



SFY2026 Area Plan

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EXECUTIVE SUMMARY

Young At Heart Resources Vision

To empower and provide older adults of Northwest Missouri the opportunity to live safe, healthy, independent lives in the home environment of their choice.

Young At Heart Resources Mission

The mission of Young at Heart Resources is to promote systems that maintain and enhance the quality of life for older adults in the home environment of their choice.

Young at Heart Resources (YAHR) fulfills its vision and mission by listening to the needs, identifying and coordinating resources, planning, developing and implementing programs, services and systems for older adults and their caregivers. YAHR strives to ensure effective, efficient use of resources and supports individual choice and informed decision making.

YAHR will continue meeting the needs of older adults through our available services under the Older Americans Act (OAA). YAHR has contractors and partners across the aging network to accomplish our goals of serving seniors.

Our area plan guides us in meeting clients' needs now and in the future. We utilize different ways of finding the needs of clients through surveys, census data, advisory council, board of directors and meeting with seniors at various venues.

Included in the area plan are goals and objectives for the four years of the plan duration. YAHR's goals include enabling more older adults and adults with disabilities to remain in their homes for as long as possible, through the provision and expansion of high-quality home and community-based services, including support for formal and informal caregivers. YAHR works to improve nutritional health and mental well-being for older adults, increase services and improve access to services to participants, including those with the greatest social need. Our objectives include providing evidence-based fall prevention programs online and in person. All YAHR staff will be receiving training on dementia. We will expand our information and assistance program through other platforms other than phone calls and walk in clients. YAHR staff, contractors and partners will increase community education about the prevention, detection and response to negative health effects associated with social isolation.

This area plan is a working plan for State Fiscal Year 2026. It may be updated and changed as needed to meet the goals listed above. YAHR continually analyzes the current needs of older adults to ensure our services are meeting those needs.

CONTEXT

YAHR serves 18 counties in northwest Missouri. Our service area includes the following counties: Andrew, Atchison, Buchanan, Caldwell, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Linn, Livingston, Mercer, Nodaway, Putnam, Sullivan and Worth. Within the 18 countries 64,605

people are over the age of 60 years. In this population 6,596 seniors are low income, 556 are low-income minorities, 3,175 are low income and have a physical disability, 3,334 are low income living in a rural area and 4,025 are low-income females. In a report by Dr. Mark White, University of Missouri, in May of 2021, the northwest counties of Missouri lost almost 5% of its population since 2010 due to net domestic out-migration and minimal natural increase. Andrew County was the only county to gain population between 2010 and 2020, and DeKalb, Holt, Sullivan and Atchison counties lost substantial population during this period. The loss in population causes fewer caregivers and lack of services due to a smaller group to employ to complete the services needed for older adults to remain in their homes. These services include transportation, housekeeping and assistance with bathing.

To assess service gaps, prioritize needs, and develop a comprehensive and coordinated plan, YAHR conducted a needs assessment. YAHR also used the results from the State of Missouri 2024 needs assessment. We gathered information from the aging network in northwest Missouri that includes senior centers, health departments, providers of in-home services and the YAHR Advisory Council. YAHR contracts with providers to deliver supportive services such as meals, in-home services and healthy aging programs. YAHR is constructing a multipurpose senior center in Cameron; this town has not had a center for five years. The new center will offer healthy aging programs, meals five days a week, meals for homebound seniors and programs to involve seniors in their community. The center will be utilized to increase meal production and be a kitchen for emergencies if another center cannot provide meals. YAHR and its contractors utilize paid and unpaid older adults in the YAHR office and in the centers. We partner with the Senior Community Service Employment Program (SCSEP) to offer on the job training. The YAHR Board of Directors, and Advisory Council is made up of seniors aged 60 and over, as are the boards of the senior centers.

The need for supportive services, nutrition services, and multipurpose programs within YAHR's Planning and Service Area (PSA) is highlighted by the significant number of low-income seniors residing in the region. A large portion of YAHR's PSA consists of rural areas, where access to essential services can be limited. In State Fiscal Year (SFY) 2024, YAHR served a total of 8,800 clients, of which 7,663 were from rural communities.

Among the low-income older adults in the PSA, the population of low-income minority clients is relatively small, totaling 556 individuals out of 6,596 low-income seniors. This demographic data underscores the importance of targeted outreach and specialized services to address the unique challenges faced by underserved populations.

To meet the needs of those with the greatest social and economic challenges, individuals at risk of institutional placement, and Native American communities, YAHR employs a proactive approach to outreach. The organization prioritizes education and information-sharing with local health departments that serve these populations. By collaborating with community partners, YAHR ensures that resources are directed toward those most in need, fostering equitable access to essential services and empowering vulnerable seniors to maintain their independence and quality of life.

The results of these efforts are evaluated by utilizing our computer program where every client is entered, and reports can be generated by county, income, race and ethnicity. By utilizing these reports, YAHR can ensure that the individuals in targeted populations with the greatest needs are receiving services. YAHR has contracts and agreements with providers of in-home services, nutrition services and evidence-based health programs.

Programs and services provided in YAHR PSA include Nutrition Services, Healthy Aging Programs, Transportation, Legal Assistance, Case Management, Family Caregiver Case Management and Caregiver Legal Assistance. These programs are funded with OAA Title III funds. In Gentry County, with the utilization of Senior Tax Levy funds, we are able to provide in-home services, including respite. The Senior Services Growth and Development (SSGD) funds were utilized to provide all senior centers in all 18 counties to remodel the centers, purchase equipment and improve access to the senior centers. In SFY 2026, SSGD funds will be utilized to complete the new center in Cameron and update equipment at the other centers.

At this time, our only consumer directed service is transportation. Clients can hire their own drivers, and the client receives reimbursement that they can use to reimburse their driver. At this time, we do not have any plans to offer other self-directed services.

CURRENT SERVICE COVERAGE CHARTS

This section provides an overview of how Young at Heart Resources predicts services will be utilized during SFY 2026. The numbers provided below are based on actual units provided and people served in FY24 and FY25 to-date. The data includes a slight increase to account for growth during FY26. The first number represents the projected number of individuals to be served, followed by the proposed number of units.

Supportive Services (Title III B Funded)	Andrew	Atchison	Buchanan	Caldwell	Clinton	Daviess	Dekalb	Gentry
Information and Assistance/Referral	9/9	10/12	60/75	20/20	50/60	10/14	40/50	55/40
Transportation	3/50	8/70	25/4000	25/620	40/1200	8/167	35/1300	4/25
Personal Care	8/100	3/80	30/3100	5/150	5/150	4/100	3/80	5/120
Homemaker	10/150	5/20	60/1700	5/175	8/250	4/50	5/175	8/300
Legal Assistance	12/35	3/6	118/470	3/12	6/16	4/60	3/12	2/10
Nutrition Education	200/750	225/800	240/850	40/40	100/250	160/575	140/400	78/235
Case Management	21/32	5/20	273/450	15/30	35/70	10/20	30/60	25/50
Ombudsman Services	* Ombudsman numbers are available by PSA only and YAHR had 6813 reached by visits in SFY2024. It is expected that number will remain similar in SFY2026.							
Public Education	20/30	28/40	50/50	5/5	15/30	80/85	20/20	25/25

Nutrition (Title III C Funded)	Andrew	Atchison	Buchanan	Caldwell	Clinton	Daviess	Dekalb	Gentry
Congregate Meals	340/9580	300/12400	382/13000	45/70	190/5450	300/11700	175/7500	100/5300
Home Delivered Meals	140/17150	120/17800	324/43000	194/12050	120/18250	150/17800	150/21300	125/10600
Carry Out Meals	60/1800	60/1725	30/170	0/0	105/2000	100/1400	20/150	85/3500

Highest Level Evidence Based Disease Prevention Health Promotion Programs (Title III D Funded)	Andrew	Atchison	Buchanan	Caldwell	Clinton	Daviess	Dekalb	Gentry
A Matter of Balance	2/10	2/10	13/115	5/30	10/75	2/10	2/10	2/10
Arthritis Foundation Exercise Program	2/10	2/10	2/10	2/10	2/10	2/10	2/10	2/10
Circle of Friends	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1
Drums Alive	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1

Eat Smart, Move More, Weigh Less	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1
Tai Chi for Arthritis	30/250	5/30	13/115	1/1	10/75	25/260	40/300	1/1
Walk with Ease	1/1	1/1	1/1	1/1	10/75	1/1	1/1	1/1

Family Caregiver Support (Title III E Funded)	Andrew	Atchison	Buchanan	Caldwell	Clinton	Daviess	Dekalb	Gentry
Information and Assistance	5/5	10/12	65/70	20/20	500/60	5/5	3/3	44/142
Assessment and Care Planning	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1
Case Management	8/20	8/13	275/440	15/30	35/70	3/12	2/4	20/32
Support Groups	1/5	1/5	1/5	1/5	1/5	1/5	1/5	1/5
Individual Counseling	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1
Caregiver Training	1/3	1/3	1/3	1/3	1/3	1/3	1/3	1/3
Family Caregiver Legal	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1
In-Home Respite	5/350	3/200	30/1700	3/300	5/400	3/200	3/200	1/28
Supplemental Services								
Home Modification	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1
Homemaker/Chore	1/5	1/5	1/5	1/5	1/5	1/5	1/5	1/5
Interpreter	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1
Medical/incontinence Supplies	2/2	2/2	2/2	2/2	2/2	2/2	2/2	2/2

Non- OAA Funded Programs	Andrew	Atchison	Buchanan	Caldwell	Clinton	Daviess	Dekalb	Gentry
Medicare Improvements for Patients and Providers Act (Medicare Assistance)	70/1	43/2	415/1	892/1	1502/1	800/1	14242/2	33/1
Give 5 Volunteer Program	0/0	0/0	1/5	0/0	1/5	0/0	0/0	0/0
Benefits Enrollment Center Assistance	6/7	15/20	45/50	25/35	80/160	12/30	65/155	149/197
SHL * Delegates advocate for change across the PSA there are 15 Delegates that provide 750 hours of service	2/100	1/50	1/50	0/0	0/0	1/50	0/0	0/0

Senior Medicare Patrol	Young at Heart contracts with Care Connection to provide Senior Medicare Patrol services. All service units for the state are reflected in Care Connection's Area Plan.							
Medicaid HCBS Reassessments	25/29	1/1	405/460	12/15	32/36	4/4	25/28	14/14

Supportive Services (Title III B Funded)	Grundy	Harrison	Holt	Linn	Livingston	Mercer
Information and Assistance/Referral	21/21	25/25	2/2	45/50	30/38	8/11
Transportation	15/760	6/140	2/4	22/230	35/425	2/35
Personal Care	4/90	4/90	1/2	4/90	2/24	2/24
Homemaker	15/220	6/110	1/4	9/80	15/105	5/130
Legal Assistance	6/18	4/10	1/1	2/25	2/15	1/7
Nutrition Education	14/28	10/20	152/331	320/1400	50/600	110/250
Case Management	20/55	25/35	4/6	36/50	42/85	8/25
Ombudsman Services	* Ombudsman numbers are available by PSA only and YAHR had 6813 reached by visits in SFY2024. It is expected that number will remain similar in SFY2026.					
Public Education	8/24	9/32	80/260	320/2650	4/8	155/700

Nutrition (Title III C Funded)	Grundy	Harrison	Holt	Linn	Livingston	Mercer
Congregate Meals	270/9700	35/8400	70/4771	425/18959	440/16020	220/6550
Home Delivered Meals	125/18000	115/20000	90/15495	365/51700	148/25600	90/14450
Carry Out Meals	10/20	10/20	1/1	145/3700	5/10	100/1130

Highest Level Evidence Based Disease Prevention Health Promotion Programs (Title III D Funded)	Grundy	Harrison	Holt	Linn	Livingston	Mercer
A Matter of Balance	1/1	1/1	1/1	1/1	1/1	6/48
Arthritis Foundation Exercise Program	1/5	1/5	1/5	1/5	1/5	1/5
Circle of Friends	1/1	1/1	1/1	1/1	1/1	1/1
Drums Alive	1/1	1/1	1/1	1/1	1/1	1/1
Eat Smart, Move More, Weigh Less	1/1	1/1	1/1	1/1	1/1	1/1
Tai Chi for Arthritis	15/60	4/60	1/1	1/10	1/10	1/1
Walk with Ease	1/1	1/1	1/1	1/1	1/1	2/1

Family Caregiver Support (Title III E Funded)	Grundy	Harrison	Holt	Linn	Livingston	Mercer
Information and Assistance	1/1	1/1	1/1	1/1	1/1	1/1
Assessment and Care Planning	6/215	4/55	2/2	8/500	6/240	2/2
Case Management	1/5	1/5	1/5	1/5	1/5	1/5
Support Groups	1/1	1/1	1/1	1/1	1/1	1/1

Individual Counseling	1/3	1/3	1/3	1/3	1/3	1/3
Caregiver Training	1/1	1/1	1/1	1/1	1/1	1/1
Family Caregiver Legal	8/400	3/70	2/100	5/495	3/300	2/120
In-Home Respite						
Supplemental Services	1/1	1/1	1/1	1/1	1/1	1/1
Home Modification	1/5	1/5	1/5	1/5	1/5	1/5
Homemaker/Chore	1/1	1/1	1/1	1/1	1/1	1/1
Interpreter	2/2	2/2	2/2	2/2	2/2	2/2
Medical/incontinence Supplies	1/1	1/1	1/1	1/1	1/1	1/1

Non- OAA Funded Programs	Grundy	Harrison	Holt	Linn	Livingston	Mercer
Medicare Improvements for Patients and Providers Act (Medicare Assistance)	1200/1	30/1	43/2	500/1	142/3	32/1
Give 5 Volunteer Program	1/5	0/0	0/0	0/0	0/0	0/0
Benefits Enrollment Center Assistance	21/35	60/90	6/6	60/135	30/60	30/40
SHL * Delegates advocate for change across the PSA there are 15 Delegates that provide 750 hours of service	2/100	2/100	1/50	2/100	1/50	2/100
Senior Medicare Patrol	Young at Heart contracts with Care Connection to provide Senior Medicare Patrol services. All service units for the state are reflected in Care Connection's Area Plan.					
Medicaid HCBS Reassessments	15/18	26/30	9/9	43/46	65/75	4/4

Supportive Services (Title III B Funded)	Nodaway	Putnam	Sullivan	Worth	
Information and Assistance/Referral	18/35	8/8	5/5	16/20	
Personal Care	4/40	2/48	2/48	1/24	
Homemaker	8/130	3/120	6/120	0/0	
Legal Assistance	3/3	1/4	2/8	1/4	
Nutrition Education	75/255	15/15	60/165	15/45	
Case Management	35/80	7/15	8/20	7/10	
Ombudsman Services	* Ombudsman numbers are available by PSA only and YAHR had 6813 reached by visits in SFY2024. It is expected that number will remain similar in SFY2026.				
Public Education	30/260	2/10	70/460	20/110	

Nutrition (Title III C Funded)	Nodaway	Putnam	Sullivan	Worth	
Congregate Meals	0/0	415/13580	173/6150	0/0	
Home Delivered Meals	90/23995	105/23215	140/7525	50/3960	

Carry Out Meals	0/0	10/250	4/110	0/0	
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Highest Level Evidence Based Disease Prevention Health Promotion Programs (Title III D Funded)	Nodaway	Putnam	Sullivan	Worth	
A Matter of Balance	1/1	1/1	1/1	1/1	
Arthritis Foundation Exercise Program	1/5	1/5	1/5	1/5	
Circle of Friends	1/1	1/1	1/1	1/1	
Drums Alive	1/1	1/1	1/1	1/1	
Eat Smart, Move More, Weigh Less	1/1	1/1	1/1	1/1	
Tai Chi for Arthritis	1/1	2/10	2/10	2/10	
Walk with Ease	1/1	1/1	1/1	1/1	

Family Caregiver Support (Title III E Funded)	Nodaway	Putnam	Sullivan	Worth	
Information and Assistance	11/11	2/4	2/4	2/4	
Assessment and Care Planning	32/55	2/2	3/16	2/2	
Case Management	1/5	1/5	1/5	1/5	
Support Groups	1/1	1/1	1/1	1/1	
Individual Counseling	1/3	1/3	1/3	1/3	
Caregiver Training	1/1	1/1	1/1	1/1	
Family Caregiver Legal	1/50	2/120	3/120	2/120	
In-Home Respite					
Supplemental Services	1/1	1/1	1/1	1/1	
Home Modification	1/5	1/5	1/5	1/5	
Homemaker/Chore	1/1	1/1	1/1	1/1	
Interpreter					
Medical/incontinence Supplies	11/11	2/4	2/4	2/4	

Non- OAA Funded Programs	Nodaway	Putnam	Sullivan	Worth	
Medicare Improvements for Patients and Providers Act (Medicare Assistance)	1108/2	800/1	23/1	13/1	
Give 5 Volunteer Program	0/0	0/0	0/0	0/0	
Benefits Enrollment Center Assistance	20/24	5/5	10/10	20/25	
SHL * Delegates advocate for change across the PSA there are 15 Delegates that provide 750 hours of service	0/0	0/0	0/0	0/0	
Senior Medicare Patrol	Young at Heart contracts with Care Connection to provide Senior Medicare Patrol services. All service units for the state are reflected in Care Connection's Area Plan.				
Medicaid HCBS Reassessments	63/75	8/8	2/2	5/5	

QUALITY ASSURANCE PROCESS

YAHR utilizes AgingIS to enter and calculate data on all clients. The data collected includes demographic information and income (income is not used for determining the need or qualifications for YAHR programs). YAHR also assesses and enters data regarding needs, abilities and supports. During the plan period, we will use this data to increase program effectiveness and increase the number of clients served. We continually evaluate programs for problem areas such as a shortage of workers, and funding availability. We are always continuing to improve the services to assist seniors.

Members of the public that would want to have a copy of our grievance procedure, minutes from the Board of Directors and or Advisory Council, and to obtain the schedule and process of updating internal policies can call in a request at 660-240-9400, email info@yahresources.org or mail a request to 1304 N Walnut, PO Box 185, Cameron MO 64429.

YAHR will be updating their internal policies over the next six months. We will receive input from the Board, Advisory Council and use the state policies and procedures as our guide.

GOALS OBJECTIVES, STRATEGIES, AND ACTIVITIES

<p>Goal: All Missourians can age safely, in a way that promotes health and dignity, in the setting of their choice.</p>	
<p>Outcome 1: Increase the number of Missourians who can safely choose to age in place</p>	
<p>By September 30, 2027, the State of Missouri will implement specific strategies to increase access to assistive technology for older Missourians.</p>	<p>1.1: By September 2024, DHSS will arrange a presentation from MoAT for the ten AAAs. The presentation will include resources available for older adults.</p> <p>1.2: By September 2025, each AAA will have a referral process to help participants obtain assistive technology from MoAT.</p> <p>1.3: By September 2026, each AAA will provide at least three instances of community education about home modification and assistive technology services available in its PSA.</p>
<p>AAA Objective:</p> <p>1. Create and train staff to use a referral process for Missouri Assistive Technology to help participants obtain assistive technology (1.2)</p> <p>2. Create and share a list of home modification and assistive technology resources that are available in the PSA. (1.3 and 1.6)</p>	<p>AAA Strategy:</p> <p>1. 95% of all I&A staff and 95% of case management staff will receive training on how to use the referral process for Missouri Assistive Technology (1.2) September/2025</p> <p>2. A list of home modifications and assistive technology resources will have been shared with at least three organizations. (1.3 and 1.6) September / 2026</p>
<p>By September 30, 2027, the State of Missouri will implement specific strategies to decrease the impact of falls on older Missourians.</p>	<p>1.4: By September 2025, DHSS will arrange a presentation from Missouri LTSS for the ten AAAs. The presentation will focus on the connection between falls and TBI. The presentation will also provide information for regional service coordinators who can screen for fall related TBI.</p> <p>1.5: By September 2025, each AAA will offer at least one evidence-based fall prevention program in its PSA.</p>

	<p>1.6: By September 2026, each AAA will compile a list of local resources available in its PSA for home modifications.</p> <p>1.7: By September 2027, DHSS will arrange a presentation from an ACL grant recipient related to fall prevention for the ten AAAs.</p>
<p>AAA Objective:</p> <p>3. YAH staff will provide at least one fall prevention Evidenced Based Program online and one in person class in the PSA. (1.5)</p> <p>4. A list will be compiled of companies and agencies that offer home modifications in our PSA. (1.6)</p>	<p>AAA Strategy:</p> <p>3. At least one staff member and three volunteers will be trained to offer selected evidenced-based fall prevention programs and the program will be offered to participants in the PSA at least once and online once. September / 2026</p> <p>4. Develop and implement a referral process for community-based organizations and the Bureau of HIV, STD and Hepatitis in DHSS to better serve older adults living with HIB/AIDS. (1.9) September/2025</p>
<p>By September 30, 2027, the State of Missouri will implement specific strategies to decrease the impact of chronic diseases and disabilities on older Missourians.</p>	<p>1.8: By September 2027, DHSS will arrange a presentation from an ACL grant recipient related to chronic disease self-management for the ten AAAs.</p> <p>1.9: By September 2025, each AAA will have a referral process for community-based organizations and the Bureau of HIV, STD, and Hepatitis in DHSS to better serve older adults living with HIV/AIDS.</p> <p>1.10: By September 2026, DHSS will provide training to the ten AAAs about three evidence-based disease prevention and health promotion programs that have demonstrated efficacy in populations living with HIV/AIDS.</p>
<p>By September 30, 2027, the State of Missouri will implement specific strategies to improve home and community-based services for older</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</p>

<p>Missourians and adults with disabilities.</p>	<p>need of HCBS in the least restrictive community setting for as long as safely possible.</p> <p>1.12: By September 2025, HCBS will develop an online learning management system to allow for quality and timely training of new provider reassessors.</p> <p>1.13: By September 2025, HCBS will develop a value-based payment-enhanced training model that ensures the direct care workforce has the skills and knowledge needed to support better health outcomes for participants.</p>
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<p>Outcome 2: Improve services and supports to caregivers</p>	
<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: 5. Create and implement a policy to provide dementia training to all AAA staff who directly interact with service recipients within the employee's first year of employment. (2.2)</p>	<p>AAA Strategy: 5. 100% of all AAA staff who directly interact with service recipients who have been employed for longer than 12 months will have received dementia training. (2.2) Sept/2025</p>
<p>By September 30, 2027, the State of Missouri will implement specific strategies to increase the quality and</p>	<p>2.4: By September 2024, DHSS will provide training to the ten AAAs about at least three evidence-based family</p>

<p>quantity of caregiver services available in Missouri, including services to kinship caregiver families.</p>	<p>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: 6. Increase the quality of caregiver services available to Missouri, including services to kinshipcaregiver families. (2.6)</p>	<p>AAA Strategy: 6. Increase the caregiving service units by 5% as compared to units in FFY2024. (2.6) September/2026</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: 1. Select and provide one new program that participants can access via their homes. (3.1)</p> <p>2. Provide I&A services through at least one additional platform beyond telephone and walk-ins (3.2)</p>	<p>AAA Strategy: 1. Provide at least one educational program online. (3.1) September/2025</p> <p>2. Offer I&A services at least one Public Event and through Facebook. (3.2) September/2025</p>
<p>By September 30, 2027, the State of Missouri will implement specific strategies to increase awareness of</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-</p>

<p>programs and services available in Missouri.</p>	<p>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:</p> <p>3. Create and share a list of transportation resources to be shared via PSA. (3.4)</p> <p>4. Review and update the I&A resources to ensure it includes information related to dental services, repair and replacement, vision testing and eyeglasses, hearing testing and hearing aids, affordable housing and financial assistance with bills. (3.5)</p>	<p>AAA Strategy:</p> <p>3. A list of transportation resources will be shared in at least 3 counties of the PSA. (3.4) September/2025</p> <p>4. Update and distribute I&A resources to AAA staff to ensure they know about information related to dental services, replacement and repair, vision testing and eyeglasses, hearing testing and hearing aids, affordable housing and financial assistance with bills. (3.5) September/2025</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>AAA Strategy:</p> <p>5. Develop and utilize procedure and process to determine which interventions and</p>

<p>5. Develop a procedure outlining how the AAA will determine which interventions and services require follow-up. (3.6)</p>	<p>services require follow-up. (3.6) September / 2026</p>
<p>By September 30, 2027, the State of Missouri will implement specific strategies to improve mobility management in Missouri.</p>	<p>3.9: By September 2024, DHSS will provide training and resources to the ten AAAs regarding transportation options.</p> <p>3.10: By September 2025, DHSS will arrange a presentation by MO Rides for the ten AAAs. This presentation will focus on mobility management in Missouri.</p> <p>3.11: By September 2026, DHSS will arrange a presentation by Missouri Rural Health Association (MRHA) for the ten AAAs. This presentation will focus on the mobility management curriculum available through MRHA.</p> <p>3.12: By September 2027, DHSS will oversee a transportation group to address the transportation needs of older adults in Missouri. The ten AAAs will be invited to participate in this group.</p>

Outcome 4: Improve nutritional health

<p>By September 30, 2027, the State of Missouri will implement specific strategies to respond more effectively to assessments that show a high risk of poor nutritional status or malnutrition in participants in OAA nutrition programs.</p>	<p>4.1: By November 2024, DHSS and the ten AAAs will create a list of possible interventions and responses to assist participants who are identified as having high nutritional risk.</p> <p>4.2: By September 2025, each AAA will have completed an annual DETERMINE Your Nutritional Health screening for 100% of home-delivered meal participants and 50% of congregate participants.</p> <p>4.3: By September 2026, each AAA will have at least one intervention it can offer to participants who are identified as having a high risk of poor nutritional status or malnutrition. This intervention</p>
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	<p>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>1. Create and implement a policy to complete an annual DETERMINE Your Nutritional Health screening for all home-delivered meal participants and to offer the screening annually to all congregate meal participants. (4.2)</p> <p>2. Create and implement one new nutrition intervention for participants who are identified as having high nutritional risk. (4.3).</p>	<p>AAA Strategy:</p> <p>1. 90% of home-delivered meal participants will have had a DETERMINE screening in the past 12 months and 90% of congregate meal participants will have been offered the screening within the past 12 months. (4.2) September/2025</p> <p>2. New nutrition intervention has been offered to at least 90% of the eligible participants over the past six months. (4.3) September / 2026</p>
<p>By September 30, 2027, the State of Missouri will implement specific strategies to respond to cultural considerations and preferences of participants more effectively.</p>	<p>4.5: By September 2024, the ten AAAs will have a written policy addressing adjusting meals for cultural considerations and preferences.</p> <p>4.6: By September 2026, each AAA will be providing culturally appropriate meals at least once per month in at least one location in its PSA.</p> <p>4.7: By September 2027, each AAA will provide at least three instances of public information about culturally appropriate meals offered in its PSA.</p>
<p>AAA Objective:</p> <p>3. Respond to cultural considerations by developing a policy addressing adjusting meals for cultural considerations and preferences. (4.5)</p> <p>4. YAHR will provide culturally appropriate meals. (4.6)</p>	<p>AAA Strategy</p> <p>3.YAHR will write a cultural consideration Policy. (4.5) September / 2027.</p> <p>4. Select one nutrition location in the PSA and begin offering culturally appropriate meals at least once per month. (4.6) September / 2026</p>

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Outcome 5: Improve financial security	
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<p>By September 30, 2027, the State of Missouri will implement specific strategies to inform service providers about programs available to assist older adults seeking employment.</p>	<p>5.1: By September 2025, DHSS will arrange a presentation from SCSEP for the ten AAAs. The presentation will include how to refer participants to SCSEP.</p> <p>5.2: By September 2026, DHSS will arrange a presentation from Missouri’s American Job Centers for the ten AAAs. The presentation will focus on programs available to help older adults who want to work.</p> <p>5.3: By September 2027, DHSS will arrange a presentation from Missouri Vocational Rehabilitation for the ten AAAs. The presentation will include how to refer participants to Vocational Rehabilitation.</p>
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<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>
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Outcome 6: Increase services to those with the greatest social need	
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<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>
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	6.2: By September 2025, DHSS will conduct a statewide needs assessment of older adults, adults with disabilities, and caregivers. This assessment will include data about Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaska Native older individuals, and older lesbian, gay, bisexual, and transgender (LGBT) persons.
AAA Objective: 6. Develop and ensure the AAA 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. (6.1)	AAA Strategy: 6. YAHR utilizes a standard intake form that includes this information. We will utilize the new assessment tool through MA4 to ensure we capture all necessary data.
By September 30, 2027, the State of Missouri will implement specific strategies to increase services to OAA priority populations.	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%.
AAA Objective: 7. AAA will increase services to priority population. (6.4)	AAA Strategy: 7. Service provision to the selected group with greatest social need will increase by at least 5%. (6.4) September/2026
By September 30, 2027, the State of Missouri will implement specific strategies to educate providers about serving LGBT older adults.	6.6: By September 2024, DHSS will arrange training for the ten AAAs about how to gather LGBT demographic information.

	<p>6.7: By September 2026, at least one staff member from each AAA will participate in at least two Missouri LGBT Older Adult Alliance statewide meetings annually during FFY2024, FFY2025, and FFY2026.</p>
<p>AAA Objective: 8. Educate providers about serving LGBT older adults through participation in statewide meetings. (6.7)</p>	<p>AAA Strategy: 8. At least one member from AAA will participate in at least two Missouri LGBT Older Adult Alliance statewide meetings annually during each federal fiscal year. (6.7) September / 2026</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: 9. Increase outreach to older adults with the greatest social need by creating and sharing list of public education and outreach tools. (6.8)</p> <p>10. YAHR will increase the number of public education events that target older adults</p>	<p>AAA Strategy: 9. Create and annually share a list of public education and outreach tools that can be used to teach older Americans 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 through PSA. (6.8) September / 2025</p> <p>10. AAA will engage in at least three public education events that target older adults</p>

with the greatest social need.	with the greatest social need. (6.9) September / 2027
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Outcome 7: Improve response to and prevention of abuse, neglect and exploitation in the community and long-term care facilities	
<p>By September 30, 2027, the State of Missouri will implement specific strategies to prevent, detect, assess, intervene, and investigate elder abuse, neglect, and financial exploitation.</p>	<p>7.1: By September 2024, APS will develop publicly accessible data dashboards allowing stakeholders and the general public to access statistical information on the prevalence of Adult Abuse, Neglect, and Exploitation in Missouri.</p> <p>7.2: By September 2025, APS will develop a Quality Assurance program to include performance evaluation and data analysis of all APS functions resulting in improved services & outcomes to APS clients as well as improved consistency in the delivery of APS services across Missouri.</p> <p>7.3: By September 2026, APS will contract with an outside agency to complete an overall evaluation of its APS Program to identify areas of needed improvement. This evaluation will generate recommendations for improving or changing specific components or processes within the APS program.</p> <p>7.4: By September 2027, APS will complete an analysis of available intervention data as well as solicit feedback from stakeholders to identify areas of resource strength, areas of resource deficiency, and areas of greatest need.</p> <p>7.5: By September 2028, APS will use the information from 7.4 to pursue strategies to increase resources in areas lacking such resources.</p>

<p>By September 30, 2027, the State of Missouri will implement specific strategies to increase the use of MDTs to more effectively address abuse, neglect, and exploitation of vulnerable persons in Missouri.</p>	<p>7.6: By September 2025, the DSDS will support and develop at least 30 MDTs in Missouri to more effectively address the abuse, neglect, and exploitation of vulnerable persons in Missouri.</p> <p>7.7: By September 2026, each AAA will participate in at least one MDT meeting for an MDT providing services in its PSA unless an MDT is not established in its PSA.</p>
<p>By September 30, 2027, the State of Missouri will implement specific strategies to advocate for the rights of those residing in long-term care facilities.</p>	<p>7.8: By September 2025, the LTCOP will conduct at least three educational sessions for Missouri legislators to learn about the Ombudsman Program.</p> <p>7.9: By September 2026, the LTCOP will engage in at least three systems advocacy activities to help improve long-term care.</p> <p>7.10: By September 2027, the LTCOP will recruit and train at least 40 ombudsman volunteers.</p>

<p>Outcome 8: Improve mental well-being</p>	
<p>By September 30, 2027, the State of Missouri will implement specific strategies to educate Missouri AAAs about frameworks to improve mental well-being.</p>	<p>8.1: By September 2025, DHSS will arrange trauma-informed training for the ten AAA directors and I&A staff.</p> <p>8.2: By September 2025, DHSS will arrange for Mental Health First Aid, Question Persuade Refer (QPR), or similar training for at least one staff member at each AAA and one staff member in at least two multipurpose senior centers per PSA. Training may be waived if required staff have received comparable mental health training within the past three years.</p> <p>8.3: By September 2025, DHSS will provide training to the ten AAAs about at least three evidence-based behavioral health programs that are effective across the country.</p>

<p>By September 30, 2027, Missouri AAAs will implement specific strategies to increase participant-directed and person-centered services</p>	<p>8.4: By September 2026, each AAA will offer at least one participant-directed service.</p> <p>8.5: By September 2027, each AAA will provide at least three instances of public education about events, programs, or services in its PSA that support cultural experiences, activities, or services, including the arts.</p>
<p>AAA Objective: 4. Increase public education about events, programs and services in the PSA that support cultural experiences, activities, or services including the arts. (8.5)</p>	<p>AAA Strategy 4. Provide at least three instances of public education about events, programs or services in the PSA that support cultural experiences, activities or services including the arts. (8.5) September / 2027</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: 5. Increase community education about the prevention, detection and response to</p>	<p>AAA Strategy 5. Provide at least three instances of community education about the prevention,</p>

<p>negative health effects associated with social isolation (8.7)</p> <p>6. Offer programs and services that address social isolation. (8.8)</p> <p>7. Increase public education about programs and services AAA offers to address social isolation (8.9)</p>	<p>detection and response to negative health effects associated with social isolation (8.7) September / 2025</p> <p>6. Offer at least one new program or service to address social isolation (8.8) September / 2026</p> <p>7. Provide at least three instances of public education about programs and services it offers to address social isolation. (8.9) September / 2027</p>
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Outcome 9: Improve preparedness for future emergencies	
<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>

LONG RANGE PLANNING

Over the next decade, the increasing population of older adults and the return of retirees to rural areas are projected to substantially heighten the demand for services provided by YAHR. The organization is already contending with a shortage of volunteers for programs under the OAA, a challenge that is expected to intensify as the existing volunteer base ages and younger individuals are not stepping forward to fill these roles. The migration of younger populations to urban areas further exacerbates the issue, leaving older adults in rural communities isolated and without familial support, thereby increasing their reliance on services from area agencies on aging (AAA).

Additionally, the rising costs of service provision are resulting in a reduction of service units available within current funding levels. To address these constraints, YAHR has implemented systems to prioritize assistance for those with the greatest need. Consequently, waiting lists for most services are expanding, and new policies are being established to ensure that limited resources are allocated to individuals with the highest levels of need.

To address the evolving needs of a changing population in the planning and service area, it is critical to enhance programs, policies, and services while adjusting resource levels. Key areas of focus include:

- **Transportation Services:** Expand access and improve reliability by increasing funding and leveraging partnerships with local transit providers to serve rural areas effectively. Work with senior centers and other partner agencies to increase the number of volunteer drivers.
- **Nutrition Services:** Strengthen meal delivery and congregate meal programs by securing additional funding and recruiting volunteers to combat rising food costs and volunteer shortages.
- **Information and Referral:** Enhance awareness of available resources through targeted outreach campaigns and by upgrading digital platforms for accessibility.
- **Affordable Housing:** Collaborate with housing developers and policymakers to create low-income housing options tailored to older adults' needs.
- **Medical and Mental Health Facilities:** Advocate for investments in rural health infrastructure and telehealth services to address accessibility and affordability challenges.
- **Workforce Availability:** Develop recruitment and retention programs, including incentives for caregivers and healthcare workers, and create pathways for younger residents to engage in eldercare professions.
- **Long-Term Care Systems:** Focus on community-based services and support for aging in place to reduce pressure on institutional care facilities.

- **Service Expectations of Seniors and Caregivers:** Engage in continuous dialogue with older adults and caregivers to align services with their evolving preferences and expectations.
- **Resource Distribution and Creation:** Reallocate existing resources to high-need areas, advocate for increased funding, and explore public-private partnerships to develop new resources.
- **Policy Changes:** Implement policies to prioritize high-need individuals and streamline service delivery processes to enhance efficiency.
- **Legal Assistance:** Expand access to legal aid for older adults through partnerships with pro bono programs and advocacy groups.
- **Multipurpose Senior Centers:** Strategically develop and locate centers in underserved areas to offer integrated services and social engagement opportunities.
- **Emergency Preparedness:** Strengthen disaster response plans to address the specific vulnerabilities of older adults, including evacuation strategies and communication systems.

Anticipated Impacts and Reactions

These strategies will enhance service accessibility and equity but may require significant investment and collaboration among stakeholders. Community engagement and transparent communication will be essential to address potential resistance to change and to build consensus around new initiatives.

Planning for Sustainability

Efforts to ensure long-term sustainability will include diversifying funding sources, leveraging technology, and fostering interagency partnerships. By prioritizing proactive planning and evidence-based approaches, the region can effectively meet the needs of its aging population.

ATTACHMENT A—VERIFICATION OF INTENT

Young at Heart Resources
1304 N Walnut Steet, Suite 150
Cameron, MO 64429

Phone: 660-240-9400
Fax: 816-396-0568

e-mail address: fmiller@yahresources.org
Internet address: www.yahresources.org

Freda Miller, Executive Director

Counties Served: Andrew, Atchison, Buchanan, Caldwell, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Linn, Livingston, Mercer, Nodaway, Putnam, Sullivan and Worth Counties in Northwest Missouri.

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.

11-25-2024 Karne Metzger
(Date) (Signature of Chair, AAA Board of Directors)

11-25-2024 Linda M. Miller
(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.

11-18-2024 Diana S. Shanks
(Date) (Signature of Chair, AAA Advisory Council)

ATTACHMENT B—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,

Section1321.53(c), “

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 through 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 IID 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.

1/14/2025

(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:

To ensure that services are prioritized for older individuals with the greatest economic and social needs, specific mechanisms are in place, with a focus on low-income older adults, including minority groups, those with limited English proficiency, and those in rural areas. These mechanisms include:

1. **Targeted Outreach:** Implementing community engagement strategies to identify and connect with underserved populations.
2. **Needs Assessment:** Conducting regular assessments to evaluate economic and social vulnerabilities, ensuring resources are directed where they are most needed.
3. **Service Prioritization:** Establishing clear guidelines to allocate services first to individuals with the highest levels of need, such as risk of institutional placement, isolation and geographic considerations.
4. **Cultural and Linguistic Accessibility:** Providing translation services and culturally competent programming to address barriers faced by individuals with limited English proficiency.
5. **Collaboration with Local Partners:** Working with community organizations, faith-based groups, and rural service providers to effectively reach isolated populations.
6. **Policy Integration:** Embedding preference criteria into program policies and service delivery plans to maintain consistency in prioritization.

By integrating these methods into the plan, the region ensures equitable distribution of resources to those who need them most, supporting vulnerable older adults in achieving greater well-being and access to essential services.

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:

1. **Coordination with Stakeholders:** Establishing partnerships with emergency response agencies and organizations at local and state levels to ensure seamless planning and service delivery. This will include Red Cross, Faith Based Organizations and county Emergency Management Directors.
2. **Annual Submission:** YAHR will submit a comprehensive Regional Emergency Preparedness Plan to the State Unit on Aging (SUA) by April 1 each year, in collaboration with the SUA Emergency Planning Coordinator.
3. **Disaster Management Phases:**
 - **Mitigation:** Reducing risks and vulnerabilities for older adults.
 - **Preparedness:** Developing proactive plans and resources for emergency response.
 - **Response:** Ensuring timely and effective action during disasters.
 - **Recovery:** Supporting stabilization and the restoration of normal living conditions for older individuals.

These mechanisms aim to ensure a coordinated, efficient, and sustainable approach to emergency preparedness and disaster relief services for older adults.

Young at Heart Resources

CONTINUITY OF OPERATIONS

PLAN

Developed In Collaboration With



Division of Senior and
Disability Services

November 2024

COOP Plan Record of Changes

Publication Change History: All components of the COOP Plan should be reviewed, at a minimum, on an annual basis and any revisions should be made to all maintained copies and disseminated as necessary. Changes made to the COOP Plan should be documented in the following Record of Changes.

Description of Changes	Page # Revised	Revision Date	Created by/ Changed by	Requested by
Reviewed	All	11/18/24	Freda Miller	
Updated call tree	17	11/18/24	Freda Miller	

July 2024

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I. EXECUTIVE SUMMARY

The mission of the Young at Heart Resources in Continuity of Operations (COOP) planning is to utilize all available resources to maximize contribution to the overall continuity of operations response effort while assuring essential functions.

The Area Agencies on Aging are an integral part of the aging network in the state of Missouri. 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 the Area Agency on Aging 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, Young at Heart is responsible to provide specific essential functions recognized in this plan.

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

[Signature of Chief Executive Officer/ Date]

[Signature of Board President/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 Young at Heart engage in active planning efforts in order to mitigate the impact of future events on agency staff and the customers served through Young at Heart programs.

One of the most critical services provided is home-delivered meals to homebound persons. Any 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 the AAA 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.

Young at Heart 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

The purpose of the Young at Heart's Continuity of Operations plan is to establish policy and guidance to ensure that essential functions for the Agency are continued in the event that man-made, natural, or technological emergencies disrupt or threaten to disrupt normal business operations. The COOP plan enables the Agency to operate with a significantly reduced workforce and diminished availability of resources, and to operate from an alternate work site should the primary facility become uninhabitable.

The plan is designed to:

- Ensure that the AAA 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 AAA and local service providers COOP plans are viable and operational; and
- Facilitate return of AAA to normal operating conditions as soon as possible.

The COOP plan does not apply to temporary disruptions of service during which services are anticipated to be restored within a short period of time.

IV. APPLICABILITY AND SCOPE

The AAA 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 #4 PSA. This Planning and Service Area encompasses *the counties of Andrew, Atchison, Buchanan, Caldwell, Clinton, Daviess, Dekalb, Gentry, Grundy, Harrison, Holt, Linn, Livingston, Mercer, Nodaway, Putnam,*

Sullivan, and Worth.

The provisions of this document will guide the AAA's 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, staff, and state and local authorities	Immediate
2	Establish communication among affected locations and determine operational viability of affected locations	Within 24 hours
1	Determine viability of, AgingIS and fiscal reporting systems; re-establish remote and/or electronic connectivity, if necessary	Immediate
2	Maintain or re-establish consumer information and assistance lines	Within 48 hours
2	Determine viability of direct services; re-establish as needed	Immediate
4	Establish communication with all contractors and determine operational viability of providers	Within 48 hours
3	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.

AAA has identified the following staff and resource requirements necessary to support essential functions during a COOP event:

Priority 1:

- Young at Heart 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:

- Young at Heart 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.
- 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 2015 – 2019 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 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 Young at Heart 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 Northwest Missouri region.

All Young at Heart contracts contain language providing for the activation of their individual plans by the Chief Executive Officer of the Area Agency on Aging.

Planning Considerations and Assumptions

This COOP Plan is based on the following assumptions:

- An emergency condition may require relocation of Young at Heart to an 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 the Young at Heart 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, the Young at Heart 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*

The Young at Heart Chief Executive Officer, or designee, will oversee the activation of any portion of the COOP. Once the decision is made to activate the COOP, the Young at Heart Chief Executive Officer or designee will begin the notification procedures. The Chief Executive Officer, or designee, will serve as the Agency spokesperson.

a. **Decision Process**

Emergencies, or potential emergencies, may affect the ability of the Young at Heart to perform its mission essential functions from the Cameron, and Albany, Missouri, central offices.

In the event that the Young at Heart is unable to perform its essential functions from the central office the Chief Executive Officer, or designee, will direct the activation of the COOP. The Chief Executive Officer, 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 Young at Heart mission essential functions from the alternate location.

Scenarios in which the COOP Plan will be activated include:

- The Young at Heart central offices 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 Young at Heart building and the surrounding area.
- The area surrounding the central offices 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.

Young at Heart 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 Young at Heart operations, the Chief Executive Officer, 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 Young at Heart 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 Young at Heart 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 the Young at Heart leaders to respond may be impacted, up to and including a total lack of accessibility. The table below indicates the orderly transition for all leadership positions 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.

Orders of Succession for Young at Heart	
CEO- All with the limitations of spending with the board policy	Activated: only during a COOP Plan. Terminated: If the CEO is not available or when the emergency is over.
COO - Monitor Disaster Activity and relaying information to Chief Executive Officer All with Limitations of spending per the Young at Heart Board Policy	Activated: only if the CEO not is unavailable during COOP Plan activation. Terminated: If the CEO is available or when the emergency is over.
CFO- will relay information about the disaster to Young at Heart board	Activated: only if the CEO or the COO is unavailable during COOP Plan activation.

<i>chairperson limitations with the board policy.</i>	Terminated: If the CEO or the COO is available or when the emergency is over.

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 Young at Heart Central Office is completely incapacitated, all functions will be transferred to the ***Young at Heart in Cameron, Missouri***. If those facilities are not available, then transfer will be made through mutual pact to the **Northeast Area Agency on Aging, Debbie Blessing. Phone: 660-665-4682. Fax 660-627-5129.**

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

At the time of COOP activation, the Chief Executive Officer, 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.

The Young at Heart has identified a continuity location in Albany and Cameron. Should relocation to another alternate facility be necessary, a risk assessment will be completed to ensure any relocation facility is safe and appropriate. 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 the Young at Heart:

System Name	Location	Control/ Responsibility	Description	Dependency Systems	Restoration Priority
Communication	Central Office	Chief Executive Officer/ COO	Communication to staff for placement and assistance to other staff as needed. Need them up and running for participant assistance, documentation and reporting.	AgingIS	Immediate
AgingIS	Innovative Data Systems Hosted Location	CEO/COO	Aging programs can be accessed at any site that has Internet capability at www.agingis.com or client.indatsys.com: 8089 with the proper login and password.	Web based application	Immediate
Contracted Food Service with local Senior Centers	Local Centers	Project Nutrition Director/ COO	Ensure that service recipients are located and meals are being provided by the service providers, HDM, drivers and HDM routes.		Immediate
In Home Providers	Contracted Providers	COO/ Family Caregiver Coordinator/ Care Coordinator Manager	Contact must be made to make sure incidents with those who receive services are safe and able to continue services		>24 hours
Information And Assistance	Remote office in Albany	Program Specialist / AIRS	Ensure that Information and assistance is		>24 hours

		Certified Staff on duty	available to those needing assistance for shelter , transportation and food locations		

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 AAA:

Critical 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
COOP Plan	Electronic and Hard Copy	No	Yes	Yes
Orders of Succession	Electronic and Hard Copy	No	Yes	Yes
Staff Contact Lists	Electronic and Hard Copy	Yes	Yes	Yes
Young at Heart Policy and Procedures Manual	Electronic and Hard Copy	No	Yes	Yes
Case Management Manuals	Electronic	No	Yes	Yes
Client Lists	Electronic / AgingIS	No	No	No
Regional Maps (various entities)	Electronic	No	Yes	Yes
Provider / Vendor Lists	Electronic and Hard Copy	No	Yes	Yes
Senior Center Lists	Electronic and Hard Copy	No	Yes	Yes
Skills Assessment and Manager's Supplement	Electronic and Hard Copy	No	Yes	Yes

Critical 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
Senior Center COOP Plans	Electronic and Hard Copy	No	Yes	Yes

Midwest Data backs up files for Cameron (Central office)

3. Phase III: Reconstitution

As soon as practical following an emergency relocation, an Young at Heart designee, with support from appropriate agencies, will initiate operations to salvage, restore, and recover the Young at Heart headquarters after the approval of the local and federal law enforcement and emergency services involved. Reconstitution procedures will commence when the Chief Executive Officer 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 Young at Heart office and reconstitute from remaining AAAs or other resources.
- Begin to establish a reconstituted Young at Heart office in some other facility in the Cameron, Missouri vicinity.

a. Development of Plans and Schedules

The Young at Heart Chief Executive Officer, or designee, 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 Young at Heart Chief Executive Officer, or designee, will approve the plans and schedules prior to the cessation of operations.

b. Procedures to Reoccupy / or New Young at Heart Office

Upon a decision by the Young at Heart Chief Executive Officer and/or designated authority, that the Young at Heart office can be re-occupied, or that a different facility will be established as a new Young at Heart location:

- The Young at Heart Chief Executive Officer, or designee, will oversee the orderly transition of all Young at Heart functions, personnel, equipment, and records from the alternate facility to a new or restored Young at Heart office facility;

- Each organizational element, in turn, will designate a reconstitution coordinator to work with the YOUNG AT HEART Chief Executive Officer, or designee, and will inform office personnel of developments regarding reconstitution; and
- Prior to relocating to the current Young at Heart facility or another building, the Chief Executive Officer, 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 Young at Heart 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 Chief Executive Officer 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 Chief Executive Officer 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	COO and CEO
Update telephone rosters monthly	Administrative/Executive Assistant
Conduct alert and notification tests	COO and CEO
Develop and lead continuity training on-going	COO and CEO
All Management Team feed updates into the plan as needed	COO and CEO

IX. LOGISTICS

a. Alternate Location:

All Agency employees are issued a laptop/printer. The laptops are set up for connection to the internet via dial up, DSL or Wi-Fi. Management staff has also been issued a fax machine. If short-term closure is anticipated, staff may work from home using internet connections until they are able to return to the central offices rather than activating the alternative facility.

In the event that the Young at Heart office building is severely damaged or destroyed, the Chief Executive Officer, or designee, will direct staff to report to work with laptops/printers at an alternate location.

If relocating outside the Central office. The Disaster Coordinator will determine the location and notify YAHR staff where to report. If relocating outside of our PSA becomes necessary the Agency will relocate **to Northeast Area Agency on Aging, Phone 660-665-4662 and fax 600-627-5129. Contact name: Debbie Blessing.** The Chief Executive Officer, or designee, will determine if relocating is necessary and notify Young at Heart staff where to report.

The area Agency 800 number will be transferred and all calls on our 855-205-7520 or 800- 844-5626 line will be forwarded to our relocation site. Each staff member is issued a desk phone, staff can use their phone from any location that has access to internet.

If an emergency situation makes travel impossible the Chief Executive Officer, or designee, **may instruct** the Young at Heart employees to work from home. The area Agency 800 number will be transferred and all calls on our 888-844-5626 line will be forwarded to the

appropriate staff person(s). Contractors will be notified that during the emergency situation our fax number is 816-396-0568.

Young at Heart mail will be forwarded to the designated relocation site.

b. Interoperable Communications

All staff has Young at Heart issued laptops through which they can access email accounts and Agency files. While technology remains available email distribution lists, mobile phones and other methods of communication will be used. Management staff has 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 the Young at Heart 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.

Young at Heart 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 Young at Heart staff. Staff will be encouraged to participate in classes of individual interest with the goal of developing a level of varied internal expertise.

Young at Heart staff will participate in disaster planning/coordination with providers and county emergency operations offices. The Young at Heart 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 Young at Heart Continuity of Operations Plan is based on guidelines provided by the Missouri Department of Health and Senior Services (MDHSS).

The Young at Heart Chief Executive Officer 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 the Young at Heart Area Plan. Updates and changes will be reflected in the Record of Changes section of this document.

Young at Heart 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 the Administrative/Executive Secretary.

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 always be located at the **Cameron office**. The post copy (void of personal contact information) is also available to all Agency staff and is located through employee access through the YOUNG AT HEART website.

Young at Heart 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. The contractor shall develop policies and a plan to work with the Agency regarding service delivery during times of natural disasters such as earthquakes and floods and man-made disasters such as bombs and bioterrorism. The plan must include working with the Provider's local emergency operation centers for the affected area.

CALLER	NAME	HOME PHONE NUMBER	CELL PHONE NUMBER	ALTERNATE PHONE NUMBER	OFFICE PHONE NUMBER
Penny Crawford pcrawford@yahresources.org	Freda Miller fmiller@yahresources.org				660-240-9400
	Mary Jo Fletchall mjfletchall@yahresources.org				660-240-9400
	Joe Sloan jsloan@yahresources.org				660-240-9400
	Mitz Steele msteele@yahresources.org				660-240-9400
	Robin Williams rwilliams@yahresources.org				660-240-9400

CALLER	NAME	HOME PHONE NUMBER	CELL PHONE NUMBER	ALTERNATE PHONE NUMBER	OFFICE PHONE NUMBER
Joe Sloan jsloan@yahresources.org	Hansi Trites htrites@yahresources.org				660-240-9400
	Shirley Morrison smorrison@yahresources.org				660-240-9400
	Brandi Jarrett bjarrett@yahresources.org				660-240-9400

<p>Freda Miller fmiller@yahresources.org</p> <p>Mary Jo Fletchall mjfletchall@yahresources.org</p>	<p>Kelsey Salmon ksalmon@yahresources.org</p>				660-240-9400
	<p>Dawn Litton dlitton@yahresources.org</p>				660-240-9400
	<p>Rita Wallinga rwallinga@yahresources.org</p>				660-240-9400
	<p>Kelsey Swinderman kswinderman@yahresources.org</p>				660-240-9400
	<p>Hannah Mullins hmullins@yahresources.org</p>				660-240-9400
	<p>Redempta Kegode RKegode@yahresources.org</p>				660-240-9400
	<p>John Lagoutaris JLagoutaris@yahresources.org</p>				
	<p>Bonnie Stigall bostigall@yahresources.org</p>				660-240-9400
	<p>Terri Petty tpetty@yahresources.org</p>				660-240-9400

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:

The plan ensures that the special needs of older individuals in rural areas are prioritized. It outlines how these needs are addressed and provides details on the allocation of funds to support them.

Key measures include:

1. **Needs Assessment:** Identifying the unique challenges faced by older adults in rural areas, such as limited access to transportation, healthcare, and social services.
2. **Targeted Resource Allocation:** Distributing funds specifically to programs and services designed to address these challenges.
3. **Program Implementation:** Developing initiatives to improve access to essential services like transportation, nutrition, and healthcare for rural seniors.
4. **Monitoring and Evaluation:** Regularly reviewing the effectiveness of programs and reallocating resources as necessary to ensure the needs of rural older adults are met effectively.

This approach ensures equitable service delivery and resource distribution to support the well-being of older adults in rural communities.

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:

The plan outlines the methods used in the previous fiscal year to address the service needs of low-income minority older individuals, including those with limited English proficiency. Key strategies include:

1. **Targeted Outreach:** Conducting community engagement efforts to identify and connect with low-income minority older adults.
2. **Cultural and Linguistic Accessibility:** Providing language assistance services, such as translation and interpretation, to ensure accessibility for individuals with limited English proficiency.
3. **Tailored Services:** Developing programs that are culturally sensitive and specifically designed to address the unique needs of minority populations.
4. **Collaborative Partnerships:** Working with community organizations and advocacy groups to enhance service delivery and effectively reach underserved populations.
5. **Monitoring and Reporting:** Assessing the effectiveness of these strategies and making adjustments to improve outcomes for low-income minority older individuals.

These measures demonstrate a commitment to equitable service provision and support for vulnerable populations.

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.

AAA Response:

YAHR employs the following methods to coordinate the planning and delivery of transportation services for older individuals, including those with special needs:

1. **Collaboration with Stakeholders:** Partnering with local transportation providers, community organizations, and government agencies to ensure comprehensive service planning and delivery.
2. **Needs Assessment:** Conducting regular evaluations to identify transportation gaps and specific requirements of older adults, including those with disabilities or limited mobility.
3. **Resource Allocation:** Prioritizing funding for providers that use accessible vehicles and expanding transportation options to underserved areas.
4. **Program Integration:** Coordinating transportation services with other programs, such as nutrition and healthcare, to streamline access for older adults.
5. **Public Awareness:** Promoting available transportation options through outreach and education efforts targeted at older adults and caregivers.

These methods aim to enhance mobility, independence, and access to essential services for older individuals in the area.

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.

Organizational Information

Name	Position	Description of Responsibilities and Duties Performed.	Hours / week	Full Time
1 Freda Miller	Chief Executive Officer	Overall responsibility for the planning, management and operation of the agency an its programs; staff liaison to the Board of Directors, Advisory Council and relative State and Federal departments.	36	1
2 Mary Jo Fletchall	Chief Financial Officer	Overall development and operation of fiscal accounting systems, budgets, contracts, program cost comparisons, equipment lists and other fiscal records.	36	1
3 Terri Petty	Fiscal Assistant	Accounts Payable, Accounts Receivable, Banking, Medicaid, Contractors financial analysis and assists CFO with Payroll and duties as assigned.	36	1
4 Lavonne Stigall	Accounting Clerk	Assists with Medicaid, back up to the phones and other duties as assigned	36	1
5 Penny Crawford	Chief Operating Officer	Overall responsibility for programs funded by the agency (contracted and direct).	36	1
6 Redempta Kegode	Nutritional Program Director	Overall management, leadership, planning and development of current and future nutrition programs for the Agency and the clients.	36	1
7 Hannah Mullins	Program Monitor	Responsible for monitoring all programs for compliance (contracted and direct).	36	1
8 Melissa Bennett, Kelsey Swinderman	Program Specialists	Program specialists provide services such as information and assistance, benefits counseling, transportation and special programs and education regarding programs and benefits.	36	2
9 Robin Williams	Ombudsman Manager	Administers the Long Term Care Ombudsman program in Northwest Missouri. This position also performs all the regular duties of an ombudsman.	36	1
10 Rita Wallinga	Regional Ombudsman	Assists the Ombudsman Coordinator as well as the regular functions of an Ombudsman.	36	1
11 Joe Sloan	Care Coordinator Manager	Overall responsibility for care coordinator staff	36	1
12 Hansi Trites, Kelsey Salmon, Shirley Morrison, Brandi Jarrett	Care Coordinators	Care coordinators provide case management, care coordination and options counseling services. They also do Medicaid reassessments.	36	5
13 Dawn Litton	Family Caregiver Coordinators	Coordinates the Family Caregiver programs and provides direct services including case management for caregivers.	36	1
14 John Lagoutaris	Healthy Aging Coordinator	and new initiatives related to the health living needs of the clients we serve. Also administers give 5 program	36	1
15 Open-Cameron Office	Executive Administrative Assistant	Receptionist and general office duties as well as special assignments. Overall management of the Agency's Public Information and Education functions including the web site.	36	1

SFY 2026
Organizational Information

Department of Health and Senior Services

Young at Heart Resources Board of Directors

Advisory Councils

Chief Executive Officer - Freda Miller

Chief Financial Officer- Mary Jo Fletchall

Executive Administrative Assistant

Chief Operating Officer -Penny Crawford

Accounting Clerk -
Lavonne Stigall

Fiscal Assistant Terri Petty

Nutrition
Project
Director-
Redempta
Kegode

Family
Caregiver
Coordinator-
Dawn Litton

Healthy
Living
Coordinator-
John
Lagatouris

Ombudsman Manager-Robin Williams

Program
Monitor-
Hannah
Mullins

Care Coordinators
Manager--Joseph
Stoan

Program Specialists
Melissa Steele-
Kelsey Swiderman

Volunteers

Ombudsman -Rita Wallinga

Care Coordinator--
Hansi Trites-Kelsey
Salmon-Shirley
Morrison-Brandi
Jarett

Volunteers

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 Composition

Advisory Council Member Name	Start Date	Position on Council	Time in Current Position	Mailing Address	Email Address	Age 60 and Older	Minority	Family Caregiver	Health Care Provider/Veterans	Service Providers	Leadership Experience	Elected Officials	General Public	Non-English Speaking	Indian Tribes; Kinship; Disabilities
Diana Shanks	2019	Chair	5 years	108 W COPE AVE, WEATHERBY 64497	n/a	X							X		
William Hedge	2022	Member	2 years	4914 WOODFILED DRIVE, ST JOSEPH 64506	drrev21@gmail.com	X	X				X				
Judy Essig	2019	Member	5 years	18 SUNSET HILL, MARCELINE 64658	judy.essig@yahoo.com	X							X		
Johnnie Herndon	2019	Member	5 years	410 WEST IRA ST, MARCELINE 64658	johnniederndon@sbcglobal.net	X			X				X		
Zola Steinman (client)	2019	Member	5 years	5828 ST HWY J, ALBANY 64402	bssteinman@windstream.net	X							X		

Young At Heart Resources Advisory Council shall meet quarterly on the first Monday of September, November, March and June. Special meetings may be called by the Council Chairperson or YAHR Chief Executive Officer for the transaction of business. The Council may vote to cancel/reschedule meetings.

The Council shall consist of twelve (12) members from the counties in the YAHR service area. The twelve members shall include at least four (4) people from each of the three (3) regions within the eighteen (18) counties. Members shall be representatives of older persons, supportive service provider organizations local elected officials, members of the general public, persons with leadership experience and actual consumers of YAHR services; with at least 51% of membership age 60 or older.

The Council members and YAHR staff will identify potential candidates to fill member vacancies as they occur. The Chief Operating Officer or their designee will ensure the nominee understands the Council's purpose and functions and is interested in participating, prior to submission to the Board of Directors for appointment to the Advisory Council.

Members are selected for a three (3) year term and shall be eligible for reappointment.

Members of the public that would want to have a copy of our grievance procedure, minutes from the Board of Directors and or Advisory Council, and to obtain the schedule and process of updating internal policies can call in a request at 660-240-9400, email info@yahresources.org or mail a request to 1304 N Walnut, PO Box 185, Cameron MO 64429.

The purpose or functions of this Board shall be to advise the Young At Heart Resources Board of Directors and staff related to:

- 1) Developing and administering the area plan,
- 2) Conducting public hearings as needed,
- 3) Representing the interests of older persons (as defined by MO Code of State Regulations as 60 years of age and older), and
- 4) Reviewing and commenting on community policies, programs and actions affecting older persons.

The mission of Young at Heart Resources is to promote systems that maintain and enhance the quality of life for older adults in the home environment of their choice. This is done by listening to the needs, identifying and coordinating resources, planning, developing and implementing programs, services and systems for seniors and their caregivers. The Agency strives to ensure effective, efficient use of resources and supports individual choice and informed decision-making.

The advisory council shall advise the YAHR on developing and administering the area plan, conducting public hearings, representing the interests of older adults, and reviewing and commenting on community policies, programs and actions affecting older adults.

ATTACHMENT F—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.

Board of Directors Composition Chart

Board Member Name	Start Date	Position on Board	Time in Current Position	Mailing Address	Email Address
Karma Metzgar	2020	Chair	2 years	10602 Key Stone Drive Mound City, MO 64470	metzgark@outlook.com
Johnnie Herndon	2017	Vice-Chair	2 years	410 W Ira St Marceline, MO 64658	johnniedherndon@sbcglobal.net
Kathy Roach	2017	Member	7 year	176 Bean St Rea, MO 64480	mominrea@yahoo.com
Sandra Sorensen	2022	Secretary	1 year	624 N Saunders St. Maryville, MO 64468	Rss8681@yahoo.com
Steve Johnson	2021	Member	3 years	1309 Lambert Chillicothe, MO 64601	Sdjohnson507@gmail.com

Meetings of Young at Heart Resources Board of Directors are regularly scheduled for the 4th Monday of each month, at 10:00 AM. They are held in the boardroom of the agency office at 1304

North Walnut Street, Cameron, and usually last about 2 hours, depending upon the agenda. The board often takes August or September off to attend the Aging Summit.

Elections of the Board of Directors shall be held throughout each of the regions established by the board. The Board of Directors shall develop policies that govern elections. The Chief Executive Officer shall develop procedures that will ensure that elections are open to all residents of the Service Delivery Areas who are sixty (60) years of age or over. Nine directors shall be elected, three from each of the board established regions. All persons elected and appointed to the Board of Directors will have full voting privileges in all matters. Elections are held in May. A director may be appointed by the Board of Directors by majority vote in the following situations: 1) when there is no qualified person from an eligible county. An eligible county is a county that does not have an elected board member representing the region. The board shall adopt procedures for the appointment of a director from an eligible county that is consistent with board policy; or 2) when there is a vacancy on the board or 3) for the board's convenience a Treasurer or 4) for the board's convenience a Recording Secretary. All appointed members shall have full voting privileges except the Recording Secretary.

Each elected or appointed board member shall serve a three-year term. Election procedures shall make provisions for rotation of members to ensure continual experience on the Board of Directors. No representative may serve more than three (3) consecutive terms. If a partial term is more than half a term, it shall be counted as a term against the three-term limit. If a partial term is less than half a term, it shall not be counted against the three-term limit.

Members of the public that would want to have a copy of our grievance procedure, minutes from the Board of Directors and or Advisory Council, and to obtain the schedule and process of updating internal policies can call in a request at 660-240-9400, email info@yahresources.org or mail a request to 1304 N Walnut, PO Box 185, Cameron MO 64429.

The purpose of this organization shall be to plan, develop, and administer programs designed to serve the needs of the elderly people in northwest Missouri. These programs may include, but are not limited to, social services, transportation, recreation, nutrition, information, referral services and activity centers, together with others designed to improve the condition and status of the elderly in northwest Missouri.

The YAHR Board Of Directors works at enhancing the leadership role of YAHR by working with MA4, participating in community projects such as health fairs, speaking engagements and printed brochures to aid in making our services known to older adults. YAHR also enhances their leadership role through partnerships with community organizations, businesses and advocacy. By surveying and assessing older adults directly and through our partnerships YAHR is able to develop and coordinate community-based systems of services for all older adults in the PSA. YAHR Board, Advisory Council, staff and partners work together in administering the area plan. Through information obtained from all sources, evaluating what strategies are working and what strategies

and systems need to be updated and or redefined. Each month the Board is given reports that show the operations that are included in the area plan and what has been accomplished and what we are working to complete or is ongoing to meet the goals and objectives. To assess and evaluate the needs of older adults in our PSA we utilized census data, surveys from YAHR, partners and the state. YAHR has an ongoing practice of designing solutions based on unmet needs and assessments. This is a collaboration of staff, board members, partners and participants. Tracking the effectiveness of the solutions is an ongoing process which is completed by re-assessing, surveying older adults and input from the aging network. Together with YAHR Board and Advisory Council we decide on responses to the community to keep them informed of our services in the present and the future.

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.**

According to IFF data, there are 556 low-income minority seniors, 130 older adults with limited English proficiency, and 32,270 older adults living in rural areas within the YAHR 18-county PSA. Currently, YAHR serves 182 low-income minority clients, 15 individuals with limited English proficiency, and 3,817 rural clients.

Services Provided:

- **Low-Income Minority Clients:** Received 40 units of legal services, 20 congregate meals, 289 home-delivered meals (HDM), 170 units of transportation, and additional information, assistance, and in-home services.
- **Limited English Proficiency Clients:** Received 86 units of service, including 19 congregate meals, 44 HDM, information and assistance, and benefits counseling.
- **Rural Clients:** The largest group served, receiving over 17,000 units across all YAHR services.

Challenges:

YAHR faces barriers in locating low-income minority individuals and those with limited English proficiency in rural areas, compounded by a small client base.

Efforts to Address Barriers

In alignment with the Older Americans Act (OAA) Section 307(a)(15)(B)(i), YAHR implements several initiatives to ensure inclusivity and accessibility of services:

1. **Staff Training:** YAHR provides cultural sensitivity and diversity training to its staff and contractors to foster an inclusive service environment.
2. **Collaborative Partnerships:** Partnerships with public health departments have been established to streamline client referrals and enhance service accessibility.
3. **Awareness and Outreach:** Social media platforms and the organization's website are utilized to raise awareness about available services.
4. **Data-Driven Targeting:** YAHR leverages county-level data from the Department of Health and Senior Services (DHSS) to focus informational efforts on counties with the highest minority populations.
5. **Language Accessibility:** Staff research local English as a Second Language (ESL) providers and distribute brochures detailing available services.
6. **Community Engagement:** Public outreach efforts are maintained through ongoing collaboration with senior centers.

These initiatives are designed to address barriers to service access and promote equity among diverse populations.

YAHR employs full-time staff members that have accessibility to bilingual providers of counseling services. YAHR updates the service list as we find new providers. YAHR also has

designated full time staff that can provide interpreters to assist older adults in participating in programs and receiving services. YAHR provides training to staff and contractors on cultural sensitivities to take into account effectively linguistic and cultural differences.

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 there is an OTHER center, 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 an explanation of what services the facility provides.

Senior Center Name	Type of Center (F, M, S, O)	County	Address	Phone Number	Days/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
Harrison County Council on Aging	M	Harrison	1316 South 25th Bethany, MO 64424	660-425-3220	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral heat and cooling station
Linn County Council of Aging, Inc	M	Linn	143 Clawson Road Brookfield, MO 64628	660-258-2577	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral

Concerned Citizens for the Community, Inc.	M	Livingston	607 West Business Route 36 Chillicothe, MO 64601	660-646-1555	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral heat and cooling station
Daviess County Multi-Purpose Senior Center, Inc.	M	Daviess	109 Main Street Gallatin, MO 64640	660-663-2828	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral heat and cooling station
Tri-City Senior Council of Holt Co. Nutrition Site 11A	M	Holt	208 South 2 nd Street Maitland, MO 64466	660-935-2241	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral heat and cooling station
Marceline Area Nutrition Program, Inc.	M	Linn	229 Hauser Street Marceline, MO 64658	660-376-3103	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral heat and cooling station
DeKalb County Senior Citizens Council, Inc.	M	DeKalb	530 E US Hwy 6 Maysville, MO 64469	816-449-5435	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral

									heat and cooling station
Sullivan County Multi-Purpose Senior Center, Inc.	M	Sullivan	111 N Market Street Milan, MO 63556	660-265-3534	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral heat and cooling station
Senior Citizens of Holt County Inc.	M	Holt	613 State Street Mound City, MO 64470	660-442-3324	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral heat and cooling station
Pattonburg Multi-Purpose Senior Center	M	Daviess	401 Chestnut Street Pattonburg, MO 64670	660-367-2121	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral heat and cooling station
Clinton County Senior Action Council and OATS Committee	M	Clinton	113 North Main Street Plattsburg, MO 64477	816-539-2211	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral heat and cooling station

Mercer County Council of Aging, Inc.	M	Mercer	110 North Broadway Princeton, MO 64673	660-748-3636	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral heat and cooling station
Rock Port Senior Center Associates	M	Atchison	505 County Club Drive Rock Port, MO 64482	660-744-5812	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral heat and cooling station
Interfaith Community Services, Inc.	M	Buchanan	5400 King Hill Ave Saint Joseph, MO 64505	816-238-4551	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral heat and cooling station
Andrew County Council on Aging, Inc.	M	Andrew	12737 State Route E Savannah, MO 64485	816-324-4916	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral heat and cooling station
The Gentry Country Senior Center, Inc.	M	Gentry	219 North High Street Stanberry, MO 64489	660-783-2498	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral

									heat and cooling station
Atchison County Multi-Purpose Senior Center, Inc.	M	Atchison	412 Main Street Tarkio, MO 64491	660-736-5725	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral heat and cooling station
Grundy County Council on Aging, Inc.	M	Grundy	2901 Hoover Drive Trenton, MO 64683	660-359-3058	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral heat and cooling station
Putnam County Senior Citizens Organization, Inc.	M	Putnam	116 South 17 th Unionville, MO 63565	660-947-3643	M-F 7:00-2:00	C	C H CO	N	Meals; healthy living programs; other events; information and referral heat and cooling station
Cameron Lunch Club Senior Center	M	Clinton	201 North Pine Street Cameron, MO 64429	660-240-9400	TBD	TBD	C H CO	N	Meals; healthy living programs; other events; information and referral

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.

YAHR works diligently to provide individuals with access to vital information and resources through strategic outreach and distribution efforts. The organization distributes literature in multiple languages, including English, at health fairs, senior centers, newspapers, social media platforms, their website, and other community locations. Outreach also occurs via Family Support services, apartment complexes, food pantries, employees, and partnerships with agencies. Such as centers for Independent Living who serve individuals with disabilities. Health Departments are another partner that reach rural, low-income minority individuals. By using a comprehensive assessment YAHR are able to target those individuals that are at risk for institutional placement. YAHR utilizes information from the Alzheimer’s Association to assist those with Alzheimer’s and related disorders.

YAHR's efforts focus on serving diverse populations across 18 counties, including:

1. Older individuals in rural areas, especially those with economic and social needs.
2. Low-income minority seniors.
3. Seniors with severe disabilities.
4. Individuals with limited English proficiency.
5. Older adults with Alzheimer’s or neurological conditions and their caregivers.
6. Seniors at risk of institutionalization, including Holocaust survivors.

By leveraging varied distribution channels and tailoring materials to community needs, YAHR strives to maximize its impact and foster a well-supported community.

Population	FY2024 # Reached	Change from FY2023 (+/-)	% Difference between SFY2023 and SFY2024
Unduplicated Persons	8800	+311	3.45%
Units of Service	764150	+8591	1.14%
Older Rural Adults	7656	+191	2.56%
Older Adults with GEN	2764	+8	.36%
Older Adults with GSN	NCC	NCC	NCC
Older Adults with Severe Disabilities	NCC	NCC	NCC
Older Adults with Limited English Proficiency	NCC	NCC	NCC
Older Adults with Alzheimer’s or related Dementias	NCC	NCC	NCC
Older Adults at Risk for Institutional Placement	NCC	NCC	NCC
Older Adult Survivors of the Holocaust	0	0	0
Caregivers age 18+ of Older Adults	100	-75	42.86%
Older Adult Caregivers of Children	NCC	NCC	NCC
Older Adult Caregivers of Adults with Disabilities	NCC	NCC	NCC
Caregivers of any age for persons with Alzheimer’s and Related Dementias	NCC	NCC	NCC

NCC=Not Currently Collected

Young at Heart is working with its database developer to add specific population collection elements to ensure that future data will be accurate.

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.

YAHR refers clients to service agencies that assist with food, shelter, transportation, legal services, technical assistance, technology, health services and income.

We provided I&R with 1,526 clients. Serving all eligible adults.

Follow ups have been successful in obtaining services and benefits for clients. Our staff determines when follow-ups are needed.

Unmet needs according to Town Hall meeting results and YAHR needs assessment include, home modifications, fall prevention services. transportation services, accessible healthcare, caregiver support, housing, safety and security.

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.

Young at Heart Resources has historically partnered with many agencies that provide services to persons with disabilities, as well as those who need mental and behavioral health services. We partner with County Health Departments, Housing Authorities, Second Harvest, County government, Hospitals and Doctor's offices. We have received referrals from all our partners to assist individuals with disabilities, those with mental and behavioral health needs to access to services. YAHR has trained staff available to our partners to assist individuals with filling out applications for Medicaid, Low-Income Home Energy Assistance Program (LIHEAP), Food Stamps, Medicare, Medicare Part D comparisons and Veterans services. In coordination with DHSS YAHR assists people with disabilities to access services such as referrals to Home and Community Based Services and Brain Injury Waivers. We coordinate services to prevent duplication of services and aid individuals to acquire the assistance they need to live independently in an environment of their choosing.

We utilize a mental health screening for clients and refer them to entities that work directly with the Department of Mental Health. This includes Family Guidance, Senior Solutions and Monarch Behavioral Health Center. Brochures are readily available for clients on all three of these options. Some of our staff have been trained in Mental Health First Aid so they can summon help, diffuse situations and they have received training from the staff at Family Guidance. We have offered options for services through Senior Solutions and Family Guidance for their clients.

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.

YAHR coordinates with the Department of Health and Senior Services (DHSS) to ensure the public is aware of elder abuse, neglect and exploitation. We utilize DHSS printed materials to raise awareness these materials include posters in YAHR offices and senior centers. We also utilize our social media and public speaking engagements. We also have two online forums that that educate people on abuse.

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.

YAHR, through the staff, offer referrals to MO Assistive Technology as appropriate. Our staff will assist the client in contacting MO Assistive Technology if necessary or if the client prefers to reach out on their own. We have also partnered with MU Extension to provide education on technology safety. And the benefits of technology to enhance their lives.

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.

YAHR collaborates with service providers, to assess the needs of older adults through surveys and a comprehensive assessment. We employ two Benefits Specialists that assist clients in locating the services they need and assistance with filing applications. This includes a National Council on Aging screening, applying for health insurance, in home services, SNAP benefits, applying for extra help with Medicare premiums and any assistance needed to obtain benefits.

YAHR employs two full time Long term care Ombudsman and utilizes volunteers to meet with residents in long term care weekly. The Ombudsman works to resolve complaints, concerns and advocates for improvements in the long term care environment.

All of YAHR services are targeted to assist seniors in remaining in the community. We have printed materials to address the needs of caregivers and an online forum to obtain education and interaction with other caregivers. We also employ a Family Caregiver Coordinator who is available to meet with clients and assist them in obtaining the services and support needed to care for their loved one. YAHR's evidence-based programs include fall prevention classes, improving balance and movement for all abilities both in person and online. YAHR employs a full-time coordinator and utilizes volunteers to offer these programs throughout our PSA.

Through a variety of public forums, we provide education on services that may be needed in the future by people in our PSA. We also educate on the need for pre-planning for long term care and supports. We keep an updated list of services providers in each area and options that are available.

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 are delivered by our care coordinators. We do not record duplicate time spent on case management services that are delivered by other agencies; these hours are accurately recorded by time spent. We coordinate services with other state and federal programs through a referral process. When clients are assessed, and could possibly qualify for other services, they are assisted if needed to obtain those services. If the client prefers to make contact on their own, they are given the information needed to proceed. A statement is provided to each client that they may choose their own provider from the list of available providers. Case Managers are agents for the senior population and do not promote the agency services or specific providers. Clients are always given a choice. They sign a document stating they chose the provider.

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- 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 YAHR will collaborate with the states SCSEP program. We employ workers through the SCSEP program within our agency and our providers. YAHR advocates for and supports older adults in accessing job training programs available through the WIOA system.
 - Title II of the Domestic Volunteer Service Act of 1973. YAHR utilizes volunteers in a variety of capacities as do our providers. Volunteers are recruited through public forums, our website, and our Give 5 program. Our volunteers are older adults.
 - Titles XVI, XVIII, XIX, and XX of the Social Security Act. Our benefits specialists assist clients withing our PSA in obtaining the benefits they qualify for including social security, Medicare and Medicaid programs. We assist clients in accessing and coordinating their benefits.
 - Sections 231 and 232 of the National Housing Act. YAHR meets this requirement through partnerships with housing agencies. A list of housing options is available for areas within our PSA. Assistance is also offered to fill out applications for housing.
 - The United States Housing Act of 1937. For any problems regarding housing YAHR utilizes Legal Aid to assist clients as needed.
 - section 202 of the Housing Act of 1959 YAHR staff assists clients in finding housing with rent subsidies and provides supportive services. We also offer a list of providers in their community that provide supportive services.

- title I of the Housing and Community Development Act of 1974, YAHR provides funding and referrals to Legal Aid to assist clients with legal issues listed in this act.
- title I of the Higher Education Act of 1965 and the Adult Education and Family Literacy Act, YAHR will partner with entities that provide these services and refer clients as appropriate.
- sections 3, 9, and 16 of the Urban Mass Transportation Act of 1964, YAHR utilizes mass transit services in our one urban area. We provide bus passes for individuals that meet the eligibilities of YAHR programs.
- the Public Health Service Act, including block grants under title XIX of such Act, YAHR as an information, referral and assistance program makes available to clients in the PSA options for mental health services including substance abuse treatment and recovery.
- the Low-Income Home Energy Assistance Act of 1981, YAHR staff refer and assist clients in applying for this program. The Community Action Partnership administers this program throughout our PSA.
- part A of the Energy Conservation in Existing Buildings Act of 1976, relating to weatherization assistance for low-income persons, YAHR staff refer and assist clients in applying for this program. The Community Action Partnership administers this program throughout our PSA.
- the Community Services Block Grant Act, YAHR meets this requirement through our home delivered meal programs.
- demographic statistics and analysis programs conducted by the Bureau of the Census under title 13, United States Code, YAHR utilizes this data to effectively plan and allocate resources for senior services like healthcare, transportation, and housing based on the specific needs of the older population in our PSA.
- parts II and III of title 38, United States Code, YAHR provides services to elderly veterans and support for their caregivers. However, if they qualify for Veterans services, they are referred to the local Veterans Service Officer.
- the Rehabilitation Act of 1973, YAHR ensures accessibility and equal access to services for older adults with disabilities.
- 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)), YAHR assists people with developmental disabilities and their families achieve independence, productivity, and inclusion in their communities through partnerships with other providers when AAA programs are not appropriate.

- sections 4 and 5 of the Assistive Technology Act of 1998 (29 U.S.C. 3003, 3004), YAHR is providing access to assistive technology, through referrals for older adults.
- section 393D of the Public Health Service Act (42 U.S.C. 280b–1f), relating to safety of seniors. YAHR provides training to staff, contractors, the public and others in the aging network on what is elder abuse and signs of abuse. The training also includes how to report elder abuse.

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:

Young at Heart Resources receives the required match funds for the OAA funds through in kind from the senior centers and Young at Heart Resources volunteers. None of Young at Hearts programs have income or asset requirements.

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:

Young at Heart Resources Program Monitor conducts fiscal monitoring of contractors annually. Fiscal monitoring includes looking at donations, contributions, bank statements, and the contractor's internal controls. The monitoring identifies any noncompliance, and a written report is given to Contractor and the Board Chair detailing any noncompliance and corrective action needed.

Allocation Methodology

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

AAA Response:

Young at Heart Resources allocates funds to providers based on previous years statistics, specifically number of meals served per site for Nutrition Funds. Funds are allocated for other programs and services based on prior year need and number of people served.

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:

Young at Heart Resources uses meal cost and provider contracts to complete contractual budgets. Young at Heart staff analyzes data based on past, current and future expenses, program participation, funding sources, and population of older adults in the service area. This data assists senior management staff to create budgets for program and services for Young at Heart Resources.

ATTACHMENT M—BUDGET

Complete the budget below including the total funds allocated, broken down by the spending category the budget is proposed to cover for SFY2026. DHSS will provide a budget for the AAA to use to complete the following forms. Due to the timing of the Area Plan statutory due dates versus when funding information is released by ACL, the Intrastate Funding Formula will use population data from the last state fiscal year. This high level funding is for planning only and a full budget will be developed by the AAA once the funding amounts from ACL are released, with a due date to the SUA of no later than May 1 each year.

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	200,000	300,000	145,000	530,000	1,207,000	30,849	77,100		47,300		2,537,249
MEHTAP		50,000									50,000
Medicaid-HDM					750,000						750,000
Medicaid-Other								200,000			200,000
Program Income		2,000		400,000	300,000						702,000
Interest Income								8,000			8,000
Other-DHSS Match		4,200					200				4,400
Other-Non-DHSS Match				150,000	300,000						450,000

ATTACHMENT N—DEFINITIONS AND APPROVED SERVICES

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

PUBLIC COMMENTS-ATTACHMENT O

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

Our process that will be used to obtain public views of eligible older adults and caregivers in our PSA will include access through our website which is where the public can view our area plan, leave comments, access an email link, phone or mail us. We will also utilize social media to direct them to the website. We will partner with the senior centers in the PSA to provide access to the area plan and a form to provide comments to the clients they serve.

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

Describe any modification of document based on comments.

PRE-APPROVED WAIVER FOR DIRECT SERVICES

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 Service
- 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.

WAIVER TO PROVIDE DIRECT SERVICES

A. **Required Reference:** 19 CSR 15-4.200(2)

B. **Regulation Language:**

The Older Americans Act prohibits the Missouri Department of Health and Senior Services (DHSS) from allowing an AAA to provide services directly unless the direct provision of those services are: (1) required in order to ensure an adequate supply of the service; (2) the service is directly related to an administrative function of the AAA; or, (3) the AAA can provide the service more efficiently and effectively than other providers.

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.

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

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

Transportation

2 Identify the geographic area(s) in which the service will be provided.

All 18 counties

3 Why is it necessary for the AAA to provide this service? Check all that apply.

- In order to ensure an adequate supply of the service.
- Service is directly related to AAA administrative function.
- AAA can provide service more efficiently and effectively.

Note: Please explain your response in detail and include supporting data and analysis. Use additional pages if necessary.

Because the 18 counties of Northwest Missouri are so rural there is no provider that can adequately serve the older adult's transportation needs. The medical transportation needs of the clients are met more efficiently and adequately by a network of volunteer drivers scattered throughout the service area. The drivers pick up the clients at their houses and take them to their appointments. Some clients have cancer or other treatments at hospitals located

4 Did your AAA provide this service in the previous year? Yes No

a. If no, identify the provider that delivered the service.

b. If yes, summarize your efforts to develop this service with a provider(s) other than the AAA.

There is only 1 provider in Northwest Missouri, OATS Transit. OATS cannot

Young At Heart Resources
SFY 2025 Area Plan
V.2 Waiver Request to Provide Direct Services

adequately serve the needs of the clients but Young At Heart Resources works with

5 Was a RFP process used to solicit potential providers of this service?

Yes No

a. If no, clearly explain and support why the RFP process was not used to solicit potential providers.

There is only one provider in Northwest Missouri, OATS.

b. If yes, provide a copy of the RFP indicating the date, geographic area(s) where the RFP was distributed and why those areas were chosen; number of providers that expressed interest, and the names of those that submitted an RFP.

6 If the direct service is a priority service, was a public hearing held as part of the area plan process and/or a similar public hearing on a related topic held within the last 12 months?

Yes No N/A

a. If no, submit documentation (appropriately labeled) demonstrating how the AAA engaged the provider network to identify the capacity for this service.

b. If yes, per 19 CSR 15-4.150(D), please provide:

- Documentation of public notice
- List of names of persons attending the hearing and organizations represented; and
- Written summary of all comments received, including if and how comments were incorporated.

V.2 Waiver Request to Provide Direct Services

7 Explain how the AAA's proposed alternative will develop/strengthen the capacity for this service in the community.

A network of dedicated volunteer drivers spread out through the 18 counties of Northwest Missouri has been providing transportation to many older adults needing rides to medical appointments. The clients know they can rely on friendly and safe drivers to pick them up at their house, drive them to their appointments and be there waiting and ready to drive them back home. For rural Northwest, this is the best option for clients and the most cost-effective.

8 If the service was provided by contract in the past plan year, include a copy of the correspondence from the current provider indicating its intentions to cease providing the service.

Yes No N/A

The AAA has included a copy of its decision to terminate its agreement with the provider.

Yes No

If correspondence is not included or this is not applicable, the AAA must provide a detailed summary with the following information:

- a. Explanation to DSDS indicating why such a document is not available; and
- b. Explanation of why the service will no longer be offered by the current provider.

9 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:

Karma J. Metzgar
Signature of Chairperson of Board

Karma J. Metzgar
Name of Chairperson of Board

8/12/24
Date

Freda M. Miller
Signature of AAA Director

FREDA M. MILLER
Name of AAA Director

8/15/24
Date

Determination of State Unit of Aging

Waiver Period Approved

- State Fiscal Year
- Life of the Plan

Other (Specify) _____

Young At Heart Resources
SFY 2025 Area Plan
V.2 Waiver Request to Provide Direct Services

Mindy Webster
Signature of Chief, Senior Programs

Mindy Webster
Bureau Chief, Senior Programs

8/26/24
Date

Jacob Rubbing
Signature of DSDS Management

Jacob Rubbing
DSDS Management

8/26/24
Date

GENERAL SERVICE WAIVERS

Young At Heart Resources V.3 General Waiver Request

- A. Cite Regulation: 19 CSR 15-
19 CSR 15-7010 (5)
19 CSR 15-010(7)
19 CSR 15-010(6)
19 CSR 15-4.245(12)
- B. Regulation Language:
-Centers shall be in compliance with all applicable state and local fire and safety laws, as well as the requirements outlined in subparagraphs A-D of this section.
-Caterers and centers in which food is prepared served, or both, shall be maintained in a safe and sanitary manner and shall in compliance with all applicable state, county or health codes.
-Equipment Requirements
-Senior Center requirements

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.
Lunch Club is a congregare lunch provided to seniors in Cameron at the Cameron Methodist Church located at 201 N Pine St, Cameron. All the meals are catered through a local store, Camerom Market, and meet the required daily nutrition standards. Seniors are also offered various education opportunities while attending Lunch Club, which may include evidence-based programs and opportunities for socialization.
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.
Lunch Club is offered at Cameron Methodist Church which follows all applicable local and state fire safety laws. Food is prepared by a local store in a commercial kitchen and transported at the correct hot and cold temperatures. At the church all health department regulations are followed when serving the food. Cameron does not currently offer a senior center. This satellite location does not meet the requirements for a standing senior center, lunch is not served 5 days a week.
3. Specify the timeframe for which this waiver is being requested.

Waiver Period Requested

State Fiscal Year

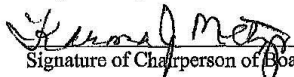

Life of the Plan

Other (Specify) _____

August 2023

Young At Heart Resources
V.3 General Waiver Request

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

	<u>Karma J. Metzger</u>	<u>8/19/24</u>
Signature of Chairperson of Board	Name of Chairperson of Board	Date
	<u>FREDA MILLER</u>	<u>8/19/24</u>
Signature of AAA Director	Name of AAA Director	Date

Determination of State Unit on Aging:

Waiver Period Approved

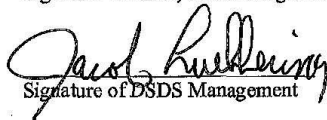
State Fiscal Year

Life of the Plan

Other (Specify) _____


Signature of Chief, Senior Programs

Mandy Ulstad 8/26/24
Bureau Chief, Senior Programs Date


Signature of DSDS Management

Jacob Ruedering 8/26/24
DSDS Management Date

Waiver Denied

Waiver Denial Reason:

August 2023

**Young At Heart Resources
V.3 General Waiver Request**

- A. Cite Regulation: 19 CSR 15- 4.240(5)(B)
- B. Regulation Language: Any person aged 60 years or over who is homebound by any reason of illness, incapacitation disability, or is otherwise isolated shall be determined eligible for home-delivered nutrition services. Occasional escorted trips from the home for medical or other necessary services will not affect the individual's eligibility for home-delivered meals.

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.

Some older adults who are not homebound might not be able to eat their meals in a congregate setting. To serve these older adults who are not homebound, we are requesting a waiver to the homebound status for receiving a home-delivered meal, which will allow us to provide carryout meals for older adults unable to eat their meals at a congregate senior center setting.

A meal eligibility intake assessment, which includes the DETERMINE checklist, will be conducted on the client to determine eligibility to receive carryout meals. If the client is not homebound but is otherwise eligible to receive HDM, they will be assessed on their eligibility for carryout meals.

The method for applying eligibility for carryout meals will be as follows:

1. Clients will be assessed to determine eligibility to receive HDM.
2. If the client is not homebound but is otherwise eligible to receive HDM, the following criteria will automatically provide eligibility for carryout meals:
 - a. Medical conditions that make eating in a congregate setting uncomfortable.
 - b. An illness that puts the client or other clients at risk
 - c. Providing care for an individual who cannot be left alone or would be unable to eat in a congregate setting.
 - d. For circumstances that are not listed, the AAA will be contacted for approval.
3. If there is a waitlist for HDM, HDM clients will be given higher priority and take precedence over carryout meal clients. A tool provided by DHSS will be utilized.

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.

Older adults were the most vulnerable population during the COVID-19 pandemic, and serving those populations safely was the top priority of AAA and the nutrition sites.

To serve older adults during the COVID-19 pandemic nutrition sites were granted certain flexibilities. Those flexibilities allowed the nutrition sites to serve older adults in a safe way and attracted new older adults to the centers that otherwise would not have been served by nutrition sites.

We ask that nutrition sites be allowed these flexibilities in serving carryout meals.

August 2023

Young At Heart Resources
V.3 General Waiver Request

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:

Karman J. Metzger Karman J. Metzger
Signature of Chairperson of Board Name of Chairperson of Board

8/19/24
Date

Freda Miller FREDA MILLER
Signature of AAA Director Name of AAA Director

8/19/24
Date

Determination of State Unit on Aging:

Waiver Period Approved

State Fiscal Year

Life of the Plan

Other (Specify) _____

Mindy Webster
Signature of Chief, Senior Programs

Mindy Webster
Bureau Chief, Senior Programs

8/26/24
Date

Jacob Ruelken
Signature of DSDS Management

Jacob Ruelken
DSDS Management

8/26/24
Date

Waiver Denied

August 2023

Young At Heart Resources
V.3 General Waiver Request

Waiver Denial Reason:

August 2023



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

Young at Heart Resources 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 amended, 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](#).**

CONFLICT OF INTEREST

Young at Heart Resources strives to ensure that no one within, acting on the behalf of, or providing services for the organization has a real or perceived conflict of interest. Young at Heart uses the following screening forms to identify any conflict. If a conflict of interest is identified, Young at Heart Resources will work to remedy or mitigate it.

Volunteer COI

Board of Directors COI

Advisory Council COI

Organizational COI

Staff COI

Young at Heart Resources
Conflict of Interest Screening for Volunteers Involved with the Older Americans Act Programs
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 immediate member of an employee's family, maintaining ownership, employment, consultancy, or fiduciary interest in a Title III program organization or awardee when that employee 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.

Employee Name

Signature

Date

AAA Designee Name

Signature

Date

Young at Heart Resources
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.

Employee Name

Signature

Date

AAA Designee Name

Signature

Date

Young at Heart Resources
Conflict of Interest Screening for Advisory Council 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.

Employee Name

Signature

Date

AAA Designee Name

Signature

Date

Young at Heart Resources
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 Name

Signature

Date

Young at Heart Resources

Conflict of Interest Screening for Employees Involved with the Older Americans Act Programs
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 immediate member of an employee's family, maintaining ownership, employment, consultancy, or fiduciary interest in a Title III program organization or awardee when that employee 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.

Employee Name

Signature

Date

AAA Designee Name

Signature

Date