory Council
19 CSR 15-4.140 Area Agency on Aging Plan	Additional Requirements	See additional information below and updates in	2.1 Area Plans

PROMOTING HEALTH AND SAFETY

The Missouri Department of Health and Senior Services' vision is optimal health and safety for all Missourians, in all communities, for life.

		Missouri SUA and AAA Policies and Procedures.	
19 CSR 15-4.160: Review, Submission, and Approval of Area Agency on Aging Area Plans and Plan Amendments	Portion waived	See the language that was removed below.	1.11 AAA Board of Directors and 2.1 Area Plans
19 CSR 15-4.170: Area Agency on Aging Fiscal Management	Additional Requirements	See additional information below and updates in Missouri SUA and AAA Policies and Procedures.	Fiscal Related Administration 1.18-1.40
19 CSR 4.175: Funding for Establishment, Maintenance, Modernization, Acquisition, or Construction of Multipurpose Senior Centers	Additional Requirements, updated language, and a portion waived	See additional information below and updates in Missouri SUA and AAA Policies and Procedures.	1.25 Buildings, alterations or renovations, maintenance, and equipment
19 CSR 4.180: Area Agency on Aging Advocacy Responsibility	Waived	See updates in Missouri SUA and AAA Policies and Procedures.	2.8 Comprehensive and Coordinated Community-Based System
19 CSR 4.190: Area Agency on Aging Development of a Comprehensive and Coordinated Service Delivery System	Updated	See additional information below and updates in Missouri SUA and AAA Policies and Procedures.	2.8 Comprehensive and Coordinated Community-Based System
19 CSR 4.210 Area Agency on Aging Grievance Procedures	Portion waived	See language that was removed below.	1.9 Grievance Procedures
19 CSR 4.220: Area Agency on Aging Technical Assistance, Monitoring, and Evaluation Responsibilities	Added Language	See additional information below.	1.39 AAA Oversight and Monitoring of Contracted Service Providers
19 CSR 4.230: Multipurpose Senior Center	Additional Requirements	See additional information below.	1.25 Buildings, alterations or renovations, maintenance, and equipment
19 CSR 15-4.260: Outreach Services	Waived	Outreach has been replaced with public education.	2.4 Program Definitions
19 CSR 15-270: Legal Assistance	Updated	See additional information below and updates in Missouri SUA and AAA Policies and Procedures.	3.3 Title III B Legal Assistance, 3.4 Attorney-Client Privilege, and 3.5 Priority Legal Assistance Case Types

19 CSR 15-4.010 Definition of Terms

The following definitions have been **added** or **updated** for compliance with the final rule; the rest remain current:

- **Access to services or access services Access services**— means services which may facilitate connection to or receipt of other direct services, including transportation, outreach, information and assistance, options counseling, and case management services.
- **Acquiring**- means obtaining ownership of an existing facility.
- **Altering or renovating**— means making modifications to or in connection with an existing facility which are necessary for its effective use. Such modifications may include alterations, improvements, replacements, rearrangements, installations, renovations, repairs, expansions, upgrades, or additions, which are not in excess of double the square footage of the original facility and all physical improvements.

- **Area Agency on Aging (AAA)**— means a single agency designated by the State agency to perform the functions specified in the Act for a planning and service area.
- **Area plan administration-** means funds used to carry out activities as set forth in section 306 of the Act (42 U.S.C. 3026) and other activities to fulfill the mission of the area agency as set forth in § 1321.55, including development of private pay programs or other contracts and commercial relationships.
- **Best available data-** with respect to the development of the intrastate funding formula, means the most current reliable data or population estimates available from the U.S. Decennial Census, American Community Survey, or other high-quality, representative data available to the State agency.
- **Constructing-** means building a new facility, including the costs of land acquisition and architectural and engineering fees, or making modifications to or in connection with an existing facility which are in excess of double the square footage of the original facility and all physical improvements.
- **Conflicts of interest-** means: (1) One or more conflicts between the private interests and the official responsibilities of a person in a position of trust; (2) One or more conflicts between competing duties of an individual, or between the competing duties, services, or programs of an organization, and/or portion of an organization; and (3) Other conflicts of interest identified in guidance issued by the Assistant Secretary for Aging and/or by State agency policies.
- **Direct Services-** means any activity performed to provide services directly to an older person or family caregiver, groups of older persons or family caregivers, or to the general public by the staff or volunteers of a service provider, an area agency on aging, or a state agency whether provided in-person or virtually. Direct services exclude State or area plan administration and program development and coordination activities.
- **Domestically produced foods-** means Agricultural foods, beverages and other food ingredients which are a product of the United States, its Territories or possessions, the Commonwealth of Puerto Rico, or the Trust Territories of the Pacific Islands (hereinafter referred to as “the United States”), except as may otherwise be required by law, and shall be considered to be such a product if it is grown, processed, and otherwise prepared for sale or distribution exclusively in the United States except with respect to minor ingredients. ingredients from nondomestic sources will be allowed to be utilized as a United States product if such ingredients are not otherwise: (1) Produced in the United States; and (2) Commercially available in the United States at fair and reasonable prices from domestic sources.
- **Family caregiver-** means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual; an adult family member, or another individual, who is an informal provider of in-home and community care to an individual of any age with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction; or an older relative caregiver. For purposes of this part, family caregiver does not include individuals whose primary relationship with the older adult is based on a financial or professional agreement.
- **Greatest economic need**— means the need resulting from an income level at or below 185% of the Federal poverty level, with priority going to family caregivers and individuals living in counties with more than 25% of the population living at or below 150% of the federal poverty level (use chart from NIH to determine which counties fall into this).
- **Greatest social need**— means the need caused by noneconomic factors, which include: (1) Physical and mental disabilities; (2) Language barriers; (3) Cultural, social, or geographical isolation, including due to: (i) Racial or ethnic status; (ii) Native American identity; (iii) Religious affiliation; (iv) Sexual orientation, gender identity, or sex characteristics; (v) HIV status; (vi) Chronic conditions; (vii) Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs; (viii) Interpersonal safety concerns; (ix) Rural location; or (x) Any other status that: (A) Restricts the ability of an individual to perform normal or routine daily tasks; or (B) Threatens the capacity of the individual to live independently; or (4) Barriers to technology (broadband, telephone access); (5) Loss of primary caregiver; or (6) Living alone.
- **Immediate family-** pertaining to conflicts of interest, means a member of the household or a relative with whom there is a close personal or significant financial relationship.
- **Local sources-** means tax-levy money or any other non-Federal resource, such as State or local public funding, funds from fundraising activities, reserve funds, bequests, or cash or third-party in-kind contributions from non-client community members or organizations.
- **Multipurpose senior center**— means a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental and behavioral health),

social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals, as practicable, including as provided via virtual facilities; as used in § 1321.85, facilitation of services in such a facility.

- **Nutrition Services Incentive Program-** means grant funding to State agencies to support congregate and home-delivered nutrition programs by providing an incentive to serve more meals.
- **Older relative caregiver-** means a caregiver who is age 55 or older and lives with, is the informal provider of in-home and community care to, and is the primary caregiver for, a child or an individual with a disability; (1) In the case of a caregiver for a child is: (i) The grandparent, step-grandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child; (ii) Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and (iii) Has a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising the child informally; and (2) In the case of a caregiver for an individual with a disability, is the parent, grandparent, step-grandparent, or other relative by blood, marriage, or adoption of the individual with a disability.
- **Periodic (refers to the frequency of client assessment and data collection)-** means, at a minimum, once each fiscal year, and as used in section 307(a)(4) of the Act (42 U.S.C. 3027(a)(4)) to refer to the frequency of evaluations of, and public hearings on, activities and projects carried out under State and area plans, means, at a minimum once each State or area plan cycle.
- **Private pay programs-** are a type of contract or commercial relationship and are programs, separate and apart from programs funded under the Act, for which the individual consumer agrees to pay to receive services under the programs.
- **Program income-** means gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as otherwise provided under Federal grantmaking authorities. Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them.
- **Rural-** Counties with less than 150 people per square mile and not containing any part of a central city in a Metropolitan Statistical Area (MSA).
- **Service provider—** means an entity that is awarded funds, including via a grant, subgrant, contract, or subcontract, to provide direct services under the State or area plan.
- **Severe disability-** means a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that: (1) Is likely to continue indefinitely; and (2) Results in substantial functional limitation in three or more of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment.
- **Supplemental foods-** means foods that assist with maintaining health, but do not alone constitute a meal. Supplemental foods include liquid nutrition supplements or enhancements to a meal, such as additional beverage or food items, and may be specified by State agency policies and procedures. Supplemental foods may be provided with a meal, or separately, to older adults who participate in either congregate or home-delivered meal services.
- **Voluntary contributions-** means donations of money or other personal resources given freely, without pressure or coercion, by individuals receiving services under the Act.

19 CSR 15-4.070 Designation of Area Agencies on Aging

This section must be completely revamped and is therefore **waived** as written in the CSR. See Missouri SUA and AAA Policies and Procedures for current requirements.

19 CSR 15-4.080 Withdrawal of Designation

This section must be completely revamped and is therefore **waived** as written in the CSR. See Missouri SUA and AAA Policies and Procedures for current requirements.

19 CSR 15-4.090 Appeal to the Assistant Secretary

This section must be completely revamped and is therefore **waived** as written in the CSR. See Missouri SUA and AAA Policies and Procedures for current requirements.

19 CSR 15-4.100 Area Agency on Aging Governing Body

As all AAAs must have a Governing Body, the Missouri SUA and AAA Policies and Procedures will supersede 15-4.100(1). There are **additional requirements** in the Missouri SUA and AAA Policies and Procedures that will be added to this regulation. **Specifically, the AAA must keep the following additional items in mind when determining the membership of the board:**

- (1) **The Board shall be comprised of leaders in the community, including leaders from groups identified as in greatest economic need and greatest social need, who have the respect, capacity, and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change, and plan community responses for the present and for the future.**
- (2) **Prior to prospective board members joining the board, the board member must complete a Conflict-of-Interest Screening. If a conflict is identified, the board member must complete a Conflict-of-Interest Identification, Removal or Remedy form. If the identified conflict of interest cannot be removed or remedied, the prospective member may not join the board.**
- (3) **Board members must complete a conflict-of-interest screening annually after their initial screening prior to joining the board.**
- (4) **No person may serve on both the area agency governing board and the area agency advisory council at the same time.**

19 CSR 15-4.105 Area Agency on Aging Election Procedures for Governing Body Membership

The final rule requires every AAA to have a board of directors that meets the qualifications in 45 CFR 1321.63(d). The following sentence will be removed from the purpose statement in the CSR and is **waived**:

- This rule does not apply to area agency on aging board members appointed by the chief executive of a unit of local government, political subdivision, or council of government who are elected officials with the exception of section (2).

19 CSR 15-4.110 Area Agency on Aging Advisory Council

This section must be completely revamped and is therefore **waived** as written in the CSR. See Missouri SUA and AAA Policies and Procedures for current requirements.

19 CSR 15-4.140 Area Agency on Aging Plan

Number 1, 2, and 3 of this regulation will be **updated** to comply with the final rule and are **waived**. See Missouri SUA and AAA Policies and Procedures for current requirements.

19 CSR 15-4.160 Review, Submission, and Approval of Area Agency on Aging Area Plans and Plan Amendments

To comply with the final rule, this regulation will be **updated** by having the following sentence **removed** from number 1, which is therefore **waived**. (now, all AAAs must have their area plans reviewed and approved by the governing board):

- Where not covered by charter or established governmental procedures, the following shall apply.

19 CSR 15-4.170 Area Agency on Aging Fiscal Management

To comply with the final rule, the following policies and procedures must be drafted by the AAA and approved by the SUA. These additional requirements are contained in the Missouri SUA and AAA Policies and Procedures.

Establish written policies and procedures governing the expenditures of funds by service providers, voluntary contributions, use of program income, private pay programs, contracts and commercial relationships, buildings (alterations or renovations, maintenance, and equipment), funds used to supplement not supplant existing federal or state funds, conflict of interest, and the monitoring of Area Plan assurances that are passed onto service providers. These procedures shall provide for record maintenance by each service provider for a minimum of three years after the funds are expended.

In addition, the AAAs shall ensure the following:

At least annually, complete a risk assessment on the financial portion of the contract along with the programmatic staff who will complete the programmatic risk assessment. If changes occur or issues that are included in the risk assessment change, the risk assessment shall be completed, even if less than a year has passed since the last assessment was completed.

Matching funds cannot come from any program that requires a means test.

Program income shall be—

Gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as otherwise provided under Federal grantmaking authorities. Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also 35 U.S.C. 200-212 (which applies to inventions made under Federal awards).

Use of program income. Program income is subject to the requirements in 2 CFR 200.307 and 45 CFR 75.307 and as follows:

- (A) Voluntary contributions and cost-sharing payments are considered program income;**
- (B) Program income collected must be used to expand a service funded under the Title III grant award pursuant to which the income was originally collected;**
- (C) The State agency must use the addition alternative as set forth in 2 CFR 200.307(e)(2) and 45 CFR 75.307(e)(2) when reporting program income, and prior approval of the addition alternative from the Assistant Secretary for Aging is not required;**
- (D) Program income must be expended or disbursed prior to requesting additional Federal funds; and**
- (E) Program income may not be used to match grant awards funded by the Act without prior approval.**

The following sections are being removed and are therefore **waived**:

- 10(A) Earned gross income by an area agency on aging from activities, part or all of the cost of which is either borne as a direct cost by a grant or counted as a direct cost toward meeting a cost-sharing or matching requirement of a grant. It includes but is not limited to income in the form of fees-for-services performed during the grant or subgrant period, proceeds from sale of tangible personal or real property, usage or rental fees, and patent or copyright royalties. If income meets this definition, it shall be considered program income regardless of the method used to calculate the amount paid to the area agency on aging;
- 10(B) Used to expand services for older adults in the program from which it was earned;

- 10(C) Expended in the current fiscal year or following fiscal year; and
- 10(D) Documented as to the program under which income was earned and expended.

19 CSR 15-4.175 Funding for Establishment, Maintenance, Modernization, Acquisition, or Construction of Multipurpose Senior Centers

The following will be added as **additional requirements** to the CSR.

Buildings and equipment, where costs incurred for altering or renovating, utilities, insurance, security, necessary maintenance, janitorial services, repair, and upkeep (including Federal property unless otherwise provided for) to keep buildings and equipment in an efficient operating condition, including acquisition and replacement of equipment, may be an allowable use of funds, and the following apply:

- (A) Costs are only allowable to the extent not payable by third parties through rental or other agreements;**
- (B) Costs must be allocated proportionally to the benefiting grant program;**
- (C) Construction and acquisition activities are only allowable for multipurpose senior centers.**
- (D) In addition to complying with the requirements of the Act, as set forth in section 312 (42 U.S.C. 3030b), as well as with all other applicable Federal laws, the grantee or subrecipient as applicable must file a Notice of Federal Interest in the appropriate official records of the jurisdiction where the property is located at the time of acquisition or prior to commencement of construction, as applicable. The Notice of Federal Interest must indicate that the acquisition or construction, as applicable, has been funded with an award under Title III of the Act, that the requirements set forth in section 312 of the Act (42 U.S.C. 3030b) apply to the property, and that inquiries regarding the Federal Government's interest in the property should be directed in writing to the Assistant Secretary for Aging;**
- (D) Altering and renovating activities are allowable for facilities providing direct services with funds provided as set forth in 45 CFR Sections 1321.85, 1321.87, 1321.89, and 1321.91 subject to Federal grant requirements under 2 CFR part 200 and 45 CFR part 75;**
- (E) Altering and renovating activities are allowable for facilities used to conduct area plan administration activities with funds provided as set forth in paragraph (c)(2)(iv)(B) of this section, subject to Federal grant requirements under 2 CFR part 200 and 45 CFR part 75; and**
- (F) Prior approval by the Assistant Secretary for Aging does not apply.**

These sections have been **updated** with the bolded and highlighted words:

- (10) Area agencies on aging must maintain a perpetual inventory listing of all multipurpose senior centers **and facilities providing direct services** acquired, established, maintained, modernized, or constructed financed with division funding.
- (11) The inventory listing must include all centers **and facilities providing direct services**, whether owned by the area agency on aging or by a public or nonprofit private organization.

The following section will be **waived** as it is now more informative, as included above in (D):

- (6) Area agencies on aging must file the following notice of record with the appropriate unit of local government when acquiring or constructing an agency-owned center:

"This is to serve as notice to all potential sellers, purchasers, transferors, and recipients of a transfer of the real property described below as to the federal government's reversionary interests as set forth in section 312 of the Older Americans Act of 1965, as amend- ed, 42 U.S.C. 3030b, which have arisen as a result of (grantee's name) receipt and use of Department of Health and Human Services' grant funds in connection with the purchase or construction of said property. The property to which this notice is applicable is (address) and identified as parcel (insert appropriate number(s)) in the books and records of (insert appropriate name of local unit of government's recording agency). Said real property is also described as: (insert description provided in survey). Further information as to the federal government's interest referred to above can be obtained from: (name and address of area agency on aging)."

19 CSR 15-4.180 Area Agency on Aging Advocacy Responsibility

This section must be completely revamped and is therefore **waived** as written in the CSR. For current requirements, see Missouri SUA and AAA Policies and Procedures.

19 CSR 15-4.190 Area Agency on Aging Development of a Comprehensive and Coordinated Service Delivery System

This section will be **updated** with the following language added as in bold and highlight below:

- (1) The area agency on aging continuously shall work toward development of a comprehensive coordinated community-based system that shall facilitate access to and utilization of all supportive, **and nutritional, evidence-based disease prevention and health promotion, and family caregiver services** provided by any source within the planning and service area (PSA). Components of this system may include:
- (2) The area agency on aging shall assess the needs of older adults and caregivers in the PSA and the effectiveness of resources in meeting identified needs.
- (6) The area agency on aging shall give preference in the delivery of services to older adults and caregivers with the greatest economic or social need, **individuals at risk of institutional placement, low-income minorities, frail adults, and older adults residing in rural areas. A description of the methods and procedures used to assure that services are provided to those populations outlined above with preference in service delivery with the greatest economic and social need including low-income minority shall be included in the area plan.**
- (7) The area agency on aging shall provide adequate and effective opportunities for older adults **and caregivers** to express their views on policy development and program implementation.
- (8) The area agency on aging shall develop and implement organized ongoing outreach activities to older adults **and caregivers**, particularly those residing in rural areas and those with greatest economic or social need and inform them of services that are available. Area agency on aging outreach activities shall be coordinated with the outreach activities required of each service provider within the PSA.
- (11) The area agency on aging shall assure that older adults **and caregivers** residing in the PSA have reasonably convenient access to information and assistance systems.

19 CSR 15-210 Area Agency on Aging Grievance Procedures

The following portion of 19 CSR 15-4.210(2) shall be waived (only the highlighted portion will be waived). This is being waived to adhere to the new area plan procedure that requires the AAA to provide access to the grievance procedures instead of providing the entire procedure. All requirements for the grievance procedure in 19 CSR 15-4.210(2)(A-d) still apply.

- (2) The written grievance procedures shall be filed with the division as ~~an addendum to the area agency on aging's area plan~~ and shall include, at a minimum, the following:

19 CSR 15-4.220 Area Agency on Aging Technical Assistance, Monitoring, and Evaluation Responsibilities

The following will be **added** to account for providers whose offices are located out of state:

- (3)(A) **If the service provider is located out of state, the AAA may monitor the program through virtual or desk monitoring instead of on-site monitoring, but the monitoring must otherwise be the same as any other monitoring the AAA completes.**

19 CSR 15-4.230 Multipurpose Senior Center

The following will be **added** as allowed in the final rule:

- (1)(C) **Altering and renovating activities are allowable for facilities used to conduct area plan administration activities with funds provided as set forth in paragraph (c)(2)(iv)(B) of this section, subject to Federal grant requirements under 2 CFR part 200 and 45 CFR part 75.**

The AAA must file a Notice of Federal Interest in the appropriate official records of the jurisdiction where the property is located at the time of acquisition or prior to commencement of construction, as applicable. The Notice of Federal Interest must indicate that the acquisition or construction, as applicable, has been funded with an award under Title III of the Act, that the requirements set forth in section 312 of the Act (42 U.S.C. 3030b) apply to the property, and that inquiries regarding the Federal Government's interest in the property should be directed in writing to the Assistant Secretary for Aging.

19 CSR 15-4.260 Outreach Services

No federal definition of outreach exists, so Missouri SUA has chosen to put all similar services under public education. Public education is defined in the Area Plan Instructions Appendix I Definitions. (Public education is a public and media activity that conveys information about available services, unlike information and assistance, this service is not tailored to meet the needs of the individual). This entire regulation will be **waived**.

19 CSR 15-4.270 Legal Assistance

The following will be **waived**:

- (1) The area agency on aging shall award funds to the legal assistance provider(s) that most fully meets the following requirements. The legal assistance provider(s) shall—
 - (A) Have staff with expertise in specific areas of law affecting older adults with economic or social needs, for example, public benefits, institutionalization, and alternatives to institutionalization;
 - (B) Demonstrate the capacity to provide effective administrative and judicial representation in the areas of law affecting older adults with economic or social need;
 - (C) Demonstrate the capacity to provide support to other advocacy efforts, for example, the long-term care ombudsman program;
 - (D) Demonstrate the capacity to deliver legal assistance to institutionalized, isolated and homebound older individuals effectively; and
 - (E) Demonstrate the capacity to provide legal assistance in the principal language spoken by clients in areas where a significant number of clients do not speak English as their principal language.

In place of this, the AAA should ensure they comply with 45 CFR 1321.93(a) and the Missouri SUA and AAA Policies and Procedures when selecting a Legal Service Provider.

AAA Signatures

Kristi Bohling DeMatz
AAA Director

12/31/24
Date

Jane M. Blangsted
Board of Directors President

1/2/2025
Date

Wanda D. Swin
Chair of Advisory Council

1/2/2025
Date

SUA Signatures

Mindy Ulstad
Mindy Ulstad, BSP Chief

1/9/25
Date

Melanie Highland
Melanie Highland, SDS Director

1/9/2025
Date

Mid-America Regional Council
V.3 General Waiver Request

- A. Cite Regulation: 19 CSR 15- 4.245(12)(C)1 & 2
- B. Regulation Language: Each senior center shall provide – 1. services to older adults at least five (5) days per week with sufficient hours to meet community needs; 2. Hot or other appropriate meals at least once a day, five (5) or more days a week.

Note: Responses must be detailed, include current information, and clearly support the waiver request. Incomplete responses will not be accepted for current review or approval.

Per 19 CSR 15-4.150(1) An area agency on aging shall request a waiver if unable to comply with a specific division requirement. The request shall - (A) Be in writing; (B) Be signed by the chairperson of the governing body and the director of the area agency on aging; (C) State the requirement for which a waiver is requested; and (D) Include supportive documentation that explains why the requirement cannot be met, a description of the area agency on aging’s proposed alternative for meeting the requirement, and an explanation of why the proposed alternative is most applicable for the area agency on aging’s situation.

Instructions: The waiver request shall address each item listed below:

- 1. Identify the service category and define the service for which the waiver is sought. Identify the program name and definition of the service or function.

Category: Congregate Meals

Service: congregate meals – A meals provided by a qualified nutrition project provider to a qualified individual in a congregate or group setting.

- 2. Describe why your proposed alternative is most applicable for the agency’s situation. Provide supportive documentation that explains why this requirement cannot be met.

MARC had been without a senior center in Platte County since we failed to receive a proposal from any organization to provide such services for SFY 2023. Following this lack of response, we received a note of interest to provide these services for MARC, the following Fall of 2023, from the Parkville Living Center, located in Parkville of Platte County and were able to bring them onboard at during the second six months of SFY 2024. Currently, they provide services through a church location with their hours of operation being Monday through Thursday. So, MARC will be providing meals on Monday and Tuesday, and meals will be provided by the church on Wednesday and Thursday. Over time, they intend to expand their operations to five days each week with MARC providing meals at least three days.

- 3. Specify the timeframe for which this waiver is being requested.

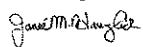
Waiver Period Requested

State Fiscal Year

Life of the Plan

Other (Specify) _____

Required Signature for Submission of a Waiver to the State Unit on Aging:

	Janee Hanzlick	5/22/2024
_____ Signature of Chairperson of Board	_____ Name of Chairperson of Board	_____ Date

Mid-America Regional Council
V.3 General Waiver Request

Kristi Bohling-DaMetz
Signature of AAA Director

Kristi Bohling-DaMetz
Name of AAA Director

5/20/2024
Date

Determination of State Unit on Aging:

Waiver Period Approved

State Fiscal Year

Life of the Plan

Other (Specify) _____

Mindy Ulstad
Signature of Chief, Senior Programs

Mindy Ulstad 5/29/24
Bureau Chief, Senior Programs Date

Jacob Rullering
Signature of DSDS Management

Jacob Rullering 6/4/24
DSDS Management Date

Waiver Denied

Waiver Denial Reason:

Mid-America Regional Council
V.3 General Waiver Request

- A. Cite Regulation: 19 CSR 15- 4.170(15(B))
- B. Regulation Language: Submit a final financial report to the division within ninety (90) days after the fiscal year of grant ending.

Note: Responses must be detailed, include current information, and clearly support the waiver request. Incomplete responses will not be accepted for current review or approval.

Per 19 CSR 15-4.150(1) An area agency on aging shall request a waiver if unable to comply with a specific division requirement. The request shall - (A) Be in writing; (B) Be signed by the chairperson of the governing body and the director of the area agency on aging; (C) State the requirement for which a waiver is requested; and (D) Include supportive documentation that explains why the requirement cannot be met, a description of the area agency on aging's proposed alternative for meeting the requirement, and an explanation of why the proposed alternative is most applicable for the area agency on aging's situation.

Instructions: The waiver request shall address each item listed below:

- 1. Identify the service category and define the service for which the waiver is sought. Identify the program name and definition of the service or function.

Administration: Final fiscal review and reconciliation regarding all area plan funding and expenditures.

- 2. Describe why your proposed alternative is most applicable for the agency's situation. Provide supportive documentation that explains why this requirement cannot be met.

MARC's fiscal year is based on the calendar year. As MARC's Department of Aging and Adult Services is only one department within MARC's financial operations and is subject to MARC's overall processes. MARC's annual independent audit takes place during each spring, lengthening the time frame for which this information will be available after audit. We'd like to expand the required time frame to within 360 days, at a minimum.

- 3. Specify the timeframe for which this waiver is being requested.

Waiver Period Requested

State Fiscal Year

Life of the Plan

Other (Specify) _____

Required Signature for Submission of a Waiver to the State Unit on Aging:

<u><i>Carson</i></u>	Carson Ross	<u>2/29/2024</u>
Signature of Chairperson of Board	Name of Chairperson of Board	Date
<u><i>Kristi Bohling-DaMetz</i></u>	Kristi Bohling-DaMetz	<u>2/29/2024</u>
Signature of AAA Director	Name of AAA Director	Date

August 2023

Mid-America Regional Council
V.3 General Waiver Request

Determination of State Unit on Aging:

Waiver Period Approved

State Fiscal Year

Life of the Plan

Other (Specify) _____



Signature of Chief, Senior Programs



Bureau Chief, Senior Programs

3/19/24
Date



Signature of DSDS Management



D&DS Management

3/19/24
Date

Waiver Denied

Waiver Denial Reason:

August 2023

Mid-America Regional Council
V.3 General Waiver Request

- A. Cite Regulation: 19 CSR 15- 4.170(14)
- B. Regulation Language: The area agency shall submit monthly invoices for reimbursement of expenditures to the division within fifteen (15) days after the close of each fiscal month on forms prescribed by the division.

Note: Responses must be detailed, include current information, and clearly support the waiver request. Incomplete responses will not be accepted for current review or approval.

Per 19 CSR 15-4.150(1) An area agency on aging shall request a waiver if unable to comply with a specific division requirement. The request shall - (A) Be in writing; (B) Be signed by the chairperson of the governing body and the director of the area agency on aging; (C) State the requirement for which a waiver is requested; and (D) Include supportive documentation that explains why the requirement cannot be met, a description of the area agency on aging’s proposed alternative for meeting the requirement, and an explanation of why the proposed alternative is most applicable for the area agency on aging’s situation.

Instructions: The waiver request shall address each item listed below:

- 1. Identify the service category and define the service for which the waiver is sought. Identify the program name and definition of the service or function.

Administration: Receiving and reconciling all information/documentation of services provided by the various subrecipients/vendors before the MSER and monthly Invoice is prepared and submitted to DHSS.

- 2. Describe why your proposed alternative is most applicable for the agency’s situation. Provide supportive documentation that explains why this requirement cannot be met.

We request the latitude to submit monthly invoices for reimbursement by the twenty-five (25) day from the end of each fiscal month. Too often contracted service providers do not submit required documentation to MARC in a quick enough time frame for MARC staff to review and reconcile to supportive documentation.

- 3. Specify the timeframe for which this waiver is being requested.

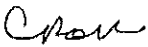
Waiver Period Requested

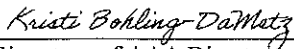
State Fiscal Year

Life of the Plan

Other (Specify) _____

Required Signature for Submission of a Waiver to the State Unit on Aging:

	Carson Ross	2/29/2024
_____ Signature of Chairperson of Board	_____ Name of Chairperson of Board	_____ Date

	Kristi Bohling-DaMetz	2/29/2024
_____ Signature of AAA Director	_____ Name of AAA Director	_____ Date

August 2023

Mid-America Regional Council
V.3 General Waiver Request

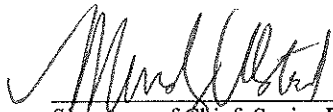
Determination of State Unit on Aging:

Waiver Period Approved

State Fiscal Year

Life of the Plan

Other (Specify) _____



Signature of Chief, Senior Programs



Bureau Chief, Senior Programs



Date



Signature of DSDS Management



DSDS Management



Date

Waiver Denied

Waiver Denial Reason:

August 2023

Organizational Conflict of Interest Form

The following form is used to determine organizational conflict of interest (COI). MARC, as the Region 7 Area Agency on Aging uses the following form, as do contract provider organizations.

Area Agency on Aging Organizational Conflict of Interest Screening for Older Americans Act Programs Organizational Conflict of Interest

Per OAA Final Rule, 45 CFR 1321, all Area Agency on Aging (AAA) entities must ensure there are no organizational conflicts of interest (COI). Organizational conflicts occur when performance on one contract or funding source might compromise the ability to work successfully on another contract or when one contract or funding source compromises the ability to compete for another contract or funding source fairly. For example, conflict exist between the Title III Program and the Long-Term Care Ombudsman Program (LTCOP) through the Older Americans Act. These conflicts have been identified and remedied through the LTCOP, but the AAA should review the work of the agency for other potential perceived or real conflicts.

In the past 12 months, has the agency identified any organizational conflicts when completing the following tasks:

1. Reviewing service utilization and financial incentives to ensure agency employees, governing board and advisory council members, grantees, contractors, and other awardees who serve multiple roles, such as assessment and service delivery, are appropriately stewarding Federal resources while fostering services to enhance access to community living. Yes No
2. Robust monitoring and oversight, including periodic reviews, to identify conflicts of interest in the Title III program. Yes No
3. Ensuring that no individual, or member of the immediate family of an individual, involved in Title III programs has a conflict of interest. Yes No
4. Requiring that agencies to which the area agency provides Title III funds have policies in place to prohibit the employment or appointment of Title III program decision makers, staff, or volunteers with conflicts that cannot be adequately removed or remedied. Yes No

Answering "Yes" to any of these questions indicates a potential conflict of interest. If a conflict of interest is identified, the "Organizational Conflict of Interest Identification, Removal, and Remedy Form" must be completed and submitted to the AAA Director for review and approval.

Failure to identify and remove a conflict of interest could result in disciplinary action or termination of employment.

I certify that I have read and understand this COI form and our agency has no conflicts.

I certify that I have read and understood this COI form and have notified the AAA Director of any potentially perceived or actual conflict of interest.

Employee Name

Signature

Date

AAA Director

Signature

Date

Individual Conflict of Interest Screening

The following form is used to determine individual conflict of interest (COI). This form is completed by members of the MARC Board and Commission on Aging, as well as by MARC staff and volunteers.

Area Agency on Aging Conflict of Interest Screening for Board Members Individual Conflict of Interest

Per OAA Final Rule, 45 CFR 1321, all Area Agency on Aging staff, volunteers, Board Members, and Advisory Council members who have responsibilities relating to Title III programs must be screened for Conflicts of Interest (COI) before performing the AAA functions and annually thereafter.

Individual COI exists if (1) An employee or volunteer, or immediate member of an employee or volunteer's family, maintaining ownership, employment, consultancy, or fiduciary interest in a Title III program organization or awardee when that employee or volunteer or immediate family member is in a position to derive personal benefit from actions or decisions made in their official capacity; (2) One or more conflicts between the private interests and the official responsibilities of a person in a position of trust; (3) One or more conflicts between competing duties; and (4) Other conflicts of interest identified in guidance issued by the Assistant Secretary for Aging and/or by State agency policies.

Immediate family pertaining to conflicts of interest, means a member of the household or a relative with whom there is a close personal or significant financial relationship.

In the past 12 months, have you or an immediate family member:

1. Maintained ownership, employment, consultancy, or fiduciary interest in a Title III program organization or awardee when you or an immediate family member is in a position to derive personal benefit from actions or decisions made in their official capacity. Yes No
2. Had one or more conflicts between private interests and the official responsibilities of the Area Agency's implementation of OAA Title III programs? Yes No
3. Had a conflict between competing duties such as OAA and the Office of the Long-Term Care Ombudsman, Adult Protective Services, or licensing, regulatory, or ownership of a long-term care facility? Yes No
4. Solicited or accepted gratuities, favors, or anything of monetary value from grantees, contractors, and/or subrecipients, except where policies and procedures allow for situations where the financial interest is not substantial, or the gift is an unsolicited item of nominal value? Yes No

Answering "Yes" to any of these questions indicates a potential conflict of interest. If a conflict of interest is identified, the "Conflict of Interest Identification, Removal, and Remedy Form" must be completed and submitted to the AAA Director for review and approval.

Failure to identify and remove a conflict of interest could result in disciplinary action or termination of employment.

I certify that I have read and understand this COI form and have no conflicts.

I certify that I have read and understood this COI form and have notified the AAA Director of any potentially perceived or actual conflict of interest.

Board Member Name

Signature

Date

AAA Designee Name

Signature

Date