



# SeniorAge

## Area Plan for Fiscal Year 2027

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**\*Updated for SFY2027**

## SeniorAge Executive Summary

SeniorAge is a not-for-profit *Area Agency on Aging authorized under the federal Older Americans Act*. We serve 17 counties, 10,000 square miles, in Southwest Missouri: Barry, Christian, Dade, Dallas, Douglas, Greene, Howell, Lawrence, Oregon, Ozark, Polk, Shannon, Stone, Taney, Texas, Webster, and Wright.

**As an Area Agency on Aging, we are entrusted with grassroots community services for seniors.** This is a complex challenge. The span of responsibility is wide. Some seniors have minor challenges, while others are very frail. Economic, social, and medical conditions are also very diverse. Across the full spectrum of health and economic needs, AAAs work to:

- Simplify access to valuable community services
- Identify gaps in the presence, quality, and effectiveness of services
- Find solutions to reduce these gaps through new or improved services
- Build collaboration among local service providers

The strength of an Area Agency on Aging is in listening well and matching services, person by person, through *Options Counseling* and care planning assistance. As we help, we honor of our four (4) Older Americans Act objectives:

- Access Services
- Community-Based Service
- In-Home Service
- Caregiver Services

Through all of these services, we are able to pursue our Mission & Vision:

**Mission:** Working Together, Finding Options, Bettering Lives!

**Vision:** To assist the most older adults possible.

We encourage our team members to serve with our values in mind each day:



Heart

We serve older adults and team members, with dignity, value, and compassion. We pursue going above and beyond with our customers, team members, partners, and community.



Excellence

We focus on making the best decisions that foster moving forward and continue building a strong reputation in all the communities we serve.



Growth

We embrace change and encourage team members to have opportunities to exceed personally, in work culture, goals and learning.

## \*SeniorAge Context

SeniorAge Area Agency on Aging services a broad range of urban and rural populations in the counties of: Barry, Christian, Dade, Dallas, Douglas, Greene, Howell, Lawrence, Oregon, Ozark, Polk, Shannon, Stone, Taney, Texas, Webster, and Wright. As we plan for the next four years of service, we are keenly aware that the number of seniors who would be considered in “greatest economic need” in our planning and service area has increased by over 17,000 individuals in the last 10 years. For the current year, it is estimated that we have over 53,000 individuals who are 60 years of age or older and considered in “greatest economic need,” living in Southwest Missouri. Additionally, it is estimated that we have over 480,000 individuals living in Southwest Missouri who are 60 years of age or older and considered in “greatest social need,” which represents an increase of over 80,000 individuals in the last 10 years. As an Area Agency on Aging, we are tasked with targeting these individuals, and we do so with many of our programs including:

- congregate meal programs, provided on a contribution basis so that anyone 60+ can participate, despite their economic status
- care coordination services, which help individuals evaluate all types of programs someone might be eligible for that could be critical to helping them keep as much as their income in their own pocket
- telephone reassurance, reaching out to those who are at high risk of isolation

As we seek to target those individuals with greatest economic and social need, while understanding that we have limited resources available, we must assess service gaps and prioritize needs through our area plan. The older adult population in Southwest Missouri has seen a growth rate of approximately 29% in the last 10 years. This growth is likely to continue due to a combination of factors:

1. **Aging Population:** The number of adults over the age of 65 has been steadily increasing, with many people living longer due to improved healthcare.
2. **Retirement Destination:** Areas like Branson, with its low cost of living and recreational activities, have become popular retirement destinations, attracting older adults from other states.
3. **Healthcare and Services:** Improvements in healthcare facilities and senior services in Springfield and nearby communities have contributed to the area's appeal to older adults.
4. **Migration Patterns:** Some older adults relocate to rural areas for a quieter lifestyle, and Southwest Missouri has benefited from this trend.

In our process to plan what programs are going to be provided and for whom, we have gathered Needs identification data from the following sources: SeniorAge’s Community Needs Assessment completed in FY22, SeniorAge’s Congregate meals survey completed in FY23, The Missouri State Plan on Aging (2024-2027), and the Missouri Aging Profiles collected as part of DHSS’s Master Plan on Aging.

Identified needs included:

1. Top 3 service needs identified from Community Assessment: congregate meals, home delivered meals, foot care clinics
2. More variety in the vegetables, less sodium in the meals
3. Caregiver support, home repair and modification, in-home services, addressing isolation, nutrition, transportation, help finding programs or services, help paying bills, help applying for assistance and support throughout the process, help with technology, support and assistance that is trusted, culturally sensitive, and comes from the community
4. Fall prevention education, independent living supports, transportation options, tools to help with social isolation, resources for grandparents

In response to the needs identified, we have the following comprehensive and coordinated system for services:

1. Congregate and home delivered meals continue to be the centerpiece focus for SeniorAge. By maintaining a large number of direct senior centers across our 17-county area, we are able to closely control and monitor what is being served and make staff adjustments to accommodate the increasing volume of seniors at our sites. Since we produce our own home delivered meals through SilverPlate, we also have maximum control over the quality of those meals. We work towards continuous improvement and increasing menu options.
2. Our Culinary Development Lead works to train our kitchen teams in how to offer more variety within a budget and make dishes more flavorful without adding more sodium. Our nutrition consultant has increased her time and expanded her role within the agency. She is working diligently to standardize our menus in the PSA which will help tremendously with consistency and quality.
3. We are focused highly on improving the customer experience within our administrative office and our senior centers. We want to develop our reputation in the community for being “the place” to go if you have questions and need resources as it relates to seniors and caregiving. For caregiver support, specifically, our Dementia Care Coordinator has taken the lead to increase caregiver support groups and the visibility of our caregiver services. Our technology pilot has added a new way of serving long distance caregivers as well as older adults with disabilities. It will provide a critical alternative to in-home support, as there remains a deep deficit of available home workers to keep up with demand. We plan to continue to expand foot care services through county tax funding as well as family caregiver funding.
4. We are working on developing a more robust referral system with partner agencies, as they offer assistance with home repair and modification. In addition, several of our county tax boards support home modification needs through our agency. We

continue to expand our efforts of telephone reassurance to reach those who are isolated. Our Benefits Enrollment form is a critical “one stop shop” form that helps us capture each and every program someone might be eligible for, and we have trained help that can assist with enrolling programs identified. We have worked to build alliances with many of the local groups who focus on service priority populations and plan to continue this work.

5. We have renewed our Matter of Balance classes in the centers to help get more education out about falls prevention. We continue to explore and develop more transportation options, and are able to pair tax board monies to help expand these services. We are working on better assessing social determinants of health and working to provide assistance to those caregiving for their grandchildren.
6. Right now, we contract with several different transportation options: OATS, SMTS, GoGo Technologies, West Plains Transit, and the City of Houston. We are also always on the lookout for additional transportation vendors that we might be able to bring into our service platform. We have a robust transportation resource directory that we use to help seniors and their caregivers identify the best option for their needs.

As we develop our plan for comprehensive and coordinated services, we are tasked with determining the extent of service needs for special populations. SeniorAge assesses these needs using screening tools to evaluate a variety of risk factors to help identify older adults who are low income, in greatest economic need, greatest social need, and at risk for institutional placement. These tools help us determine financial status, unmet needs, current living situation, access to food, risk of isolation, difficulty with activities of daily living, availability of family caregivers, and demographic data. This comprehensive assessment ensures that services are tailored to meet the specific needs of these older adult populations.

SeniorAge evaluates the effectiveness of its use of resources by monitoring client outcomes, analyzing service utilization, and soliciting feedback from clients and partners. We employ performance indicators, cost-benefit analyses, and regular reporting to ensure resources are allocated efficiently. By continuously evaluating the impact of services on seniors’ lives, we can make informed decisions about where to focus resources to maximize service effectiveness.

SeniorAge enters into agreements with service providers by issuing Requests for Proposals or Requests for Qualifications, depending on the need. Once these proposals have been evaluated and negotiated, we move forward with the issuance of contracts or vendor agreements which establish specific service delivery expectations, funding, and performance metrics. The agreements are designed to ensure the coordinated, efficient, and high-quality delivery of services that meet the identified needs of older adults. Through ongoing monitoring, client feedback, and collaboration with other organizations we ensure that these agreements are effective in providing comprehensive services to seniors. To the

extent possible, SeniorAge will provide services utilizing self-directed programming. We are currently working towards a uniform assessment for services that will be person-centered in its approach. Our care coordinators are well trained in assessing and interviewing participants and their caregivers that incorporate their needs, capabilities, and preferences in regard to their services.

## \*SeniorAge Service Coverage Charts

SeniorAge plans to offer the following services across our planning and service area: Included under each county is proposed number of individuals that will be served along with the proposed number of units which will be provided per county in Fiscal Year 2027. The data is displayed as number of individuals/number of units provided. For example, if SeniorAge plans to provide 55 individuals 1,065 units of transportation services in Barry County, this is represented as 55/1,065 under the Barry County column in the row for Transportation (see in **BOLD** below).

\*empty cells indicate no service in that county

Supportive Services (Title III B Funded)	Barry	Christian	Dade	Dallas	Douglas	Greene
<b>Information and Assistance/Referral</b>	985/2,995	975/2,030	65/135	445/1,515	280/620	6,380/22,920
<b>Transportation</b>	<b>55/1,065</b>	35/535	5/55	10/55	10/1,310	560/15,030
<b>In Home Services:</b>						
Homemaker				1/50	1/75	
Minor Home Modification and/or Repair						1/1
Telephone Reassurance	200/2,140	260/2,290	25/70	120/1,480	65/870	1,250/23,470
Assistive Technology						10/60
<b>Legal Assistance</b>	3/15	35/230	3/70	5/40	1/3	50/390
<b>Advocacy</b>	<b>10/10</b>	20/20	5/5	5/5	5/5	100/100
<b>Recreational Opportunities</b>	330/6,625	840/31,615	30/12,305	250/7,525	5/10,610	1,415/31,270
<b>Case Management</b>	170/300	240/380	25/35	70/110	40/65	730/920
<b>Interpretation</b>	<b>10/10</b>	20/20	5/5	5/5	5/5	100/100
<b>Ombudsman Services*</b>						
<b>Nutrition Education</b>						
<b>Other Services:</b>						
Durable Medical Equipment						5/5
Emergency Response System						10/10
Consumable Supplies (Oral Nutrition)						7/7
Elder Abuse Prevention	<b>10/10</b>	20/20	5/5	5/5	5/5	100/100
Health	<b>205/4,990</b>	85/1,340	10/745	35/180	2/415	400/10,570
Medical/Incontinence Supplies						1/1
Public Education**	150		275			670
Volunteer Coordination***	30	40	10	10	10	500
Financial Assistance						1/1

\*Ombudsman units are only collected at the PSA Level. 16,500 Units Projected

\*\*Public Education not logged by individual, number provided reflects units projected.

\*\*\*Volunteer Coordination is a projection of active Volunteers per County.

Supportive Services (Title III B Funded)	Howell	Lawrence	Oregon	Ozark	Polk	Shannon
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<b>Information and Assistance/Referral</b>	1,655/ 17,820	780/3,430	835/ 16,715	640/3,840	540/3,310	395/12,850
<b>Transportation</b>	145/8,055	35/835	55/1,480	20/325	20/260	10/200
<b>In Home Services:</b>						
Homemaker	1/15		5/315		3/110	4/80
Minor Home Modification and/or Repair				1/1		
Telephone Reassurance	1,370/ 13,695	185/1,160	405/ 11,035	70/1,170	110/3,020	140/2,635
Assistive Technology						
<b>Legal Assistance</b>	5/35	3/15	2/10	1/3	5/35	
<b>Advocacy</b>	20/20	10/10	5/5	5/5	10/10	5/5
<b>Recreational Opportunities</b>	230/5,940	120/2,255	280/ 10,600	5/30	180/4,865	125/3,660
<b>Case Management</b>	365/530	315/660	270/370	80/100	105/175	150/210
<b>Interpretation</b>	20/20	10/10	5/5	5/5	10/10	5/5
<b>Ombudsman Services*</b>						
<b>Nutrition Education</b>						
<b>Other Services:</b>						
Durable Medical Equipment						
Emergency Response System						
Consumable Supplies (Oral Nutrition)						
Elder Abuse Prevention	20/20	10/10	5/5	5/5	10/10	5/5
Health	75/3,085	35/295	125/705	20/760	5/390	10/50
Medical/Incontinence Supplies						
Public Education**	2	15				
Volunteer Coordination***	75	25	25	10	25	10
Financial Assistance						

\*Ombudsman units are only collected at the PSA Level. 16,500 Units Projected

\*\*Public Education not logged by individual, number provided reflects units projected.

\*\*\*Volunteer Coordination is a projection of active Volunteers per County.

Supportive Services (Title III B Funded)	Stone	Taney	Texas	Webster	Wright
<b>Information and Assistance/Referral</b>	820/4,145	1,695/ 11,065	665/ 4,680	805/4,865	310/760
<b>Transportation</b>	30/765	105/3,980	20/405	20/300	20/2,215
<b>In Home Services:</b>					
Homemaker	1/5		2/120		
Minor Home Modification and/or Repair					
Telephone Reassurance	180/3,190	310/5,518	260/ 5,555	245/3,055	135/3,050
Assistive Technology				1/2	
<b>Legal Assistance</b>	10/75	25/125	5/15	10/70	5/10
<b>Advocacy</b>	10/10	10/10	5/5	5/5	5/5
<b>Recreational Opportunities</b>	365/5,655	790/ 21,600	190/ 5,510	355/7,430	20/11,390
<b>Case Management</b>	150/235	345/405	170/360	90/130	135/245
<b>Interpretation</b>	10/10	10/10	5/5	5/5	5/5
<b>Ombudsman Services*</b>					
<b>Nutrition Education</b>					
<b>Other Services:</b>					
Durable Medical Equipment					
Emergency Response System					

Consumable Supplies (Oral Nutrition)					
Elder Abuse Prevention	10/10	10/10	5/5	5/5	5/5
Health	115/2,750	85/2,420	20/275	135/2,890	5/2,900
Medical/Incontinence Supplies					
Public Education**	3	650	915	140	
Volunteer Coordination***	15	35	10	10	10
Financial Assistance					

\*Ombudsman units are only collected at the PSA Level. 16,500 Units Projected

\*\*Public Education not logged by individual, number provided reflects units projected.

\*\*\*Volunteer Coordination is a projection of active Volunteers per County.

Nutrition (Title III C Funded)	Barry	Christian	Dade	Dallas	Douglas	Greene
<b>Congregate Meals</b>	1,015/ 25,155	945/ 24,410	115/2,520	370/9,950	50/460	3,255/ 86,085
<b>Home Delivered Meals</b>	170/24,750	200/ 21,110	20/4,170	80/9,920	25/2,810	970/ 130,740
<b>Carry Out Meals</b>	480/7,080	250/3,710	50/1,245	140/1,290	5/20	1,405/ 28,605
<b>Choice</b>						
<b>Nutrition Education*</b>	715	715	245	350	165	4,775
<b>Nutrition Counseling</b>	10/10	20/20	5/5	5/5	5/5	100/100

\*Nutrition Education not logged by individual, number provided reflects units projected.

Nutrition (Title III C Funded)	Howell	Lawrence	Oregon	Ozark	Polk	Shannon
<b>Congregate Meals</b>	915/18,940	670/ 26,595	405/ 14,490	410/8,760	720/18,695	255/ 9,405
<b>Home Delivered Meals</b>	350/ 47,280	135/ 20,155	210/ 36,995	30/4,560	120/16,300	130/ 17,415
<b>Carry Out Meals</b>	255/2,540	370/8,660	310/8,550	260/4,600	355/6,100	195/ 4,360
<b>Choice</b>				10/105		
<b>Nutrition Education*</b>	495	135	1,755	5	135	460
<b>Nutrition Counseling</b>	20/20	10/10	5/5	5/5	10/10	5/5

\*Nutrition Education not logged by individual, number provided reflects units projected.

Nutrition (Title III C Funded)	Stone	Taney	Texas	Webster	Wright
<b>Congregate Meals</b>	820/13,615	1,225/ 22,190	450/ 8,800	860/25,370	75/820
<b>Home Delivered Meals</b>	190/25,640	245/ 26,045	120/ 14,175	155/23,330	125/16,185
<b>Carry Out Meals</b>	210/1,325	190/2,675	315/ 4,910	340/4,060	10/45
<b>Choice</b>		55/535			
<b>Nutrition Education*</b>		2,255	545	1,130	
<b>Nutrition Counseling</b>	10/10	10/10	5/5	5/5	5/5

\*Nutrition Education not logged by individual, number provided reflects units projected.

Highest Level Evidence Based Disease Prevention Health Promotion Programs (Title III D Funded)	Barry	Christian	Dade	Dallas	Douglas	Greene
<b>A Matter of Balance</b>	18/288	9/144				27/432
<b>Arthritis Foundation Exercise Program</b>			5/235			30/650
<b>HomeMeds</b>	10/40	55/210	60/265	5/15	90/400	105/135

<b>Walk with Ease</b>			5/5					5/5
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Highest Level Evidence Based Disease Prevention Health Promotion Programs (Title III D Funded)	Howell	Lawrence	Oregon	Ozark	Polk	Shannon		
<b>A Matter of Balance</b>	9/144		18/288	9/144				
<b>Arthritis Foundation Exercise Program</b>					2/10			
<b>HomeMeds</b>		170/660		55/220	10/35			
<b>Walk with Ease</b>	5/5							

Highest Level Evidence Based Disease Prevention Health Promotion Programs (Title III D Funded)	Stone	Taney	Texas	Webster	Wright		
<b>A Matter of Balance</b>		9/144	18/216	18/288			
<b>Arthritis Foundation Exercise Program</b>							
<b>HomeMeds</b>	15/80	1/5		15/35	10/30		
<b>Walk with Ease</b>							

Family Caregiver Support (Title III E Funded)	Barry	Christian	Dade	Dallas	Douglas	Greene	
<b>Information and Assistance</b>	1/1	3/3		1/1		30/35	
<b>Case Management</b>	5/10	25/45		2/4	4/8	160/355	
<b>Assessment and Care Planning</b>		1/1				1/1	
<b>Support Groups</b>	5/10					75/10	
<b>Individual Counseling</b>		1/1				1/1	
<b>Caregiver Training</b>		3/3				3/3	
<b>Chronic Disease Self-Management Program</b>							
<b>Foot Care</b>	8/8	55/85	10/10	5/5	12/12	885/1,575	
<b>Family Caregiver Legal Interpreter</b>	1/3					3/50	
<b>Patient Companion Program</b>						1/1	
<b>Public Education</b>		2/2				5/170	
<b>Telephone Reassurance</b>	45/395	35/340			8/110	2/2	
<b>Transportation</b>						65/560	
<b>Respite Care</b>						5/125	
	In-Home Respite						
<b>Supplemental Services</b>							
Home Modification						1/1	
Medical/incontinence Supplies						1/1	
Nutritional Supplies						1/1	
Assistive Technology						1/1	
Personal Medical Alert		15/130	1/10	1/20		1/1	
Remote Support Technology						95/555	
Durable Medical Equipment							
Financial Assistance	1/15	2/25				1/1	

Family Caregiver Support (Title III E Funded)	Howell	Lawrence	Oregon	Ozark	Polk	Shannon	
<b>Information and Assistance</b>	2/2	1/1			1/1		
<b>Case Management</b>	2/2	3/3	3/3	8/16	8/8	1/2	
<b>Assessment and Care Planning</b>	1/1						
<b>Support Groups</b>		10/10		5/10		5/10	

<b>Individual Counseling</b>	1/1					
<b>Caregiver Training</b>	3/3					
<b>Chronic Disease Self-Management Program</b>						
<b>Foot Care</b>	105/435	45/50	70/320	15/15	3/12	45/215
<b>Family Caregiver Legal Interpreter</b>			1/20			
<b>Patient Companion Program</b>						
<b>Public Education</b>	2/2					
<b>Telephone Reassurance</b>	80/945	25/335	90/2,820	10/355	10/230	30/750
<b>Transportation</b>						
<b>Respite Care</b>						
	In-Home Respite					
<b>Supplemental Services</b>						
	Home Modification					
	Medical/incontinence Supplies					
	Nutritional Supplies					
	Assistive Technology					
	Personal Medical Alert	1/10	2/10			5/50
	Remote Support Technology					
	Durable Medical Equipment					
	Financial Assistance		1/10		1/15	2/10

<b>Family Caregiver Support (Title III E Funded)</b>	Stone	Taney	Texas	Webster	Wright
<b>Information and Assistance</b>	15/15	5/5			
<b>Case Management</b>	20/40	20/55	3/6	5/10	1/1
<b>Assessment and Care Planning</b>					
<b>Support Groups</b>		15/10			5/10
<b>Individual Counseling</b>					
<b>Caregiver Training</b>					
<b>Chronic Disease Self-Management Program</b>					
<b>Foot Care</b>	8/12	7/14	75/340	30/55	10/40
<b>Family Caregiver Legal</b>		2/35			1/5
<b>Interpreter</b>					
<b>Patient Companion Program</b>					
<b>Public Education</b>					
<b>Telephone Reassurance</b>	35/345	45/710	30/780	30/510	15/290
<b>Transportation</b>	5/105	15/440			
<b>Respite Care</b>					
	In-Home Respite		1/3		
<b>Supplemental Services</b>					
	Home Modification				
	Medical/incontinence Supplies				
	Nutritional Supplies				
	Assistive Technology				
	Personal Medical Alert	2/15	30/325		5/30
	Remote Support Technology	2/20			
	Durable Medical Equipment				
	Financial Assistance	12/145	7/70		

Non- OAA Funded Programs	Barry	Christian	Dade	Dallas	Douglas	Greene
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<b>Medicare Improvements for Patients and Providers Act</b>	16	26	6	6	6	133
<b>Medicare Counseling</b>	10/10	5/5	1/1		12/20	5/5
<b>Adult Protective Services</b>						3/3
<b>Advocacy (SHL)</b>						
<b>Give 5 Volunteer Program**</b>						
<b>Benefits Enrollment Center Assistance</b>	85/95	130/140	20/20	45/45	15/15	930/990
<b>ACA Navigator Assistance</b>	12	25	2	2	2	130
<b>Senior Farmers Market Nutrition Program</b>	30/30	75/75	1/1	10/10	25/25	445/445
<b>Medicaid HCBS Reassessments</b>	25/65	270/900	5/15	95/250	10/70	1,170/ 4,190
<b>Tax Counseling for the Elderly</b>	275	440	110	110	110	2,255
<b>Medicaid Meals</b>	60/ 12,110	115/ 21,500	15/3,945	55/14,095	35/6,865	505/ 108,735
<b>PACE Meals</b>						10/1,710
<b>Home Delivered Meals (Private-Pay)</b>	10/100	10/100	10/100	10/100	10/100	10/100
<b>County Tax Funded Case Management</b>						885/ 1,980
<b>County Tax Funded Homeworks</b>						105/ 4,050
<b>County Tax Funded Respite</b>						5/170
<b>County Tax Funded Safety</b>						1/1
<b>County Tax Funded Special Needs</b>						1/1
<b>County Tax Funded Transportation</b>						540/ 26,030
<b>Greene County (Tax) Foot Care</b>						1,145 /3,195
<b>Greene County (Tax) Healthcare Help</b>						55/435
<b>Greene County (Tax) Help for Safe Dwelling</b>						165/ 2,3550
<b>Greene County (Tax) Personal Care</b>						10/485
<b>Greene County (Tax) Personal Medical Alert</b>						720/ 5,915
<b>Greene County (Tax) Remote Support Technology</b>						10/65

\*SeniorAge contracts with Care Connection to provide SMP education and outreach. Individual county-level data does not exist for this program. Projected Units - 72,320

\*\*Give 5 units are only collected at the PSA Level. Projection for PSA is 45 Individual Participants

Non- OAA Funded Programs	Howell	Lawrence	Oregon	Ozark	Polk	Shannon
<b>Medicare Improvements for Patients and Providers Act</b>	26	16	6	6	16	6
<b>Medicare Counseling</b>	5/5	40/40	10/10	45/50		
<b>Adult Protective Services</b>	5/30					
<b>Advocacy (SHL)</b>						
<b>Give 5 Volunteer Program**</b>						
<b>Benefits Enrollment Center Assistance</b>	225/230	135/160	175/190	40/40	65/70	40/40
<b>ACA Navigator Assistance</b>	25	10	10	7	18	5

<b>Senior Farmers Market Nutrition Program</b>	180/ 180	60/60	40/40	10/10	40/40	10/10
<b>Medicaid HCBS Reassessments</b>	245/ 1,635	50/115	1/5	5/50	180/395	90/335
<b>Tax Counseling for the Elderly</b>	440	275	110	110	275	110
<b>Medicaid Meals</b>	205/ 49,250	80/15,385	90/ 18,070	30/5,650	60/11,850	90/ 21,810
<b>TORCH Support Services</b>					1/25	
<b>Home Delivered Meals (Private-Pay)</b>	10/100	10/100	10/100	10/100	10/100	10/100

*\*SeniorAge contracts with Care Connection to provide SMP education and outreach. Individual county-level data does not exist for this program. Projected Units - 72,320*

\*\*Give 5 units are only collected at the PSA Level. Projection for PSA is 45 Individual Participants

Non- OAA Funded Programs	Stone	Taney	Texas	Webster	Wright
<b>Medicare Improvements for Patients and Providers Act</b>	16	16	6	6	6
<b>Medicare Counseling</b>	10/10	85/220		5/10	1/1
<b>Adult Protective Services</b>					
<b>Advocacy (SHL)</b>					
<b>Give 5 Volunteer Program**</b>					
<b>Benefits Enrollment Center Assistance</b>	210/ 235	145/170	85/95	20/30	90/90
<b>Missouri Connections for Health (CLAIM)</b>					
<b>ACA Navigator Assistance</b>					
<b>Senior Farmers Market Nutrition Program</b>	30/30	50/50	45/45	65/65	5/5
<b>Medicaid HCBS Reassessments</b>	1/10	1/5	160/550	60/110	75/350
<b>Tax Counseling for the Elderly</b>	275	275	110	110	110
<b>Medicaid Meals</b>	75/ 14,240	170/ 42,070	95/ 22,045	60/14,600	70/18,810
<b>PACE Meals</b>		1/40			
<b>Home Delivered Meals (Private-Pay)</b>	10/100	10/100	10/100	10/100	10/100
<b>County Tax Funded Case Management</b>	230/ 470	582/ 1,200			
<b>County Tax Funded Homeworks</b>	10/465				
<b>County Tax Funded Respite</b>	2/100				
<b>County Tax Funded Safety</b>	95/ 1,270				
<b>County Tax Funded Special Needs</b>	20/200				
<b>County Tax Funded Transportation</b>	15/630	75/2,180			
<b>County Tax Funded Catered Meals</b>	445/ 1,900				

*\*SeniorAge contracts with Care Connection to provide SMP education and outreach. Individual county-level data does not exist for this program. Projected Units - 72,320*

\*\*Give 5 units are only collected at the PSA Level. Projection for PSA is 45 Individual Participants

## SeniorAge Quality Assurance Process

SeniorAge is beginning work with Cumulus to improve our process of data collection and reporting. We gather data on the number of individuals served, types of services provided (e.g., nutrition, transportation, case management), and frequency of service use. This data helps us assess whether the services are being delivered according to the established plan and if they align with community needs. It also allows us to track trends, such as whether certain services are underutilized or overburdened.

Information gathered on the characteristics of individuals served, such as age, income, geographic location, and health status, helps us determine whether the services are reaching the intended populations and that our programs are effectively targeting and serving the most vulnerable populations. Data on the outcomes achieved by service recipients, such as improvements in health, reduction in social isolation, increased access to community resources, or delayed institutionalization will be used to help assess the effectiveness of services in achieving desired results and inform decision-making for program improvements.

SeniorAge gathers feedback from clients and their caregivers regarding their satisfaction with the services provided. These surveys may include questions about the timeliness, quality, and accessibility of services. This helps identify problem areas from the perspective of those receiving services, such as delays in service delivery, gaps in coverage, or dissatisfaction with service quality. This can highlight where improvements are needed.

We also provide regular program performance monitoring on our service providers, including adherence to performance standards, service delivery timelines, and overall program quality. This is completed through a thorough review process which includes reviewing routine reports and on-site auditing. Through this process, we identify service delivery issues that may be affecting program outcomes, such as insufficient staffing, service delays, or non-compliance with regulations.

Continued customer service training is provided to staff to improve upon customer service skills and customer calls are recorded and monitored and coaching is provided as needed. SeniorAge undergoes annual internal and external audits of our programs and services. Reports of incidents, complaints, or concerns raised by service recipients, caregivers, or staff about specific services or service providers are thoroughly investigated. We use this information to address specific issues quickly.

Members of the public may obtain our agency's grievance procedures by sending a request to [hr@senioragemo.org](mailto:hr@senioragemo.org). Members of the public may obtain minutes of the SeniorAge Board and Advisory Council through a request sent to the Chief Administration Officer: [Amanda.Kilian@senioragemo.org](mailto:Amanda.Kilian@senioragemo.org). Requests regarding internal policies may be sent to

[hr@senioragemo.org](mailto:hr@senioragemo.org). These policies are regularly reviewed when new policies are scheduled for implementation by DHSS, as well as following annual monitoring and audit reports.

## \*SeniorAge Goals, Objectives, Strategies, and Activities

### Summary of Previous Year's Progress:

SeniorAge has been making steady progress towards the overarching goal of helping all Missourians have the opportunity to age safely, in a way that promotes health and dignity, in the setting of their choice. In order to increase the number of Missourians who can safely choose to age in place, SeniorAge has developed a referral process with Missouri Assistive technology and trained the customer service team on this process, begun offering a remote support system to participants that has provided improved participant outcomes through this technology implementation, started providing Matter of Balance classes in many of our senior centers, and developed a referral process for our local community-based organizations to better serve older adults living with HIV/AIDS.

We have also improved the services and support to caregivers by working regularly with the Alzheimer's Association through our Dementia Care specialist. Our customer care team regularly distributes information to caregivers to assist with early identification and access to services and supports. We provide dementia training to all of our team members who regularly interact with our service recipients and track this effort through our training platform.

SeniorAge has made concerted efforts to improve access to our services and programs through several activities, including implementing the chat feature on our website in order to offer enhanced Information and Assistance to seniors and caregivers. Over the course of the last year, we have also provided community education about transportation & economic welfare resources throughout our territory. Our Care Coordinator lead has updated our Information and Assistance resource list to include information on dental services, denture repair and replacement, vision testing and eyeglasses, hearing testing and hearing aids, affordable housing, and financial assistance with bills.

Improving nutritional health has been critical to our focus. In partnership with DHSS, we have created a list of interventions to assist participants who are at high nutritional risk and have improved our process of ensuring we have completed a nutrition risk assessment for every home delivered meal participant we serve, as well as at least half of our congregate diners. We have streamlined our home delivered meal production to make sure boxes arrive at our centers ready to be distributed and lessened the burden on each individual senior center. Finally, we have completed a full update of our nutritional policy manual to include information for our team members adjusting meals for cultural considerations and preferences.

At the forefront of our customers' minds is the economy and how they can maintain their current standard of living when prices are rising everywhere. As such, we keep a focus on improving their financial security by regularly providing education and resources on this topic. We conduct benefits enrollment counseling in order to screen customers for any possible programs they would be eligible for and assist with follow up activities of helping them to enroll.

While SeniorAge's vision is to "Serve the Most Older Adults Possible," we do aim to increase our services to those considered in the greatest social need. We have added questions to our Standardized Intake tool that will help identify those customers who experience challenges such as housing instability, safety concerns, chronic conditions or other factors that may lead to social isolation. We have been steadily increasing our education and outreach to these individuals. Telephone reassurance is one area of focus where SeniorAge helps make important social connections to seniors who are very rarely able to leave their homes and experience interaction with others.

Another area of concern is the state-wide challenge of improving response and prevention of abuse, neglect and exploitation of seniors. We spread awareness through incorporating information on identifying and reporting these concerns when we have the opportunity to present to partner agencies. We are making sure SeniorAge team members and volunteers have the appropriate training in order to identify and report instances of abuse, neglect, and exploitation they may come into contact with during their daily work.

SeniorAge has also focused on improving mental well-being for the individuals we serve. In order to make sure our team members are equipped to address this, I&A staff have attended trauma-informed training. Many of our team members have also attended Question Persuade, Refer (QPR) training, made possible through our partnership grant opportunity with Burrell Behavioral Health. We want to make sure they are prepared to de-escalate and provide appropriate help for individuals they come in contact with who may be suffering a mental health crisis. SeniorAge has also been able to help provide community education about the prevention, detection, and response to effects associated with social isolation.

Finally, this last year has been an opportunity for us to improve in the area of emergency preparedness. We have reviewed and updated our Continuity of Operations Planning document to make sure there are clear and detailed succession planning strategies in place for all key agency positions, as well as processes defined in the event of an emergency.

Planned Activities for Upcoming State Plan Year:

DHSS Goal Driving the Area Plan: All Missourians Can Age Safely in a way that Promotes Health and Dignity in the Setting of Their Choice. (2028-2031)

Outcome #1: Stabilizing Nutritional Risk

AAA Objective #1: By June 30, 2027, improve nutritional health outcomes for HDM clients as evidenced through one or more of the following strategies:

1. Providing Nutritional Education - Deliver at least quarterly nutritional education sessions reaching 50% of congregate participants (number of individuals providing nutrition education will be recorded in client tracking system)
2. Screening and Risk Assessment - Complete nutrition risk screenings for 100% of HDM clients, with yearly analysis of screening data to track malnutrition risk trends and program effectiveness, targeting a 5% reduction in high-risk classifications among enrolled clients.
3. Program Expansion - Implement one new operational efficiency by June 30, 2027, enabling expansion of nutritional services. Examples could include: technology integration such as route mapping, creation of private pay program or other meal payment source, partnership with other organizations to maximize shared resources.
4. Offering Meal Options - Adjusting meals for cultural considerations and preferences, providing medically tailored meals to the maximum extent practicable

AAA Activities to Achieve Objective #1: Quarterly nutrition education will be provided through all direct senior centers and will be documented through our client tracking system. SeniorAge will continue to complete yearly nutrition risk screenings for 100% of our Home Delivered Meal participants, with the intended purpose of analyzing this data to track malnutrition risk trends and program effectiveness. We are targeting a 5% reduction in those considered "high-risk" among currently enrolled clients. SeniorAge aims to increase our participation in the Torch program, which offers medically tailored meals for those enrolled in the program. Finally, our nutrition consultant will research what meal options could be provided with appropriate cultural considerations in our congregate meal program. We plan to implement these meals in our 4 largest senior centers.

Outcome #2: Support older Missourians with access to benefit programs.

AAA Objective #2: By December 31, 2027, increase access to benefit programs for older Missourians as evidenced through one or more of the following strategies:

1. Assisting seniors with Medicaid application processes to maintain eligibility and services, including targeting services to those that meet the SUA's definitions of greatest economic need and greatest social need.
2. Conduct comprehensive benefit eligibility evaluations to identify additional support programs that enable seniors to age safely and independently at home, as measured by # of referrals provided, completed applications, maintained eligibility rates and/or new program enrollments.
3. Fulfill quarterly outreach/public education sessions for older adults identified as being in greatest social need.
4. Have ongoing resource updates from Missouri Assistive Technology & provide information and referral to seniors regarding this service.

**AAA Activities to Achieve Objective #2:** SeniorAge care coordinators will follow a detailed Standard Operating procedure to assist individuals applying for state and federal programs. Guidance and help through the Medicaid application process will be provided in order to eliminate common barriers seniors face in this process. This one-on-one assistance is essential to those in greatest economic and social need. Additional programs we assist with application with will include: Low Income Subsidy, Medicare Savings Programs, SNAP, and LIHEAP. SeniorAge team members will provide quarterly outreach or public education such as community resources, how to avoid fraud and scams, and fall prevention education at trusted locations where isolated seniors already go: senior centers, housing communities, and faith-based organizations. Care Coordinators will continue to use the established referral process for Missouri Assistive Technology through access at our local Center for Independent Living. Additionally, we will request yearly updates from MOAT on new resources for participants.

Outcome #3: Improve mental well-being of service recipients

**AAA Objective #3:** By June 30, 2028, improve the mental well-being of service recipients as evidenced through one or more of the following strategies:

1. Delivering education sessions related to mental well-being,
2. Provide telephone reassurance as an intervention to reduce social isolation.
3. Distributing monthly communications about center meal programs and activities to all current home delivered meal clients.
4. Establishing partnerships with mental health service resources, as measured by # of referrals provided and/or partnership opportunities completed
5. Partner with DHSS & Alzheimer's Association to build dementia awareness and provide age and dementia inclusive environments in programming and services

**AAA Activities to Achieve Objective #3:** SeniorAge will provide telephone reassurance as a critical mechanism to reduce social isolation of home delivered meal participants. Topics discussed through this intervention will include education on how to improve mental well-being. We plan to continue to build on our partnership with Burrell Behavioral Health and the efforts of improving suicide prevention among older adults by implementing the Question, Persuade, Refer strategies throughout our services. As we also grow in our capacity to address individuals with dementia, our dementia care specialist works in collaboration with the Alzheimer's Association to provide virtual and in person education sessions on how to better interact with those diagnosed with dementia.

Outcome #4: Improve services and supports to caregivers

**AAA Objective #4:** By June 30, 2029, improve services and supports to caregivers across all four caregiver types as evidenced through one or more of the following strategies:

1. Providing targeted information and resources on available programs and services to caregivers

2. Increasing awareness and access to Family Caregiver services including services available to caregivers of older adults living with HIV/AIDS
3. Conducting outreach activities that result in new caregiver service enrollments, as measured by information packets distributed, outreach events held, and/or new caregiver intakes
4. Supporting participant-directed/person-centered planning for older adults and their caregivers, including home, community, and institutional settings - engaging caregivers as partners in the care planning process and tailoring service plans to family circumstances
5. Facilitate the coordination of community-based, long-term care services for older individuals who reside at home and are at risk of institutionalization because of limitations on their ability to function independently, thereby giving caregivers peace of mind and reducing emotional and financial stress of sudden care transitions.
6. Incorporating innovative practices that increased access to services particularly for those with mobility and transportation issues as well as those in rural areas, allowing caregivers who have their own mobility limitations or transportation barriers to receive support without leaving their loved one unattended.

**AAA Activities to Achieve Objective #4:** In order to address the extensive and wide-ranging issues faced by caregivers, our care coordinators are regularly updating the resource file available to provide to caregivers who reach out needing information and assistance. A recent update to this file is the referral process for our local community-based organizations to better serve older adults living with HIV/AIDS. In order to support caregivers and their care recipients in the person-centered planning process, care coordinators and senior center leads are trained in motivational interviewing and create opportunities for caregivers to express their own needs and goals within the planning process. Recognizing that caregiver support is needed for their loved ones who are at risk of institutionalization, SeniorAge has begun and plans to expand our participation in Multidisciplinary Team meetings in our Planning and Service Area. We also offer easily accessible walk-in information and care coordination services for caregivers who are needing to know what next steps are advised when transitioning a loved one back home from a hospital stay or long-term care stay. Our team members are able to walk caregivers through in-home support options including durable medical equipment, remote support technology, and other in-home services. Finally, our team members are well-versed in the many transportation options available to support those with mobility and transportation challenges. When an overwhelmed caregiver or senior themselves calls and needs help with access, our team members are equipped to evaluate and find the best option for their particular needs.

## SeniorAge Long Range Planning

As we look towards the next 10 years, the aging network in Southwest Missouri is dedicated to preparing for the dynamic shifts in demographics, economic trends, and service needs anticipated over the next decade. As the region experiences growth in its aging population and increasing cultural diversity, strategic planning is essential to ensure sustainability and equitable access to services. These efforts must be achieved within the constraints of limited budget resources, requiring innovative, cost-effective approaches and strategic prioritization.

We will be experiencing significant demographic changes that will shape service delivery in the coming years including: a rapidly growing population of older adults, particularly in rural areas, where service accessibility remains a challenge; increasing cultural diversity, including Hispanic, Asian, and immigrant communities, requiring culturally tailored outreach and services; and economic disparities affecting older adults, particularly in rural and economically disadvantaged areas, with limited access to affordable housing, healthcare, and transportation. Projections indicate an increasing number of individuals aged 65 and older, particularly those 85 and older, which will place added pressure on services.

Given the constraints of limited budget resources, we must be committed to implementing cost-conscious and collaborative strategies. These strategies will include regular community needs assessments designed to engage seniors, caregivers, and stakeholders to identify top priorities and focus resources where they are needed most; regional collaboration where we focus on pooling resources through partnerships with counties, municipalities, non-profits, and private entities to maximize impact; and targeted initiatives that address specific gaps, such as rural isolation, food insecurity, and language barriers, with a focus on cost efficiency.

Ensuring the long-term sustainability of aging services in our area will require innovative approaches to resource management, funding, and service delivery. With funding limitations, it is critical that we make the most of existing resources. We will work to ensure that we allocate resources where they are most needed, such as in areas with higher concentrations of low-income or rural seniors. We will continue to pursue a range of funding sources, including federal, state, and local grants, as well as public-private partnerships. This is essential for sustaining services, especially in a region where traditional funding sources may not meet the growing demand. Leveraging volunteers and community support will be key in maintaining services. Volunteer programs will help supplement formal service providers and offer a cost-effective way to meet demand.

With finite resources, we will be prioritizing adjustments to programs, policies, and service delivery models to maximize efficiency and impact. We will continue to evaluate and update these strategies in accordance with the findings and recommendations of Missouri's Master Plan on Aging. To prepare for the future, we recommend the following strategies to build capacity in critical service areas:

- **Nutrition Services:** We will explore partnerships with local farms and community

groups to provide fresh, nutritious meals at lower costs, emphasizing volunteer involvement to reduce service delivery costs.

- **Information and Referral:** Continue to use and expand our easily accessible information hub through our Fort office location and utilize technology to incorporate more online resources. Seniors can access the services they need without requiring in-person visits, saving both time and money.
- **Medical Facilities:** Enhance our partnership with Cox, Mercy, and Jordan Valley Health Care Systems to support social determinants of health, which will contribute to improved health outcomes and patient compliance long-term. Work with these organizations to expand the reach of our patient companion program.
- **Mental Health Facilities:** Enhance our partnership with Burrell Behavioral Health to support informed referrals to mental health services
- **Long-Term Care Systems:** Focus on the benefits and cost savings of expanding home- and community-based services to allow seniors to age in place and avoid institutionalization.
- **Service Expectations of Seniors and Caregivers:** Enhance communication with seniors and caregivers through workshops, online resources, and community outreach efforts to ensure they are well-informed about available services. Providing a clear, consistent process for accessing services will improve satisfaction and service utilization.
- **Distribution of Existing Resources:** Use data and mapping tools to identify areas where resources are underutilized or overburdened, and adjust service distribution to ensure more equitable access. Focus particularly on rural communities that are often underserved.
- **Creation of New Resources:** Continue to explore new funding opportunities through partnerships with private-sector organizations, grants, and philanthropic groups.
- **Policy Changes:** Advocate for policy changes that support aging in place and provide financial support for family caregivers. Policies that increase tax incentives for caregivers and provide more funding for home- and community-based services will help offset limited funding.
- **Legal Assistance:** Strengthen partnerships with legal aid organizations to offer pro bono services, especially for low-income seniors who need assistance with issues such as housing, elder abuse, or end-of-life planning.
- **Development and Location of Multipurpose Senior Centers:** Continue to evaluate capacity at current locations and develop specific plans to enhance capacity in highest demand areas. Leverage Growth and Development funding to off-set a portion of operating expenses at senior centers that have historically been outside of SeniorAge's network but provide important services to their smaller communities.
- **Emergency Preparedness:** Continue to update and expand our Continuity of Operations Planning document (located in Attachment C)

## **\*SeniorAge Attachment A - Verification of Intent -**

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### ***Attachment A – Verification of Intent***

#### **Area Plan Submittal and Verification of Intent**

**SeniorAge Area Agency on Aging**  
1735 S. Fort Ave  
Springfield, MO 65807

Phone: 417-862-0762  
Fax: 417-865-2683

e-mail address: [ceo@senioragemo.org](mailto:ceo@senioragemo.org)  
Internet address: [senioragemo.org](http://senioragemo.org)

Becca Fields & Liz McClelland, Executive Director

**Counties Served:** Barry, Christian, Dade, Dallas, Douglas, Greene, Howell, Lawrence, Oregon, Ozark, Polk, Shannon, Stone, Taney, Texas, Webster, Wright

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

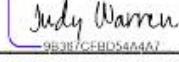
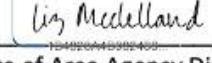
The plan presents analyses of the service needs of older individuals and the resources currently available to meet those needs. The plan also sets forth the program priorities and specific objectives to be undertaken during the plan years.

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

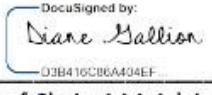
It is understood and agreed by the AAA that: 1) funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with 2 CFR 200- Uniform Administrative Requirements, Cost Principles, and Audit Requirements For Federal Awards, all applicable federal and state laws, regulations, policies, and procedures of the state of Missouri, the Department of Health and Senior Services (DHSS), and the US Department of Health and Human Services; 2) any proposed changes in the proposal as approved will be submitted in

writing by the applicant and upon notification of approval by DHSS shall be deemed incorporated into and become part of this agreement; and 3) funds awarded by DHSS may be terminated at any time for violations of any terms and requirements of this agreement.

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

12/10/2025	 98387C-FBD544A7 DocuSigned by: Judy Warren
(Date)	(Signature of Chair, AAA Board of Directors)
12/10/2025	 12/10/2025 Liz Medelland 12/10/2025 DocuSigned by: Liz Medelland
(Date)	(Signature of Area Agency Director)

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

12/10/2025	 03B410C86A434EF DocuSigned by: Diane Mallion
(Date)	(Signature of Chair, AAA Advisory Council)

## SeniorAge 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,

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

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

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

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

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

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

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

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

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

## Functions (OAA Section 306 and 307)

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

- (a) Provide advocacy on behalf of all older persons within the PSA for which the AAA is responsible.
- (b) Ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
- (c) Serve as the advocate and focal point for older persons within the PSA by

monitoring, evaluating and commenting upon all policies, programs, hearings, levies and community actions which will affect older individuals.

- (d) Identify, in coordination with the DHSS, the public and private nonprofit entities involved in the prevention, identification and treatment of the abuse, neglect and exploitation of older individuals and adults with disabilities, and based on such identification, determine the extent to which the need for appropriate services for such individuals is unmet.
- (e) Work in cooperation with agencies, organizations, and individuals participating in activities under the plan.
- (f) Inventory the available public or private resources within the PSA to meet the needs of the older individuals and evaluate the effectiveness of the services in meeting such needs. A listing of resources will be kept up-to-date and be available through the AAA upon request by individuals and DHSS (19 CSR 15-4.295(6-7)).
- (g) Establish measurable program objectives consistent with State guidance, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement; and include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and include proposed methods to achieve the objectives. (See Appendix II- State Goals and Appendix III- Sample AAA Goals)
- (h) Either through direct service waiver, contract or grant:
  - (1) Facilitate the coordination of community-based, long-term care services designed to retain individuals in their homes, thereby deferring unnecessary, costly institutionalization, and designed to include the development of case management services as a component of the long-term care services;
  - (2) Facilitate involvement of long-term care providers in the coordination of community-based, long-term care services and work to increase community awareness of and involvement in addressing the needs of residents of long-term care facilities;
  - (3) Coordinate priority services, which the area agency is required to expend funds under Title III, Part B of the Older Americans Act (OAA) with activities of community-based organizations established for the benefit of victims of Alzheimer's disease and related neurological disorders with neurological and organic brain dysfunction and the families of such victims;
  - (4) Pool available resources of public and private agencies in order to strengthen or start services for older persons;
  - (5) Provide for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the AAA itself, and other appropriate means) of information relating to— (i) the need to plan in advance for long-term care; and (ii) the full range of available public and private long-term care

(including integrated long-term care) programs, options, service providers, and resources.

- (i) Periodically evaluate the activities carried out under the area plan; evaluations will include the views of older persons participating in such activities and monitoring the performance of contracting agencies and grantees receiving funds under the area plan;
- (j) Area agencies on aging will enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; and will include in any such contract provisions to assure that any recipient of funds under division (a) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (b) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis. No legal assistance will be furnished unless the subcontractor administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the subgrantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the PSA in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the AAA makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any contractor selected is the entity best able to provide the particular services. To the extent practicable, the legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than the OAA and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals. The area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.
- (k) Where possible, enter into arrangements with organizations providing day care services for children or adults, assistance to older individual caring for relatives who are children, and respite for families to provide opportunities for older persons to aid or assist, on a voluntary or paid basis, in the delivery of such services to children, adults and families;
- (l) If possible, regarding the provision of services under the OAA, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals that:
  - (1) Were officially designated as community action agencies or community action

programs under section 210 of the Economic Opportunity Act of 1964 for fiscal year 1981 and did not lose the designation as a result of failure to comply with such Act; or

- (2) Came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and
- (3) Meet the requirements under section 675(c)(3) of the Community Services Block Grant Act.
- (4) Make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings.

(m) Provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference (OAA Section 305(a)(2)(E)).

(n) Use outreach efforts that identify individuals eligible for assistance under the OAA. Outreach will have special emphasis on older individuals:

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

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

(o) The AAA, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated

under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title Funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(p) Include information detailing how the AAA will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery. (See Appendix IV Emergency Preparedness Examples and Tools)

(q) Provide a grievance procedure for older individuals who are dissatisfied with or denied services.

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

The AAA understands and agrees that services may be provided directly in accordance with the OAA, and federal and state regulations. The AAA must maintain approved waiver documentation that direct service delivery is necessary to assure an adequate supply of such services or the services can be provided more economically, or that such services are directly related to administrative function. The AAA assures that there is no conflict of interest in the provision of such direct services and that the direct provision of such services will not jeopardize the AAA's ability to perform its other responsibilities.

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

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

The AAA will have an advisory council which shall meet at least quarterly, with all meetings being subject to sections 610.010 to 610.030. The council will consist of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under the OAA, representatives of older individuals, local elected officials, providers of veterans' health care (if appropriate), and the general public. The advisory council shall advise the AAA continuously on all matters relating to the development and administration of the area plan and operations conducted under the plan. The advisory council shall advise the AAA with

respect to the development of the area plan and budget, and review and comment on the completed area plan and budget before its transmittal to the division. The advisory council should review and evaluate the effectiveness of the AAA in meeting the needs of older individuals in the PSA.

The area agency board shall be responsible for all actions of an AAA in its jurisdiction, including, but not limited to, the accountability for funds and compliance with federal and state laws and rules. Such responsibility shall include all geographic areas in which the AAA is designated to operate. Each area agency board shall: (1) Conduct local planning functions for Title III and Title XX, and such other funds as may be available; (2) Develop a local plan for service delivery, subject to review and approval by the division, that complies with federal and state requirements and in accord with locally determined objectives consistent with the state policy on aging; (3) Assess the needs of older individuals within the planning and service delivery area for service for social and health services, and determine what resources are currently available to meet those needs; (4) Assume the responsibility of determining services required to meet the needs of older individuals, assure that such services are provided within the resources available, and determine when such services are no longer needed; (5) Endeavor to coordinate and expand existing resources in order to develop within its PSA a comprehensive and coordinated system for the delivery of social and health services to older individuals; (6) Serve as an advocate within government and within the community at large for the interests of older individuals within its PSA; (7) Make grants to or enter into contracts with any public or private agency for the provision of social or health services not otherwise sufficiently available to older individuals within the planning and service area; (8) Monitor and evaluate the activities of its service providers to ensure that the services being provided comply with the terms of the grant or contract. Where a provider is found to be in breach of the terms of its grant or contract, the area agency shall enforce the terms of the grant or contract; (9) Conduct research, evaluation, demonstration or training activities appropriate to the achievement of the goal of improving the quality of life for older individuals within its planning and service area; (10) Comply with division requirements that have been developed in consultation with the area agencies for client and fiscal information, and provide to the division information necessary for federal and state reporting, program evaluation, program management, fiscal control and research needs.

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

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

on entities conducting programs described in OAA sec. 203(b), within the planning and service area.

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

- (1) Title I of the Workforce Innovation and Opportunity Act,
- (2) Title II of the Domestic Volunteer Service Act of 1973,
- (3) Titles XVI, XVIII, XIX, and XX of the Social Security Act,
- (4) Sections 231 and 232 of the National Housing Act,
- (5) the United States Housing Act of 1937,
- (6) Section 202 of the Housing Act of 1959,
- (7) Title I of the Housing and Community Development Act of 1974,
- (8) Title I of the Higher Education Act of 1965 and the Adult Education and Family Literacy Act,
- (9) Sections 3, 9, and 16 of the Urban Mass Transportation Act of 1964,
- (10) the Public Health Service Act, including block grants under title XIX of such Act,
- (11) the Low-Income Home Energy Assistance Act of 1981,
- (12) Part A of the Energy Conservation in Existing Buildings Act of 1976, relating to weatherization assistance for low income persons,
- (13) the Community Services Block Grant Act,
- (14) demographic statistics and analysis programs conducted by the Bureau of the Census under title 13, United States Code,
- (15) Parts II and III of title 38, United States Code,
- (16) the Rehabilitation Act of 1973,
- (17) the Developmental Disabilities Assistance and Bill of Rights Act of 2000,
- (18) the Edward Byrne Memorial State and Local Law Enforcement Assistance Programs, established under part E of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3750–3766b)),
- (19) Sections 4 and 5 of the Assistive Technology Act of 1998 (29 U.S.C. 3003, 3004), and
- (20) Section 393D of the Public Health Service Act (42 U.S.C. 280b–1f), relating to safety of seniors. (OAA Sec. 203(b))

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

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

## Public Hearings (19 CSR 15-4.150 Waivers)

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

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

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

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

(c) Procurement by sealed bids (formal advertising). Bids are publicly solicited and a firm fixed price contract (lump sum or unit price) is awarded to the responsible bidder whose bid, conforming with all the material terms and conditions of the invitation for bids, is the lowest in price. The sealed bid method is the preferred method for procuring construction, if the conditions in paragraph (b)(1) of this section apply. (i) In order for sealed bidding to be feasible, the following conditions should be present: (A) A complete, adequate, and realistic specification or purchase description is available; (B) Two or more responsible bidders are willing and able to compete effectively for the business; and (C) The procurement lends itself to a firm fixed price contract and the selection of the successful bidder can be made principally on the basis of price. (ii) If sealed bids are used, the following requirements

apply: (A) Bids must be solicited from an adequate number of qualified sources, providing them sufficient response time prior to the date set for opening the bids, for local, and tribal governments, the invitation for bids must be publicly advertised; (B) The invitation for bids, which will include any specifications and pertinent attachments, must define the items or services in order for the bidder to properly respond; (C) All bids will be publicly opened at the time and place prescribed in the invitation for bids; (D) A firm fixed price contract award will be made in writing to the lowest responsive and responsible bidder. Where specified in bidding documents, factors such as discounts, transportation cost, and life cycle costs must be considered in determining which bid is lowest. Payment discounts will only be used to determine the low bid when prior experience indicates that such discounts are usually taken advantage of; and (E) Any or all bids may be rejected if there is a sound documented reason.

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

(e) [Reserved]

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

determined inadequate.

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

#### Contributions for Services (OAA Section 315)

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

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

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

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

#### Training (19 CSR 15-7.010(4))

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

#### Evaluation (OAA Section 206(a))

The AAA will coordinate and assist in any efforts undertaken by DHSS or the

Administration on Community Living to evaluate the effectiveness, feasibility, and costs of activities under the area plan.

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

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

The 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 affected 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.

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12-11-2024

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Becca Fields

(Date) (Signature of Area Agency Director)

## **\*Senior Age 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:**

During SeniorAge's standardized intake process, demographic information including, but not limited to income, race, primary language, and rural or urban are captured in our database system. Since that information is recorded, it could be used to prioritize services for older adults who are low-income, low-income minorities, older adults with limited English proficiency, and older individuals residing in rural areas, should there be a waiting list for 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 1<sup>st</sup>, 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:**

The SeniorAge Director of Safety and Security, is the Chair-elect of the Greene County Community Organizations Active in Disasters (COAD). In that capacity, he also serves as the volunteer coordinator for the county should there be a county-wide disaster.

**Preparedness:** SeniorAge conducts periodic in-person and online presentations utilizing the DHSS “Ready in 3” model of emergency preparedness/resilience. The agency also participates in on-premises fire and tornado drills, periodic active shooter training, and other periodic training and communication. Our director also participates in county- and state-wide exercises, simulating various potential hazards.

**Mitigation:** The Director managed(s) the creation and maintenance of continuity of operations plans (COOPs) at the senior centers, the food production facility, and the home office to seek to mitigate a loss of service should a facility be destroyed. Among the features of these COOPs is the designation of alternative locations, maximum timeline allowed for key activities to be restored, and other potentially available resources to seek to mitigate these situations. **Response and Recovery:** The Greene County Office of Emergency Management, with assistance from the COAD members, developed and periodically updates its emergency and recovery plans. These plans integrate local and State emergency response agencies, relief organizations, local and State governments and other institutions to provide an all-hazards approach to emergency. SeniorAge represents the seniors to this end and actively participates within a Multi-Agency Resource Center (MARC) to provide a “One Stop Shop” for seniors and others within the community. SeniorAge also secured in 2019 and continues to maintain a robust text and voice alert system to provide time sensitive emergency recovery information after an emergency that supplements the state emergency alert system (IRIS) and National Weather Service alert systems. It also utilizes this alert system to mitigate fraud attempts whether or not arising in an emergency situation and directs its employees as to closures and alternative locations.

The current COOP for SeniorAge can be found in its entirety at the end of this attachment.

#### 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:

- SeniorAge stations four regional Field Care Coordinators in rural areas of our planning and service area, funds allocated to salary and benefits to provide these services.
- Care Coordinators stationed in the urban areas also provide service to rural residents and caregivers through phone and virtual assistance.
- Two-thirds of SeniorAge Senior Center service hubs are located in rural settings—assuring the availability of Older Americans Act service access. Funds are allocated for direct staffing costs and food costs to serve these rural areas.
- SeniorAge provides outreach meals in underserved rural areas to increase opportunities for seniors and their caregivers to become acquainted with area agency on aging

opportunities for assistance.

- SeniorAge provides Tax Counseling for the Elderly services in 30 rural locations. Often this service provides the first introduction to additional services seniors and their caregivers may access through SeniorAge.
- SeniorAge provides contract support for rural transportation.
- SeniorAge provides direct assistance to rural seniors through special needs assistance, in-home meal service, telephone reassurance and emergency alerts (through county senior service tax grants)

#### 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:

- A particularly significant number of our Navigator and Tax Counseling for the Elderly (TCE) service participants are low-income, second-language, rural seniors and caregivers. Navigator services include those low-income persons between the ages of 60-64 who do not otherwise have adequate health care coverage. TCE services include applying for Property Tax Credit rebates for those low-income seniors who rely heavily on this source of annual assistance, and the preparation of state and local taxes at no cost to the senior brings much-needed revenue savings back to rural and low-income senior homes.
- Our rural Senior Centers provide in-center and in-home meals and services that often alleviate hunger, isolation, and other challenges—especially in an inflationary climate. Many seniors on fixed incomes are burdened with devastating healthcare and housing costs. They may have no other support networks. These financially challenged seniors and caregivers find compassionate meals and support services through local Senior Center assistance.
- SeniorAge contracts with Language Link to ensure readiness in assisting seniors and caregivers who have limited English proficiency. We also have bi-lingual individuals on staff who directly assist in such situations. Their contact information is distributed to all SeniorAge personnel to ensure knowledge of their availability

#### 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:

Right now, we contract with several different transportation options: OATS, SMTS, GoGo Technologies, West Plains Transit, and the City of Houston. We are also always on the lookout for additional transportation vendors that we might be able to bring into our service platform. We have a robust transportation resource directory that we use to help seniors and their caregivers identify the best option for their needs.



## **Continuity of Operations Plan**

**Fort Office  
Springfield, Missouri**



Developed in Collaboration With  
Division of Senior and  
Disability Services

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**COOP 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
Completed fillable section of template		7/23/18	Mark Applegate	
Updated Draft to include succession plan, more critical documents		1/19	Mark Applegate and Trevor Persaud	
Included appendices and prepared print version		2/19	Trevor Persaud and Dzana Sarajlija	
Updated draft with changes in personnel and nomenclature		12/5/2019	Mark Applegate, Marcia Davis, Trevor Persaud, Dzana Sarajlija	Marcia Davis
Added Appendix E: Pandemic Procedures	Added pp 29-45	5/5/2020	All of SeniorAge	Mark Applegate
Updated and reviewed		9/1/20	Mark Applegate and Starr Kohler	Mark Applegate
Updated Contact info	Appendix	9/7/20	Dzana S.	Mark Applegate
Updated Appendix A	Appendix A	9/29/20	Mark Applegate	Mark Applegate
Added Civil Unrest Provisions	Appendix E	1/5/2021	Trevor Persaud	Trevor Persaud and Mark Applegate
Updated Staff Changes	Appendix A	1/5/2021	Mark Applegate and Dzana S.	Mark Applegate and Dzana S.
Replaced M4A Memorandum with Signed Version	Appendix E	1/6/2021	Trevor Persaud	Starr Kohler
Inserted Covid After-Action Report	Appendix F	1/6/2021	Trevor Persaud	Mark Applegate
Updated Staff Changes	Appendix A	11/12/21	Mark Applegate	Marcia Davis
Continued update	Appendix A	11/30/21	Mark Applegate	
Continued Update	Appendix A	12/1/21	Mark Applegate	
Continued Update	Appendix A/Various	1/5/23	Mark Applegate	
Update	Appendix A and other	1/23/23	Mark Applegate	
Update	Update	1/31/23	Mark and CEO Team	
Update	Appendix A and others	1/2/24	Mark Applegate	Review
Update		1/12/24	Mark Applegate	
Update		1/22/24	Mark Applegate	

Update		7/10/24	Mark Applegate	
Update		7/16/24	Mark Applegate	
Update	Reviewing staff	8/12/24	Mark Applegate	
Update	Reviewing staff	10/7/24	Mark Applegate	
Update	Reviewing Staff, updated positions	12/3/24	Mark Applegate	
Update	Added Southside and Silver Plate MOUs and deleted Republic and Marshfield 's MOUs	12/9/24	Mark Applegate	
Update	Corrected page numbers	12/10/24	Mark Applegate	
Update	Updated names and numbers	12/18/25	Mark Applegate	
Update	Appendix A & D	12/22/25	Meghan Haenel	Amanda Kilian

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## ***I. EXECUTIVE SUMMARY***

The Area Agencies on Aging (AAA) are an integral part of the aging network in the state of Missouri. We provide essential services necessary to support persons living in an individual 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 (COOP) documents how SeniorAge 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, SeniorAge is responsible to provide specific essential functions recognized in this plan.

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

Becca Fields      12/22/25

Co-CEO

Liz McClelland      12/22/25

Co-CEO

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Judy Warren      12/22/25

President of the SeniorAge Board of Directors, Judy Warren

Judy Warren  
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[REDACTED]

## **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 SeniorAge engage in active planning efforts in order to mitigate the impact of future events on agency staff and the customers served through our programs.

One of the most critical services provided is home-delivered meals to patrons who are unable to pick them up. Any COOP event that disrupts the delivery of these meals could result in serious consequences, up to and including loss of life. The senior centers are often called upon to support the emergency management response to various events, by serving as shelters and providing food for individuals and response workers. The information and assistance network operated by SeniorAge 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.

SeniorAge's 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, critical records, and other assets;
- Assess and minimize damage and losses;
- Provide organizational and operational stability;
- Facilitate decision-making during a COOP event; and
- Achieve an orderly recovery from COOP operations.

## **III. PURPOSE**

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

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

## **IV. APPLICABILITY AND SCOPE**

SeniorAge 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 #1 planning and service area (PSA). This planning and service area encompasses 17 counties in Southern Missouri (See Appendix D).

The provisions of this document will guide SeniorAge'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 SeniorAge are as follows:

Essential Functions	Staff Needed	Resources Needed	Return Time Objective
Establish communication among senior management and affected locations; determine operational viability of affected locations.	Sufficient to answer/make calls	Telephone and IT connection; alternative location if necessary	Immediate
Determine viability of AgingIS and fiscal reporting systems; re-establish remote and/or electronic connectivity, if necessary	IT Staff/Acis Computers/Losh Network Systems	Telephone and internet access	Immediate
Maintain or re-establish consumer information and assistance lines	Sufficient staff to answer/respond to calls	Telephone and internet access; alternative location if necessary	Within 12 hours
Determine viability of direct services; re-establish as needed (i.e. hot meal production and potential delivery of frozen and/or shelf stable meals)	Sufficient staff to make/receive calls and prepare/deliver meals	Telephone and internet access; alternate facility with commercial kitchen (if needed); delivery vehicle	Immediate
Serve as advocate for the elderly in any stricken location in the PSA	Sufficient staff to answer/respond to calls	Telephone and IT connection	Within 12 hours

#### **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:

Section 306(a)(17) states to "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.” An overview of the SeniorAge methodology for meeting this set of requirements is found in Appendix D.

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 2026-2030 defines goals and objectives specific to emergency preparedness and disaster response planning.

Missouri Area Agency on Aging Area plan, updated annually.

## **VII. CONCEPT OF OPERATIONS**

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

This plan outlines actions to be taken to secure SeniorAge facilities and personnel; relocate to an alternate facility, if necessary, and to return as quickly as possible to serve the needs of older Missourians in the Southwest Missouri region.

All Southwest Missouri AAA contracts contain language providing for the activation of their individual plans by the Executive Director of the SeniorAge Area Agency on Aging.

### **Planning Considerations and Assumptions**

This COOP plan is based on the following assumptions:

- An emergency condition may require relocation of SeniorAge to alternate facility;
- An emergency can occur with little or no warning, causing significant loss of life and environmental and economic damage. In an emergency, it will be necessary to continue the essential functions of SeniorAge 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, SeniorAge 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
- Take maximum advantage of existing state, federal and local government infrastructures.

**1. Phase I: Activation and Relocation**

The SeniorAge Executive Director, or designee, will oversee the activation of any portion of the COOP. Once the decision is made to activate the COOP, the SeniorAge Executive Director, or designee, will begin the notification procedures. The Executive Director, or designee, will serve as the agency spokesperson.

**a. Decision Process**

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

**Scenarios in which the COOP plan will be activated include:**

- The SeniorAge central office is closed to normal business activities as a result of an event (whether or not originating in the Agency building), or credible threats of action would preclude access or use of the building and the surrounding area.
- The area surrounding the central office is closed to normal business activities as a result of a widespread utility failure, natural disaster, significant hazardous material incident, civil disturbance, or terrorist or military attack(s). Under these scenarios, there could be uncertainty regarding whether additional events such as secondary explosions, after-shocks, or cascading utility failures could occur, and the Agency will have to activate its COOP.
- Staff levels are significantly compromised (i.e. illness outbreak); two levels of management are unavailable; or key partners are unavailable for an extended period of time. Such incidents could occur with or without warning and during business or non-business hours. Whatever the incident or threat, the COOP will be executed in response to a full-range of disasters and emergencies to include natural disasters, terrorist threats and incidents, and technological disruptions and failures.

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

If the situation allows for warning, staff may be alerted prior to a notification of COOP activation. SeniorAge 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 SeniorAge operations, the Executive Director, or designee, will immediately begin notification to managers and essential staff through our autodialing system, CallMultiplier.com, which can send mass calls or texts in moments. First notice will generally be conducted via CallMultiplier with manual calling and text messaging as a backup depending on the availability of technology resources. 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 the SeniorAge main phone number and our CallMultiplier system;
- Use of telephone message system; and
- Local radio and television announcements released.

Most employees, unless otherwise identified, should listen for specific instructions. All SeniorAge 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 SeniorAge leaders to respond may be impacted, up to and including a total lack of accessibility. **Appendix A** provides a chart indicating 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.

***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 SeniorAge Central Office is completely incapacitated, all functions will be transferred to the Southside Senior Center. The local contact at the Southside Senior Center is Corrinna Powers (417) 890-1313. Meghan Haenel (303-956-9886) and Charlotte Davis (417-260-0036) are trained to assist in lieu of available employees at the Fort Office Headquarters. If those facilities are not available, then transfer will be made through mutual pact to the closest available operating Missouri Area Agency on Aging, likely the central region.

Food will be accessible/available through Springfield Grocers' underground food storage facility. (417-883-4230).

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

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

SeniorAge has identified continuity locations at: ***Southside Senior Center (Springfield, MO) and Silverplate (Seymour, MO)***. Should relocation to an alternate facility be necessary, a risk assessment will be completed to ensure which relocation facility is safe and appropriate for use. Such assessment will include, at a minimum, evaluation of structural integrity along with availability of utilities, food and water, restrooms, lighting, phones, tables and chairs, communication and IT connectivity. Current memoranda of understanding documents are available for each option.

a. **Mission Critical Systems**

The following table outlines the systems (or processes) that support the operation of essential functions of SeniorAge:

System Name	Location	Control/Responsibility	Description	Dependency Systems	Restoration Priority
Internet Connectivity	Central Office	Springnet	Wired and wireless preferred	AgingIS	Immediate

Telephone Connectivity (VOIP)	Central Office and Home Offices	IT Staff/Losh Network Services]ices	Wired and ethernet connected	Phone network	Immediate
AgingIS	Innovative Data Systems Hosted Location	Innovative Data	Used to submit units of service, billing of reimbursements and as a general database for client locations and data.	Web based application	Immediate
HDM Driver Info	Local Centers	SeniorAge Centers	Information for home delivered meal drivers		Immediate
HDM Route Info	Local Centers	SeniorAge Centers	Organized route information that drivers use to find eligible client's homes.		Immediate
Paycom	Central Office	Accounting/ Paycom	Timesheets, Payroll, accounting		>24 hours
Office 365/Google Suites	Central Office	SeniorAge	Email, intranet		Immediate

b. Critical Files, Records, and Databases

The following table outlines the files, records and databases that are considered critical to support the essential functions of SeniorAge:

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
Financial Records	Electronic/Hard Copy	X		
Grants and Contracts	Electronic/Hard Copy	X		
Insurance Policies	Electronic/Hard Copy	X		
COOP plan	Electronic	X		
Employee/Payroll records	Electronic/Hard Copy			
Client records	Electronic	X		
Resources/Services	Electronic/Hard Copy	X		
Phone roster	Electronic/Hard Copy	X (Centers)		
Route Sheets or equivalent	Electronic (AgingIS)	X		

3. Phase III: Reconstitution

As soon as practical following an emergency relocation, a SeniorAge designee, with support from appropriate agencies, will initiate operations to salvage, restore, and recover its 1735 S Fort Ave (Springfield) headquarters after the approval of the local and Federal law enforcement and emergency services involved. Reconstitution procedures will commence when the Executive Director or other authorized person ascertains that the emergency situation has ended and is unlikely to recur. Once this determination has been made, coordination

with other state authorities, one or a combination of the following options may be implemented, depending on the situation.

- Continue to operate from the alternate location with support from other AAAs, DHSS and/or local service providers, if necessary.
- Begin an orderly return to the SeniorAge office and reconstitute from remaining AAAs or other resources.
- Begin to establish a reconstituted SeniorAge Central office in some other facility in the **Springfield** and **Seymour** Missouri vicinities.

a. **Development of Plans and Schedules**

The SeniorAge Executive Director, 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 SeniorAge Executive Director, or designee, will approve the plans and schedules prior to the cessation of operations.

b. **Procedures to Reoccupy / or New SeniorAge Office**

Upon a decision by the SeniorAge Executive Director and/or designated authority, that the Central office can be re-occupied, or that a different facility will be established as a new location:

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

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

c. **After-Action Review and Remedial Action Plan**

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

**VIII. CONTINUITY PLANNING RESPONSIBILITIES**

The table below outlines specific COOP planning responsibilities by position. The Executive Director provides overall leadership and direction for the overarching plan. Other key positions must maintain an awareness of the agency's COOP plan as a whole, as well as individual issues relative to specific areas of responsibility in support of essential functions. **All managers will maintain a current after-hours contact list that they have access to at all times.**

Responsibility	Position
Update continuity plan annually	CEO/Director of Safety and Security
Update telephone rosters monthly	Customer Services Team
Conduct alert and notification tests	Director of Safety and Security
Develop and lead continuity training on on-going basis	Director of Safety and Security
All Management Team feed updates into the plan as needed	Team Lead

**IX. LOGISTICS**

a. **Alternate Location:**

All agency employees are issued a laptop/printer to be maintained at their place of residence. The laptops are set up for connection to the internet via dial up, DSL or Wi-Fi. The Fiscal Manager has also been issued a fax machine to be maintained at his/her place of residence. If short-term closure is anticipated, staff may work from home using internet connections until they are able to return to the central office rather than activating the alternative facility.

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

Two alternate locations have been identified:Southside Senior Center (Springfield, MO) and Silverplate (Seymour, MO).

If relocating to a location other than Southside Senior Center becomes necessary, the agency will relocate to the nearest appropriate senior center within our list of alternatives. The Disaster Coordinator, or designee, will determine the location and notify SeniorAge staff where to report. If relocating outside of our PSA becomes necessary, the agency will relocate to the nearest appropriate Missouri area agency. The Disaster Coordinator will determine the location and notify SeniorAge staff where to report.

The agency's toll-free number 800-497-0822 and all calls made to our 417-862-0762 primary business lines will be forwarded to our relocation site.

If an emergency situation makes travel impossible the Disaster Coordinator will instruct SeniorAge employees to work from home. Contractors will be notified that during the emergency situation our fax number is 417-865-2683.

Agency mail will be forwarded to either the closest functional senior center, the nearest functional post office box, or will be held at the post office as determined by the Executive Director or designee.

b. **Interoperable Communications**

All staff have Agency-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. Most team members have working cell phones that allow them to maintain necessary contact while in transit to relocation facilities. SeniorAge also utilizes Call Multiplier (Auto-dialing) to contact staff on multiple platforms.

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 Area Agency on Aging 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.

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

Agency staff will participate in disaster planning/coordination with providers and County Emergency Operations Offices. SeniorAge 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 SeniorAge Continuity of Operations plan is based on guidelines provided by the Missouri Department of Health and Senior Services.

The SeniorAge Executive Director has the overall authority and responsibility for maintenance of this plan. The plan will be reviewed and revised annually, as required and in accordance with the AAA Area plan. Updates and changes will be reflected in the Record of Changes section of this document.

SeniorAge 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 Disaster Coordinator/First Impressions Team.

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 in cloud storage or in an emergency binder. The post copy (void of personal contact information) is also available to all Agency staff and is located in cloud storage and in the emergency binder. The binder will be stored on the podium at the front entrance and

marked **“Emergency Binder”**. At every emergency or drill this binder will be gathered with the employee checklist also stored there for its intended use.

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

**Appendix A**  
**Succession/Emergency Notification List**

Orders of succession ensure leadership is maintained throughout the agency during an event when key personnel are unavailable. Succession will follow agency policies for the key agency personnel and leadership.

**Key SeniorAge Position Assignments and Orders of Succession**

	<u>Primary</u>	<u>Phone Number</u>	<u>Successor 2</u>	<u>Phone Number</u>	<u>Successor 3</u>	<u>Phone Number</u>
<b>Fort Office</b>						
CEO TEAM: Becca Fields 417-840-3760 Liz McClelland 417-840-3972	CEO Team Member Remaining	[REDACTED] [REDACTED]	Team Lead Members	Various		
HR	Ollis Akers Arney Carolyn O’Kelley	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]	Liz McClelland	[REDACTED]
Senior Financial Controller Katrina Hunt 417-872-8542	Becca Fields	[REDACTED]	Liz McClelland	[REDACTED] [REDACTED]	Ollis Akers Arney Carolyn O’Kelley	[REDACTED] [REDACTED]
Chief Operations Officer Kevin Rusenstrom 417-230-0623	Amanda Kilian	[REDACTED]	Becca Fields	[REDACTED] [REDACTED]	Liz McClelland	[REDACTED]

Mark Applegate (Director of Safety and Security) 417-955-2513	Travis Schneele or designee (Acis computers...see note below)	[REDACTED]	Mark Applegate	[REDACTED]	Losh Network Services (Phone provider) Stephanie Kern	Office [REDACTED]
Mark Applegate (Disaster Response/Recovery) 417-955-2513	Liz McClelland	[REDACTED]	Becca Fields	[REDACTED]	Janice Piper	[REDACTED]
Amanda Kilian (Chief Administration Officer) 816-560-2779	Liz McClelland	[REDACTED]	Kevin Rusenstrom	[REDACTED]	Becca Fields	[REDACTED]
SilverPlate Facility	Stephanie McKeel	[REDACTED]	Becca Fields	[REDACTED]	Liz McClelland	[REDACTED]
Janice Piper (Special Projects) 417-840-9524	Kevin Rusenstrom	[REDACTED]	Liz McClelland	[REDACTED]	Becca Fields	[REDACTED]
ACIS IT Solutions (IT Projects) 417-823- 7100	Travis Schneele, ACIS CEO or designee	[REDACTED]	Mark Applegate	[REDACTED]	Meghan Haenel	[REDACTED]
Meghan Haenel(AgingIS) 303-956-9886	Katrina Hunt	[REDACTED]	Becca Fields	[REDACTED]	Liz McClelland	[REDACTED]
	<u>Primary</u>	<u>Phone Number</u>	<u>Successor 2</u>	<u>Phone Number</u>	<u>Successor 3</u>	<u>Phone Number</u>

#### Senior Centers/Grant Sites/Other Locations

Alton Multipurpose Senior Center INC.	Kathy Anderson (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED]	Becca Fields	[REDACTED]
Ash Grove Sunshine Ctr	Lisa Jensen (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED]	Becca Fields	[REDACTED]
Heritage Harmony House (Aurora)	Alisha Davis (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED]	Becca Fields	[REDACTED]
Ava Senior Center	Hannah Tate (SCL)	[REDACTED]	Charlotte Davis	[REDACTED]	Kevin Rusenstrom	[REDACTED]

Polk County Senior Center (Bolivar)	Tina Zeagler (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Branson-Hollister Senior Ctr	Lisa Arnold (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Montgomery Senior Center (Buffalo)	Tina Zeagler (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Cabool Senior Center	Angela Nordquist (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Cape Fair Community Center	Melody Case	[REDACTED]	Charlotte Davis	[REDACTED] [REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]
Cassville Senior Center	Kristina Atwood (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Ebenezer Historical Society	Kevin Fraher	[REDACTED]	Charlotte Davis	[REDACTED] [REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]
Eminence Senior Center	Becky Corbin (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Fair Grove Senior Center	Randie Kilburn-Shaffer (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Senior Friendship Center (Forsyth)	Glenda Hunt	[REDACTED]	Charlotte Davis	[REDACTED] [REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]
Ozark County Senior Ctr (Gainesville)	Kaela Anderson (SRL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Dade County Senior Center	Missy Netzer	[REDACTED]	Charlotte Davis	[REDACTED] [REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]
Hartville Senior Center	Ernie Beller	[REDACTED]	Charlotte Davis	[REDACTED] [REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]
Houston Senior Center	Stephania Roeder (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]

Half Century Club, Inc. (Humansville)	Arlene Lear	[REDACTED]	Charlotte Davis	[REDACTED] [REDACTED]	Kevin Rusenstrom	[REDACTED]
Kimberling Area Senior Ctr	Kevin Rusenstrom	[REDACTED]	Becca Fields	[REDACTED] [REDACTED]	Liz McClelland	[REDACTED]
Marshfield Senior Center	Brandy Badgett (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Miller Senior Citizen	Carol Smith	[REDACTED]	Charlotte Davis	[REDACTED] [REDACTED]	Kevin Rusenstrom	[REDACTED]
Monett Senior Center	Mavis Schlessman (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Mt Vernon Senior Center	Michael Branson	[REDACTED]	Charlotte Davis	[REDACTED] [REDACTED]	Kevin Rusenstrom	[REDACTED]
Mountain Grove Senior Ctr	Becky LaFavor (SCL)	[REDACTED]	Charlotte Davis	[REDACTED] [REDACTED]	Kevin Rusenstrom	[REDACTED]
R Claude Trieman Senior Ctr (Mtn. View)	Cathy Lee (SCL)	[REDACTED]	Charlotte Davis	[REDACTED] [REDACTED]	Kevin Rusenstrom	[REDACTED]
Nixa Senior Center	Davena Lutz (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Ozark Senior Center	Davena Lutz (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Protem Senior Center	Tricia Holder	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Gerry Pool Senior Center (Republic)	Benjamin Wilson (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Rogersville Area Senior Ctr	Teena Jacobs (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Seymour Senior Center	Terri Ruzic (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]

Central Crossing Senior Ctr (Shell Knob)	Terri Johnson (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Northview Senior Center	Christy Wilson (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
South Side Senior Center	Corrinna Powers (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Strafford Senior Center	Connie Alff (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Fun & Friends Senior Ctr (Thayer)	Kathy Anderson (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
West Plains Senior Center	Kevin Evans (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]
Willow Springs Senior Ctr	Wilma Sheets	[REDACTED]	Charlotte Davis	[REDACTED] [REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]
Winona Senior Center	Becky Corbin (SCL)	[REDACTED]	Kevin Rusenstrom	[REDACTED] [REDACTED]	Becca Fields	[REDACTED] [REDACTED]

*Note: ACIS Computers assists SeniorAge as a managed service provider by managing the file server, performing essential Cybersecurity functions, administering and retrieving backups of all critical files and can assist in reestablishing any critical system in the absence of SeniorAge IT staff whether at the headquarters or in a senior center. Acis is located at 1950 S Glenstone Avenue, Springfield, Mo. 65804 (417-823-7100 or 417-655-2636)*

**Appendix B**  
**Operational Checklists**

**Upon being notified of the need to implement COOP, the following tasks will be completed:**

**Executive Directors (Becca Fields/Liz McClelland or designee)**

- Begin COOP notification as outlined in Appendix A.
- Determine scope of impact to agency.
- Determine need for office relocation.
- Ensure sufficient staff is available to maintain essential functions.
- Provide necessary information to all staff.
- Coordinate information-sharing with partners and other agencies.

**Chief Field Services Officer (Kevin Rusenstrom, or designee)**

- Ensure continuity of services with senior centers and home-delivered meals.
- Provide updates to Nutritionists, RTLs, and SCLs
- Track event-specific calls and provide daily reports.
- Work with the Marketing director to send out information through Public Service Announcements if possible.
- Provide necessary information to all staff.
- Coordinate information-sharing with partners and other agencies.
- Act as a point of contact for general intra-agency communications throughout the event
- Provide listing of at-risk elderly transportation-dependent individuals, special needs care coordination clients, and in-home services recipients to the Director of Nutrition and Executive Director.
- Work with special projects director (Nora Taylor) and Nutrition Director to secure underground food supply from Springfield Grocers if necessary due to the nature and scope of the emergency

**Nutrition Project Director (Sarah Karr or designee)**

- Ensure continuity of services with senior centers and home delivered meals.
- Activate call down to Nutritionists, Area Supervisors and Assistants and Senior Center Administrators.

**Disaster Response/Recovery Director (Mark Applegate or designee)**

- Communicate information from disaster relief representatives to leadership and ultimately all staff as needed.
- Coordinate all disaster response activities
- If staffing of field location is requested by FEMS, SEMA, or DHSS coordinate logistics and report specifics to Executive Director
- Arrange mail and phone forwarding to new location as needed
- Serve on MARC with members of care coordination team if activated

**Senior Financial Controller (Katrina Hunt, Becca Fields, Liz McClelland)**

- Ensure continuation of accounting and fiscal functions.
- Activate call down to fiscal staff.
- Provide daily situation reports to the Executive Director.

**Information Technologies (Acis IT Solutions, Mark Applegate or designee)**

- Review facility damage assessments and determine operational status of agency telephone and computer systems.
- Insure all data is secure, off-site and available to alternate locations
- Collaborate with the Disaster Response Committee in reestablishing alternate data and communication systems at alternative sites.

**I & A Staff/ Customer Care Hannah Scott, Lana Gilbert, Kevin Rusenstrom or Liz McClelland)**

- Provide information to clients and the general population calling for service or with questions.
- Participate on the Special Projects team to identify agencies providing emergency services.
- Assist SCLs with assessment/prioritization of client needs.
- Serve on Greene County CO-AD's MARC with members of care coordination team if it is activated

**Kevin Rusenstrom-COO, Charlotte Davis, Meghan Haenel, CEOs**

- Coordinate with Disaster Response/Recovery Director to activate COOP in affected centers as needed
- Serve in order of succession capacity as shown in Appendix A
- Assist SCLs with assessment/prioritization of client needs.

## **Appendix C** **Alternate Location/Facility Information/MOUs**

### **Exhibit "A": Alternative Location & Resources**

Name of Facility: Southside Senior Center

Location: 2215 S Fremont Ave, Springfield, Mo. 65804

Corrinna Powers (Center Administrator)

417-890-1313 (Center)

Contact Person #2: Brenda Jackson (Board President)

[REDACTED] (Cell)

Contact Person #3: Mark Applegate (Director of Safety and Security)

417-868-9501 (Office)

[REDACTED] (Cell)

#### **Available Facility Resources:**

Adequate Space       Phone Line       Alternate Power Source

Fax Line       Internet      [ ] Other: \_\_\_\_\_

## **Memorandum of Understanding**

Dear Ms. Mills,

We appreciate the support your organization has given to SeniorAge through the years. Thank you for agreeing to allow SeniorAge to use your organization's facility in the event SeniorAge experiences an emergency that prevents use of its own premises. As with all verbal commitments, it is important to memorialize our understanding of the arrangements that will be made in the event SeniorAge experiences an emergency that requires the use of your facility. Our understanding of this agreement to use your facility is outlined below:

**Southside Senior Center**  
**2215 S Fremont Ave**  
**Springfield, Mo 65804**

This letter serves as a Memorandum of Understanding between **Southside Senior Center** located at **2215 S Fremont Ave, Springfield, Mo 65804** and **SeniorAge Area Agency on Aging (Home Office)**, regarding use of the facility known as the **Southside Senior Center**, located at **2215 S Fremont Ave, Springfield, Mo 65804** in the situation as described in this letter.

In the event that the **home office of SeniorAge Area Agency on Aging**, at the above stated location, is deemed incompatible with conducting day-to-day business following an emergency, it is agreed that the **Southside Senior Center** will provide space for key personnel and access to technical resources conducive to allowing for a continuity of services as normally provided by **SeniorAge Area Agency on Aging (Home Office)**.

If extra expenses are incurred by the **Southside Senior Center** as a result of occupancy by the **SeniorAge Home Office** personnel and subsequent work-related tasks, reimbursement will be made by SeniorAge at a fair and equitable rate, supported by corresponding receipt(s)/billing(s), upon request from the **Southside Senior Center**.

This Memorandum of Understanding is entered into effect on December 1st, 2024 and will be in effect until such time as either **SeniorAge** or the **Southside Senior Center** gives the other 30 days-notice that the respective organization no longer wishes to participate in such an agreement.

If any statements in the Memorandum of Understanding are inaccurate, please do not sign below. If the Memorandum of Understanding accurately reflects the verbal commitment made regarding this matter, please sign below and return this letter to **SeniorAge**.

**Southside Senior Center Board President**

By: Marie Mills  
Signature: MARIE MILLS  
Date: 12-6-24  
Phone: [REDACTED]

**SeniorAge Area Agency on Aging (CEO Team Member)**

By: Liz Mc Clelland  
Signature: Liz Mc Clelland  
Date: 12-6-24  
Phone: 417-862-0762

## **Exhibit "B": Alternative Location & Resources**

### **Name of Facility: SilverPlate**

Location: 947 Cornerstone Rd, Seymour, MO 65746

Contact Person #1: Stephanie McKeel  
Facility Administrator  
Cell: [REDACTED]

Contact Person #2: Mark Applegate  
SeniorAge Director of Safety and Security  
[REDACTED]

Contact Person #3: Liz McClelland  
Co-CEO  
[REDACTED]

### **Available Facility Resources:**

Adequate Space       Phone Line       Alternate Power Source  
 Fax Line       Internet       Other:Food production

**Note: No MOU is required as we are the owner of this facility. This arrangement will be cited in the Silver Plate COOP.**

**Appendix D**  
Center Information/Maps

## APPENDIX D

Senior Center Name	Type of Center	County	Address	Mail ing Add ress	City	Zip Code	Phone Number	Contact	Email Address
Alton Multipurpose Senior Center INC.	Multipurpose Senior Center	Oregon	204 Main St	PO Box 403	Alton	65606	417 778-7342	Kathy Anderson (SCL)	kathy.anderson@senioragemo.org
Ash Grove Sunshine Ctr	Multipurpose Senior Center	Greene	310 N Perryman Ave	PO Box 72	Ash Grove	65604	417 751-3826	Lisa Jensen (SCL)	lisa.jensen@senioragemo.org
Heritage Harmony House	Multipurpose Senior Center	Lawrence	700 S Hudson Ave	PO Box 229	Aurora	65605	417 678-5383	Alisha Davis (SCL)	alisha.davis@senioragemo.org
Ava Senior Center	Focal Point	Douglas	109 N Spring St	PO Box 116 6	Ava	65608	417 683-5712	Hannah Tate (SCL)	hannahm.tate@outlook.com
Polk County Senior Center	Multipurpose Senior Center	Polk	1850 W Broadway St		Bolivar	65613	417 326-5570	Tina Zeagler (SCL)	tina.zeagler@senioragemo.org
Branson-Hollister Senior Ctr	Multipurpose Senior Center	Taney	201 Compton Dr		Branson	65616	417 335-4801	Lisa Arnold (SCL)	lisa.arnold@senioragemo.org
Montgomery Senior Center	Multipurpose Senior Center	Dallas	303 N Maple St	PO Box 161	Buffalo	65622	417 345-8277	Tina Zeagler (SCL)	tina.zeagler@senioragemo.org
Cabool Senior Center	Multipurpose Senior Center	Texas	910 Cherry St		Cabool	65689	417 962-3860	Angela Nordquist (SCL)	angie.nordquist@senioragemo.org
Cape Fair Community Center	Focal Point	Stone	8627 State Hwy 76	PO Box 29	Cape Fair	65624	417 239-6558	Melody Case	mscandjlw@yahoo.com
Cassville Senior Center	Multipurpose Senior Center	Barry	1111 Fair St		Cassville	65625	417 847-4510	Kristina Atwood (SCL)	kristina.atwood@senioragemo.org
Ebenezer Historical Society	Focal Point	Greene	8361 N Farm Rd 141		Ebenezer	65803	660 429-9940	Kevin Fraher	kfraher3@msn.com

Eminence Senior Center	Multipurpose Senior Center	Shannon	17790 Grey Jones Dr	PO Box 513	Eminence	65466	573 226-3839	Becky Corbin (SCL)	becky.corbin@senioragemo.org
Fair Grove Senior Center	Multipurpose Senior Center	Greene	122 S Orchard Blvd	PO Box 41	Fair Grove	65648	417-759-9455	Randie Kilburn-Shaffer (SCL)	randie.kilburn-shaffer@senioragemo.org
Senior Friendship Center	Focal Point	Taney	13879 US-160	PO Box 248	Forsyth	65653	417 546-6100	Glenda Hunt	lakelife@spices@gmail.com
Ozark County Senior Ctr	Multipurpose Senior Center	Ozark	516 CR 800	PO Box 122	Gainesville	65655	417 679-4746	Kaela Anderson (SRL)	kaela.anderson@senioragemo.org
Dade County Senior Center	Focal Point	Dade	58 N Allison Ave		Greenfield	65661	417-988-3470	Missy Netzer	dadecountyseniorcenter@gmail.com
Hartville Senior Center	Focal Point	Wright	305 S Glenn St		Hartville	65667	417 554-1401	Ernie Beller	elkobellers@live.com
Houston Senior Center	Multipurpose Senior Center	Texas	301 S Grand Ave		Houston	65483	417 967-4119	Stephania Roeder (SCL)	stephania.roeder@senioragemo.org
Half Century Club, Inc.	Focal Point	Polk	102 W Tilden St	PO Box 98	Humansville	65674	417 754-8303	Arlene Lear	thecentre03@yahoo.com
Kimberling Area Senior Ctr	Multipurpose Senior Center	Stone	63 Kimberling Blvd	PO Box 873	Kimberling City	65686	417 739-5242		
Marshfield Senior Center	Multipurpose Senior Center	Webster	427 W Washington St	PO Box 305	Marshfield	65706	417 859-3555	Brandy Badgett (SCL)	brandy.badgett@senioragemo.org
Miller Senior Citizen	Focal Point	Lawrence	201 E. 1st Street	PO Box 74	Miller	65707	417 606-0394	Carol Smith	email:millerseniorcitizens@gmail.com
Monett Senior Center	Multipurpose Senior Center	Barry & Lawrence	405 Dairy St		Monett	65708	417 235-3285	Mavis Schlessman (SCL)	mavis.schlessman@senioragemo.org
Mt Vernon Senior Center	Focal Point	Lawrence	425 N Main St	PO Box 51	Mt Vernon	65712	904 515-8715	Michael Branson	mvseniorcentermo@gmail.com
Mountain Grove Senior Ctr	Focal Point	Wright	700 E State St		Mtn Grove	65711	417 926-5867	Becky LaFavor (SCL)	mtgroveseniorcenter@senioragemo.org

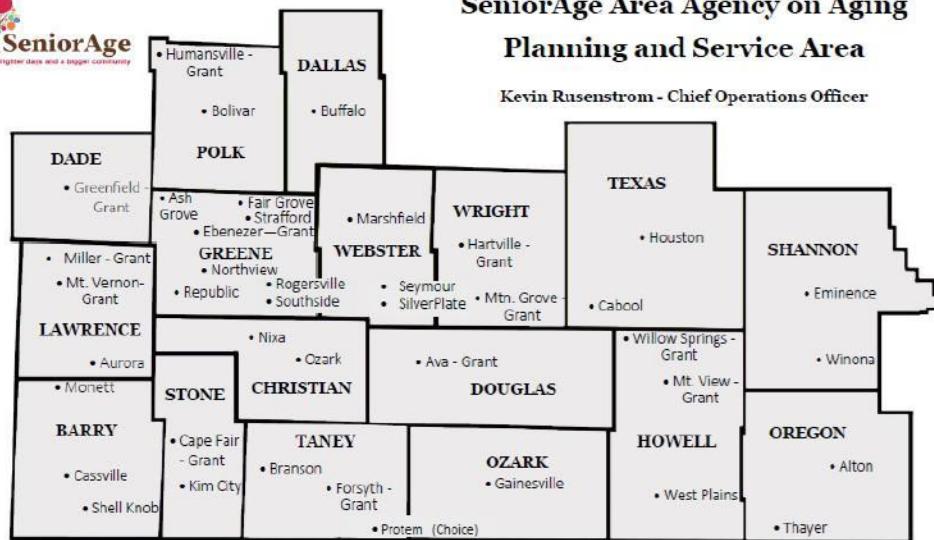
R Claude Trieman Senior Ctr	Focal Point	Howell	903 E 5th St		Mtn View	65548	417 934-6504	Cathy Lee (SCL)	mtviewseniorcenter@senioragemo.org
Nixa Senior Center	Multipurpose Senior Center	Christian	404 S Main St		Nixa	65714	417 725-2322	Davena Lutz (SCL)	davena.lutz@senioragemo.org
Ozark Senior Center	Multipurpose Senior Center	Christian	727 N 9th St		Ozark	65721	417 581-2538	Davena Lutz (SCL)	davena.lutz@senioragemo.org
Protem Senior Center	Choice	Ozark	9577 hwy 125		Protem	65733	417-679-4746	Kaela Anderson (SRL)	kaela.anderson@senioragemo.org
Gerry Pool Senior Center	Multipurpose Senior Center	Greene	210 E Hines St		Republic	65738	417 732-7672	Benjamin Wilson (SCL)	benjamin.wilson@senioragemo.org
Rogersville Area Senior Ctr	Multipurpose Senior Center	Greene	197 S Marshall St		Rogersville	65742	417 753-7800	Teena Jacobs (SCL)	teena.jacobs@senioragemo.org
Seymour Senior Center	Multipurpose Senior Center	Webster	205 S Commercial St	PO Box 26	Seymour	65746	417 935-2211	Terri Ruzic (SCL)	terri.ruzic@senioragemo.org
SilverPlate Production Facility	Production Facility	Webster	761 Cornerstone		Seymour	65746	417-935-9700	Stephanie McKeel (SPM)	stephanie.mckeel@senioragemo.org
Central Crossing Senior Ctr	Multipurpose Senior Center	Barry	20801 YY-15 Rd	PO Box 707	Shell Knob	65747	417 858-6952	Terri Johnson (SCL)	terri.johnson@senioragemo.org
Northview Senior Center	Multipurpose Senior Center	Greene	305 E Talmage St		Springfield	65803	417 864-8606	Christy Wilson (SCL)	christy.wilson@senioragemo.org
South Side Senior Center	Multipurpose Senior Center	Greene	2215 S Fremont Ave		Springfield	65804	417 890-1313	Corrinna Powers (SCL)	corrinna.powers@senioragemo.org
Strafford Senior Center	Multipurpose Senior Center	Greene	201 W Bumgarner Blvd		Strafford	65757	417 736-9898	Connie Alff (SCL)	connie.alff@senioragemo.org
Fun & Friends Senior Ctr	Multipurpose Senior Center	Oregon	100 Chestnut St		Thayer	65791	417 264-7354	Kathy Anderson (SCL)	kathy.anderson@senioragemo.org
West Plains Senior Center	Multipurpose Senior Center	Howell	416 E Main St		West Plains	65775	417 256-4055	Kevin Evans (SCL)	kevin.evans@senioragemo.org

Willow Springs Senior Ctr	Focal Point	Howell	501 Center Lane		Willow Springs	65793	417 469-5210	Wilma Sheets	willowsprings.seniorcenter@senioragemo.org
Winona Senior Center	Multipurpose Senior Center	Shannon	8498 Sapper St	PO Box 7	Winona	65588	573 325-4636	Becky Corbin (SCL)	becky.corbin@senioragemo.org



## SeniorAge Area Agency on Aging Planning and Service Area

Kevin Rusenstrom - Chief Operations Officer



### SeniorAge Center Leads

Alton - Kathy Anderson	Cassville - Kristina Atwood	Monett - Mavis Schlessman	Shell Knob - Terri Johnson
Ash Grove - Lisa Jensen	Eminence - Becky Corbin	Nixa - Davena Lutz	SouthSide - Corrinna Powers
Aurora - Alisha Davis	Fair Grove - Randie Kilburn-Shaffer	Northview - Christy Wilson	Strafford - Connie Alff
Bolivar - Tina Zeagler	Gainesville - Kaela Anderson	Ozark - Davena Lutz	Thayer - Kathy Anderson
Branson - Lisa Arnold	Houston - Stephanie Roeder	Republic - Ben Wilson	West Plains - Kevin Evans
Buffalo - Tina Zeagler	Kim City -	Rogersville - Teena Jacobs	Winona - Becky Corbin
Cabool - Angie Nordquist	Marshfield - Brandy Badgett	Seymour - Terri Ruzic	



**1. Becca Fields/Liz McClelland, CEO Team.**

SeniorAge  
1735 South Fort Avenue  
Springfield, MO 65807-1204  
(417) 862-0762  
[www.senioragemo.org](http://www.senioragemo.org)

Central Missouri AAA  
1121 Bus. Loop 70 E. Suite 2A  
Columbia, MO 65201  
(573) 443-5823  
[www.cmaaa.net](http://www.cmaaa.net)

**2. Lana Johnson, Exec. Dir.**

Aging Matters  
SE Missouri AAA  
1078 Wolverine Ln, Suite J  
Cape Girardeau, MO 63701  
(573) 335-3331  
[www.agingmatters2u.com](http://www.agingmatters2u.com)

**7. Kristi Bohling-DaMetz, Executive Director**  
Mid-America Regional Council  
600 Broadway Ste. 200  
Kansas City, MO 64105-1554  
(816) 701-8263  
[www.marc.org](http://www.marc.org)

**3. Wendy Martin, Executive Director**

Care Connection for Aging Services  
106 W. Young Street, PO Box 1078  
Warrensburg, MO 64093  
(660) 747-3107  
[www.goaging.org](http://www.goaging.org)

**8. Christine Hustedde, Chief Executive Officer**  
Aging Ahead  
Mid-East Missouri AAA  
14535 Manchester Rd  
Manchester, MO 63011  
(636) 207-0847  
[www.agingahead.org](http://www.agingahead.org)

**4. Penny Crawford, CEO**

NW Missouri AAA  
P.O. Box 265  
Albany, MO 64402  
(660) 726-3800  
[www.nwmoaaa.org](http://www.nwmoaaa.org)

**9. Anneliese Stoever, Executive Director**  
St. Louis AAA  
1520 Market St. Rm 4086  
St. Louis, MO 63103  
(314) 612-5918  
[www.slaaa.org](http://www.slaaa.org)

**5. Debbie Blessing, Executive Director**

NE Missouri AAA  
815 N. Osteopathy  
Kirksville, MO 63501  
(660) 665-4682  
[www.nemoaaa.com](http://www.nemoaaa.com)

**10. Jennifer Shotwell, Exec. Dir.**  
Region X AAA  
531 East 15th Street  
Joplin, MO 64804  
(417) 781-7562  
[www.aaaregionx.org](http://www.aaaregionx.org)

**6. Becca Nowlin, LPC-CEO**

**Addendum 2/23:**

Note the After Action report from the 2020-2023 Pandemic for more details. It can be found at:

<https://docs.google.com/document/d/1kipTiy88coIPz579WD-QKMJjMtCc-6mh dCYqngLFxWI/edit?usp=sharing>

and is printed yearly and placed in the Emergency Binder

There is also a helpful additional scenarios addendum printed in the binder. This can also be found at:

[https://docs.google.com/document/d/1ZsIzA3MsgVbnxWF3nUsjGtgxUhWS0w b6JxdKErC\\_Siw/edit?usp=sharing](https://docs.google.com/document/d/1ZsIzA3MsgVbnxWF3nUsjGtgxUhWS0w b6JxdKErC_Siw/edit?usp=sharing)

**Methodology for meeting the requirements of OAA 306 (a)(17):  
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:**

Mark Applegate, the SeniorAge Director of Safety and Security, is the Chair-elect of the Greene County Community Organizations Active in Disasters (COAD). In that capacity he also serves as the volunteer coordinator for the county should there be a county-wide disaster.

**Preparedness:**

SeniorAge conducts periodic in-person and online presentations utilizing the DHSS “Ready in 3” model of emergency preparedness/resilience. The agency also participates in on-premises fire and tornado drills, periodic active shooter training, and other periodic training and communication. Our director also participates in county- and state-wide exercises, simulating various potential hazards.

**Mitigation:**

The Director managed(s) the creation and maintenance of continuity of operations plans (COOPs) at the senior centers, the food production facility, and the home office to seek to mitigate a loss of service should a facility be destroyed. Among the features of these COOPs is the designation of alternative locations, maximum timeline allowed for key activities to be restored, and other potentially available resources to seek to mitigate these situations.

**Response and Recovery:**

The Greene County Office of Emergency Management, with assistance from the COAD members, developed and periodically updated its emergency and recovery plans. These plans integrate local and State emergency response agencies, relief organizations, local and State governments and other institutions to provide an all-hazards approach to emergency. SeniorAge represents the seniors to this end and actively participates within a Multi-Agency Resource Center (MARC) to provide a “One Stop Shop” for seniors and others within the community.

SeniorAge also secured in 2019 and continues to maintain a robust text and voice alert system to provide time-sensitive emergency recovery information after an emergency that supplements the state emergency alert system (IRIS) and National Weather Service alert systems. It also utilizes this alert system to mitigate fraud attempts whether or not arising in an emergency situation and directs its employees as to closures and alternative locations.

## **\*SeniorAge 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.

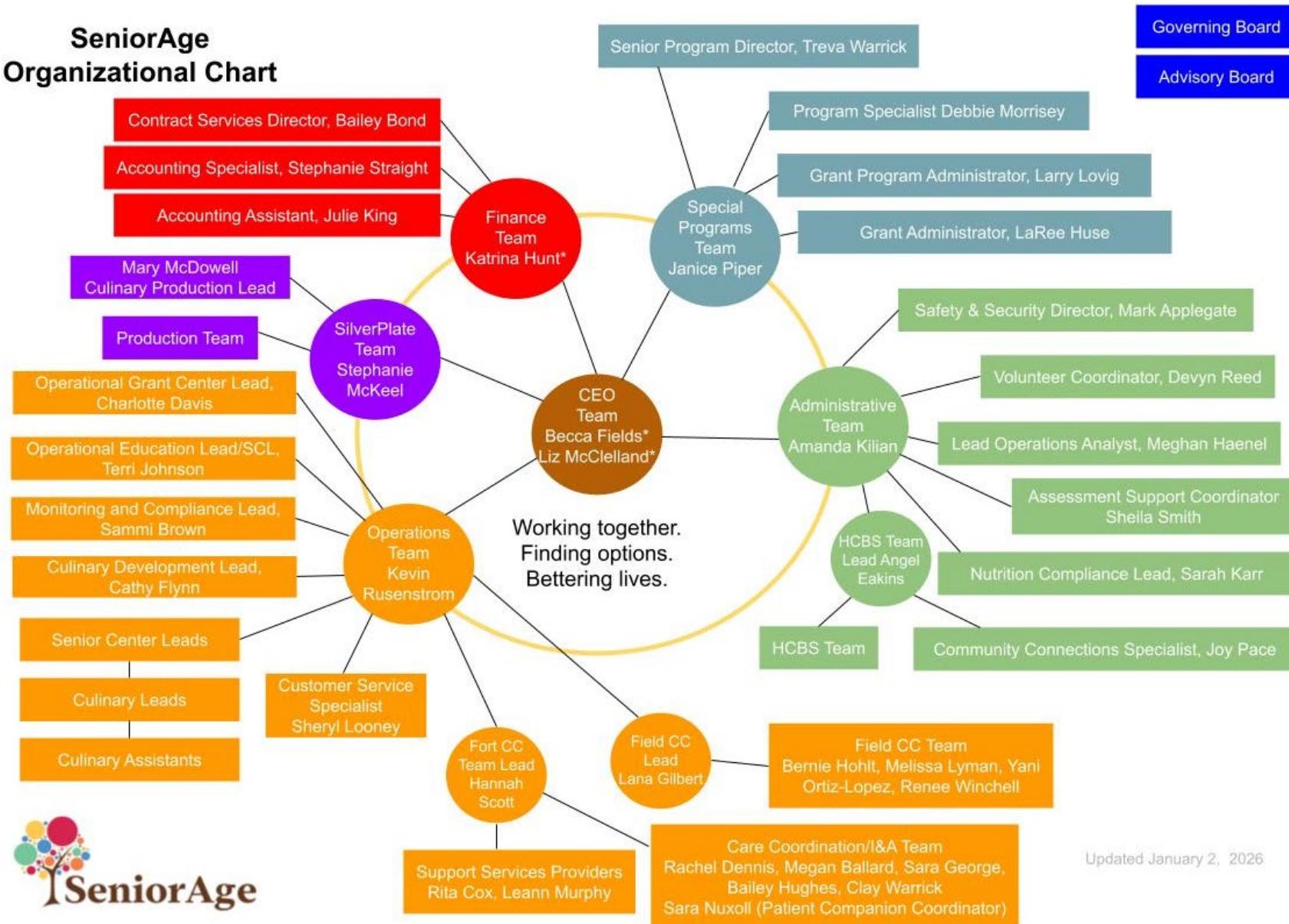
If the AAA is not freestanding (MARC and SLAAA), the chart must address placement of the aging unit within the multipurpose organization. The director of the multipurpose agency must certify that the aging unit functions only as the AAA for the purpose of carrying out the AAA functions specified in the 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.

## SeniorAge Organizational Chart





## Organizational Chart

SilverPlate Production Team		
Employee Name	Position	Time
BAKER, SHELLY	Culinary Production	26.5 hours
BRINKLEY, KIM	Culinary Production	26.5 hours
COULTER, ANNA GRACE	Culinary Production	21.5 hours
COULTER, KIMBERLY	Culinary Production	20 hours
COULTER, NORAH JANE	Culinary Production	21.5 hours
HUTCHINS, DAWN M	Culinary Production	26.5 hours
KIMBALL, MICHELLE LEE	Culinary Production	26.5 hours
LEVAN, REBECCA J	Culinary Production	22.5 hours
MAHAN, TINLEY	Culinary Production	7.5 hours
MILLER, CHARLI	Culinary Production	15 hours
MITCHELL, KEVIN	Culinary Production	19.5 hours
MYERS, JOHNNIE	Culinary Production	15 hours
POTTER, MOLLY	Culinary Production	22.5 hours
VESELY, DAVID I	Culinary Production	21.5 hours
WOOD, LILLIAN	Culinary Production	21.5 hours
MCDOWELL, MARY	Culinary Production Lead	1.00
MCDOWELL, LARRY	Delivery Driver	1.00
MCKEEL, TIMOTHY	Delivery Driver	5 hours
BISHOP, FRANKI	Dock Crew	21.5 hours
BRINKLEY, HUNTER	Dock Crew	26.5 hours
BUJARSKI, TAYLOR BREANN	Dock Crew	21.50
MAHAN, CORBIN	Dock Crew	7.5 hours
EUBANKS, JODI	Culinary Production PRN	1 hour
TAYLOR, HANNAH	Culinary Production PRN	1 hour
Senior Center Leads		
Employee Name	Position	Time
ALFF, CONNIE S	Senior Center Lead	1.00
ANDERSON, KAELE MAE	Senior Center Lead	1.00
ANDERSON, KATHY SUE	Senior Center Lead	1.00
ARNOLD, LISA B	Senior Center Lead	1.00
ATWOOD, KRISTINA M	Senior Center Lead	1.00
BADGETT, BRANDY KAY	Senior Center Lead	1.00
CORBIN, BECKY LYNN	Senior Center Lead	1.00
DAVIS, ALISHA	Senior Center Lead	1.00
JACOBS, TEENA G	Senior Center Lead	1.00
JENSEN, LISA	Senior Center Lead	1.00
KILBURN-SHAFFER, RANDIE	Senior Center Lead	1.00
LUTZ, DAVENA	Senior Center Lead	1.00
NORDQUIST, ANGIE LOIS	Senior Center Lead	1.00
POWERS, CORRINNA	Senior Center Lead	1.00
ROEDER, STEPHANIA	Senior Center Lead	1.00
RUZIC, TERRI	Senior Center Lead	1.00
SCHLESSMAN, MAVIS JUNE	Senior Center Lead	1.00
WILSON, BEN	Senior Center Lead	1.00
WILSON, CHRISTY ANN	Senior Center Lead	1.00

ZEAGLER, TINA	Senior Center Lead	1.00
<b>Culinary Leads</b>		
Employee Name	Position	Time
CATRON, JESSICA	Culinary Assistant	1.00
CORBIN, HEATHER ELIZABETH	Culinary Lead	1.00
ENDERS, VICKIE S	Culinary Lead	1.00
FISCHER, JENNY LYNN	Culinary Lead	1.00
HOLDER, TRICIA LYN	Culinary Lead	1.00
JOHNSON, REBECCA	Culinary Lead	1.00
KNAPP, SUMMER	Culinary Lead	1.00
LAMBERT, HEATHER	Culinary Lead	1.00
LEHMANN, CRYSTAL	Culinary Lead	1.00
LYONS, GWEN	Culinary Lead	1.00
MAKOSKI, NORIKO	Culinary Lead	1.00
MCCABE, CORY	Culinary Lead	1.00
MCGEE, TRISTAN	Culinary Lead	1.00
MCNUTT, AMY	Culinary Lead	1.00
RHODES, STEPHANIE RENEE	Culinary Lead	1.00
RITTER, PERRIE	Culinary Lead	1.00
SANFORD, LESTER	Culinary Lead	1.00
SIMMONS, ROX-ANNA	Culinary Lead	1.00
SNELLING, SYLVIA L	Culinary Lead	1.00
STRICKLER, JEANNIE MARIE	Culinary Lead	1.00
TAYLOR, NANCY I	Culinary Lead	1.00
TUCKER, JOY	Culinary Lead	1.00
WASLEY, LESLIE	Culinary Lead	1.00
WILKERSON, CINDY	Culinary Lead	1.00
WILKERSON, STACY LYNN	Culinary Lead	1.00
WILLIAMS, PAT	Culinary Lead	1.00
WISEMAN, ROBIN BELINDA	Culinary Lead	1.00
<b>Culinary Assistants</b>		
Employee Name	Position	Time
BARTSHE, BROOKLYN	Culinary Assistant	25 hours
BOLLINGER, PAM	Culinary Assistant	1.00
CAMPBELL, TAYLOR	Culinary Assistant	1.00
DELONG, LINDA	Culinary Assistant	1.00
DICKENS, JOYCE	Culinary Assistant	25 hours
DOLL, DION	Culinary Assistant	1.00
DYKES, TARA JEAN	Culinary Assistant	25 hours
EGGERT, HALEY MICHELLE	Culinary Assistant	25 hours
GANN, JOLENE	Culinary Assistant	1.00
GRAY, EVA	Culinary Assistant	1.00
HIGHMAN, ANGELA	Culinary Assistant	1.00
HULEM, LIBERTY	Culinary Assistant	1.00
MARION, DEBBIE	Culinary Assistant	1.00
MAYES, VICTORIA MARIE	Culinary Assistant	1.00
MORENO, CATHERINE	Culinary Assistant	1.00
ROBERTSON, CARRIE AMY	Culinary Assistant	25 hours
RYAN, KIERA	Culinary Assistant	1.00

SAHAGUN GARCIA, CELEST	Culinary Assistant	20 hours
SINYAYEVA, TINA	Culinary Assistant	25 hours
VINSON, JUDY	Culinary Assistant	1.00
WALKER, WHITNEY AREIL	Culinary Assistant	1.00
WILLIAMS, TINA	Culinary Assistant	20 hours
YORK, DARLENE	Culinary Assistant	1.00

### Miscellaneous Senior Center Employees

Employee Name	Position	Time
JONES, DONNA DALE	Customer Service Specialist - SouthSide	18 hours
CARPENTER, LINDA A	Delivery Driver (Center)	8 hours
DENNIS, TYLER	Delivery Driver (Center)	1.00

### HCBS Team

Employee Name	Position	Time
BARRETT, LAUREN	HCBS Service Assessor	1.00
HALVORSON, ERIC JAMES	HCBS Service Assessor	1.00
HURST, NINA SUZANNE	HCBS Service Assessor	1.00
MONTIEL, STEPHEN	HCBS Service Assessor	1.00
WALTON, TINA	HCBS Service Assessor	1.00

### Positions and Names Below Listed on Organizational Chart (without weekly hours worked noted)

KING, JULIE GRAY	Accounting Assistant	1.00
STRAIGHT, STEPHANIE	Accounting Specialist	1.00
SMITH, SHEILA ANN	Assessment Support Coordinator	27.5 hours
GILBERT, LANA JO	Care Coordination Lead	1.00
SCOTT, HANNAH SUE	Care Coordination Lead	1.00
BALLARD, MEGAN	Care Coordinator	1.00
DENNIS, RACHEL CATHERINE	Care Coordinator	1.00
GEORGE, SARA	Care Coordinator	1.00
HUGHES, BAILEY	Care Coordinator	1.00
WARRICK, CLAY	Care Coordinator	1.00
KILIAN, AMANDA SUE	Chief Administration Officer	1.00
RUSENSTROM, KEVIN	Chief Operations Officer	1.00
PIPER, JANICE ANN LEDBETTER	Chief Special Programs Officer	1.00
FIELDS, BECCA KAYE	Co-Chief Executive Officer	1.00
MCCLELLAND, LIZ A	Co-Chief Executive Officer	1.00
PACE, JOY	Community Connections Specialist	1.00
FLYNN, CATHY	Culinary Development Lead	1.00
LOONEY, SHERYL	Customer Service Specialist	25 hours
LYMAN, MELISSA DAWN DEPUTY	Field Care Coordinator	1.00
ORTIZ-LOPEZ, YANI	Field Care Coordinator	1.00
WINCHELL, RENEE	Field Care Coordinator	1.00
HUSE, LAREE	Grant Administrator	1.00
LOVIG, LARRY	Grant Program Administrator	1.00
EAKINS, ANGEL NOELLE	HCBS Lead	1.00
HAENEL, MEGHAN ELIZABETH	Lead Operations Analyst	1.00
BROWN, SAMMI NICOLE	Monitoring and Compliance Lead	1.00
KARR, SARAH	Nutrition Compliance Lead	1.00
DAVIS, CHARLOTTE ROSE	Operational Lead	1.00
HOHLT, BERNIE	Operational Lead	1.00

JOHNSON, TERRI JEAN	Operational Lead	1.00
NUXOLL, SARA	Patient Companion Program Coordinator	1.00
MORRISSEY, DEBBIE J	Program Specialist	1.00
APPLEGATE, MARK A	Safety & Security Director/Dementia Care Specialist	1.00
HUNT, KATRINA L	Senior Financial Controller	1.00
WARRICK, TREVA GAY	Senior Program Manager	1.00
MCKEEL, STEPHANIE	SilverPlate Manager	1.00
COX, RITA SUE	Support Services Provider	19.5 hours
MURPHY, LEANN	Support Services Provider	1.00
REED, DEVYN	Volunteer Coordinator	1.00
EVANS, KEVIN	Wellness and Community Engagement Lead	1.00
<b>Substitute Employees</b>		
Employee Name	Position	Time
RAWLINGS, KATIE	Substitute Culinary Assistant	1 hour

*Date Updated: December 18th, 2025*

## **\*SeniorAge 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.

#### **Current AAA Advisory Council**

Advisory Council Member Name	Start Date	Position on Council	Time in Current Position
Diane Gallion	2014	Chair	10 <sup>th</sup> year
John Conley	2020	Vice Chair	4 <sup>th</sup> year
James Clemons	2009	Member	15 <sup>th</sup> year
Peggy Horn	2020	Member	4 <sup>th</sup> year
Arlie Rotenberry	2016	Member	8 <sup>th</sup> year
Kathryn Pinkley	2017	Member	7 <sup>th</sup> year
John Walker	2017	Member	7 <sup>th</sup> year
Brad Eldridge	2022	Member	2 <sup>nd</sup> year
Victor DiMommio	2022	Member	2 <sup>nd</sup> year
Geoff Steele	2022	Member	2 <sup>nd</sup> year

The SeniorAge Advisory Council meets quarterly, four times a year, to discuss the agency's operations and make recommendations to the Board of Directors. These members are selected based on their experience, expertise, and connection to the community's needs of older adults and caregivers. The selection process involves nominations and appointments made by the Board of Directors in line with federal guidelines and community needs. Members serve 2-year renewable terms and may be reappointed based on performance.

and continued relevance to the council's objectives. The general public can obtain minutes from AC meetings upon request. To request, please contact SeniorAge's Chief Administration Officer, [Amanda.Kilian@senioragemo.org](mailto:Amanda.Kilian@senioragemo.org). These minutes are available to ensure transparency and public involvement in the advisory process.

The Advisory Council plays an important role in guiding and supporting SeniorAge by providing advice and recommendations on a variety of areas related to the agency's operations and mission. The Council enhances the leadership role of SeniorAge by advising on strategies and best practices to strengthen its leadership within the community. They recommend ways to improve the agency's visibility, influence, and effectiveness in advocating for older adults' needs. The Council also suggests initiatives to expand partnerships, increase community involvement, or enhance SeniorAge's outreach efforts to ensure that it is recognized as a leading voice for aging services.

Our Advisory Council helps us stay aligned with its mission by providing input on programs and services that meet the diverse needs of older adults. They may suggest new community-based services or improvements to existing services in order to better serve the aging population. This includes ensuring that SeniorAge's services are accessible, inclusive, and responsive to the challenges faced by older individuals in the service area.

The Advisory Council is involved in advising SeniorAge on the development of the Area Plan by providing feedback and recommendations to ensure that the plan reflects the actual needs and preferences of the aging population, as well as best practices for delivering services. They may also help to ensure that the plan is comprehensive, strategic, and effective in addressing emerging challenges. They will assist in overseeing the implementation and administration of the Area Plan by making sure the agency's operations align with the objectives and goals set forth in the plan. This might include advising on resource allocation, the efficiency of service delivery, and the monitoring of outcomes to ensure the plan's success in meeting the needs of older adults in the area. They will monitor the operations conducted under the Area Plan to ensure that services are being delivered as intended and that they meet the needs of the aging population.

Our Advisory Council will play a role in advising SeniorAge on how to conduct public hearings effectively. They will help ensure that these hearings are inclusive, well-advertised, and conducted in a manner that encourages public participation.

## **\*Senior Age Attachment F - Area Agency Board of Directors Information**

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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
- Assessing 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.

## SeniorAge Board of Directors

Board Member Name	Start Date	Position on Board	Time in Current Position
Judy Warren	7/1/2008	President	First Year
Peggy Don Yates	7/1/2019	Vice President	First Year
Sam Herkelman	7/1/2022	Treasurer	First Year
Kathleen Hensley	7/1/2022	Secretary	Second Year
Rich Meyerkord	7/1/2009	Immediate Past President	Sixteenth Year
Mae Burtin	7/1/2013	Member	Eleventh Year
Denise Tlustos	9/9/2022	Member	Second Year
Paul Fockler	1/17/2025	Member	First Year
Jeffery Johnson	7/1/2025	Member	First Year
Cynthia Lavoie	7/1/2025	Member	First Year

The SeniorAge Board of Directors meets every other month on the 3rd Friday. Board members are elected every three years by conducting elections in the senior centers in the designated territory which the board member will represent, as required by the bylaws. The term of office of newly elected board members shall begin at the July meeting following their election. Each board member shall serve a term of three (3) years or until their successors are elected. There shall be no limit of terms a member may serve.

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Board minutes may be obtained by the general public upon request. Please contact SeniorAge's Chief Administration Officer, [Amanda.Kilian@senioragemo.org](mailto:Amanda.Kilian@senioragemo.org).

The SeniorAge Board of Directors enhances the leadership role of SeniorAge and furthers our Mission through overseeing the development and administration of the Area Plan and SeniorAge policies. The business and affairs of SeniorAge are managed by its Board of Directors by their approval of all SeniorAge Area Agency on Aging policies. The board hires the CEO position to manage the day-to-day operations of SeniorAge and to develop procedures designed to carry out board policies.

The Board of Directors of SeniorAge plays a crucial advisory role in guiding the organization in a number of ways, particularly in fulfilling its mission of supporting older adults and ensuring the effective administration of the Area Plan. The Board advises SeniorAge in the specified areas:

1. **Leadership Role:** The Board provides strategic oversight to ensure that the leadership of SeniorAge is strong and capable of driving the organization's mission forward. They help the leadership team to align the organization's activities with broader policy goals and ensure that SeniorAge maintains its leadership role in advocating for the needs of older adults within the planning and service area.
2. **Furthering the SeniorAge's mission of developing and coordinating community-based systems of services for all older persons in the planning and service area:** They provide consultation on how to foster collaboration among local community organizations, service providers, and government entities to create a comprehensive system of services for seniors. They ensure that SeniorAge works towards building a network that can meet the diverse needs of older adults across our planning and service area.
3. **Administration & Operation of the Area Plan:** The Board reviews and oversees implementation of the Area Plan. They provide oversight on whether the plan is comprehensive, feasible, and aligned with both community needs and funding requirements. They monitor and evaluate the execution of operations under the Area Plan. They ensure that services are being delivered as intended, provide guidance on operational challenges, and make adjustments to improve efficiency and effectiveness.
4. **Accessing the Needs of eligible persons in the planning and service area:** The Board helps guide SeniorAge in conducting needs assessments for eligible older adults in the region. This involves advising on methods for collecting data and ensuring that SeniorAge's outreach efforts are inclusive and effective in identifying individuals who require services. The Board ensures that the assessments reflect a true understanding of community needs.
5. **Designing solutions based on the needs assessments:** Once the needs of the target population are identified, the Board advises on the development of appropriate solutions. This includes recommending new programs, suggesting adjustments to existing services, or ensuring that the design of solutions is evidence-based and responsive to the needs of different demographics of seniors.
6. **Tracking success of the solutions developed:** Members work with SeniorAge to establish metrics and systems for evaluating the success of the programs and services that are implemented.
7. **Planning community responses for the present and future of the service area:** The Board helps SeniorAge anticipate future trends and challenges related to aging in the community. This includes advising on long-term strategic planning,

understanding demographic shifts, and preparing for emerging needs.

## **\*SeniorAge 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 develop 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 consider effectively linguistic and cultural differences.

### **•Describe how the AAA is meeting this requirement.**

In FY25, there were approximately 993 low-income minority older individuals in SeniorAge's planning and service area. We were able to reach approximately 39% of this population through our services. In this same time span, there were approximately 790 older individuals with limited English proficiency and we were able to reach approximately 9%. Finally, in FY25, there were approximately 83,857 rural older individuals in our planning and service area, and we served nearly 22% of these individuals with our services.

As we seek to reach out to these specific populations, we have experienced the following barriers:

- Low-income minority older individuals: One of the greatest barriers for low-income minority older individuals is their lack of exposure to the complex systems of public

benefits within their communities. Because they often stay within their smaller minority communities, they have access to fewer services and assistance through word of mouth and scope of experience. In many ways this challenged group experiences the same barriers that are common across many spectrums: inaccessibility to transportation options, limited subsidized housing options & difficulty making limited income cover critical expenses

- Individuals with limited English proficiency: Obviously, one of the greatest barriers facing this group is the language wall. Being faced with an inadequate ability to communicate—either to express their own needs or to understand information provided, creates anxiety and confusion. Challenges include the feelings of being side-lined because they have difficulty participating in mainstream situations. This can lead to diminished self-esteem and the courage to persist in getting help needed. Challenges with English proficiency are not limited to oral communication. These individuals are also at disadvantage for gaining information from public announcements and printed materials, Persons with limited English proficiency may also be individuals within a minority population, as well, which subjects them to the same challenges listed as above. They also, many times, experience the commonly shared barriers that exist across all spectrums, as listed above: inaccessibility to transportation options, limited subsidized housing options, difficulty making limited income to cover critical expenses.
- Individuals residing in rural areas: Barriers common across our rural areas include limited transportation options because of distance travel that is often needed to access services. Rural settings also present fewer health care and essential shopping options. Persons living in far-rural settings have less opportunity for daily socialization, leading to far more isolation and loneliness. They are at risk for not having reassurance contact with others for longer periods of time. SeniorAge also has a number of areas within its PSA that do not have internet access, limiting an important communication avenue that has become important to other senior populations.

SeniorAge has many efforts to reach these target populations. In recognition of their limited exposure to service avenues, we will continue to make an increased effort to bring the information to them. We will accomplish it through the many ways set forth in the following list of actions:

We are seeking partnership with the leading Hispanic coalition to broaden our invitations to interact with Hispanic groups and to advance the translation of a wider diversity of bi-lingual literature.

We have found that having minority individuals serve on our Care Coordination team

greatly increases the trust factor during our counseling sessions. This is an advantage that goes beyond simple language fluency. We will continue to put emphasis on this employee diversity.

We will continue providing focused minority assistance through BEC and Navigator programs.

At the largest Springfield, MO cultural fair, attracting participants from many of our counties, we will provide a booth staffed by Spanish and English-speaking colleagues. There are several additional multi-cultural educational events within our PSA at which we will provide literature, staffing, and contact information.

Our senior centers will provide ethnic foods meals as appropriate and as requested. We will address challenges through our mainstream program pathways of home-delivered meals, transportation assistance, advocacy assistance for housing options, benefits counseling to relieve financial challenges, and SHL representation. In each instance we will look for opportunities to adapt printed materials and cultural appeal to respect minority customs and mores.

We will continue to give priority to translation services, as needed, through fluent bi-lingual colleagues, local university assistance, and our phone interpreter service - Language Link.

We will continue providing our call-multiplier text and voice alerts in alternative languages as requested.

We will continue to employ a dedicated Care Coordinator who is a bi-lingual Hispanic. She also serves as the translator for any service sessions provided to our Hispanic senior population. We will continue to make arrangements for seniors to come to Care Coordination sessions with their own translators, whenever possible.

To ensure seniors in our 16 rural counties are being served, we will provide:

- 30 senior centers with 20 administered directly by SeniorAge and 10 under contract administration.
- All 30 centers will continue to have a Senior Center Lead (SCL). SeniorAge will maintain 4 Field Care Coordinators (FCC) within the 16 rural counties, with additional assistance from Care Coordinators who cross over in case-load from Greene County.
- Funding for OATS and SMTS transportation in all 16 counties will continue
- Funding in all 16 rural counties through a number of programs for home safety upgrades, discretionary home improvement assistance, emergency alert systems,

care coordination evaluations

- Ombudsman and legal service outreach programs will continue in all rural counties
- Foot care clinics for health and well-being will continue to be available in all 16 rural counties.
- Tax Counseling for the Elderly services will continue in all 16 counties at multiple locations
- Benefits counseling outreach will be provided in all 16 counties
- Navigator health care outreach will continue in all counties
- Scam awareness and fraud prevention education will be available all 16 rural counties
- Disaster and emergency response preparedness intervention will be active in all 16 rural counties
- Social media outreach education will include of all 16 rural counties
- Virtual newsletters will be generated in all 16 counties—providing program education and volunteering opportunities
- Call multiplier text/recorded voice communication will be available in all 16 rural counties alerting them to scams, enrollment opportunities for benefits, updates on senior services.
- SeniorAge will continue hosting community meals at additional locations (besides senior centers) in rural counties and will continue to seek ways to partner with a growing number of local independent senior centers to enlarge their service outreach.
- SeniorAge will continue working collaboratively with Ozarks Food Harvest
- We will continue working collaboratively with two CILs (Centers for Independent Living): *empower:abilities* out of Springfield and *Center for Independent Living* out of West Plains to leverage service outreach to rural seniors.
- During the past Area Plan cycle, SeniorAge invested in upgrades to several rural senior centers, making them more effective hubs of service for rural communities. During the SFY'27 Area Plan cycle, we plan to continue the investigation of best practices for supporting local senior centers and the investigation of new models of partnership both with SeniorAge and other community entities that serve seniors, as well as the most effective means of distribution of Senior Growth and Development grants to our network of senior centers. We are advancing a grant center concept with our communities determining for each community the best course of service delivery.
- We will continue to apply for grants to expand the team of Care Coordinators we are able to place in the rural field.
- SeniorAge will continue to advance the Give-5 initiative, providing life-enhancing volunteerism opportunities for rural seniors.

- SeniorAge will continue to perform the Patient Companion outreach program we launched to assist more rural caregivers in compassionate companionship when health challenges often overwhelm them.

SeniorAge meets the OAA *Section 307(a)(15)(B)(i)* by sponsoring outreach efforts to produce assistive resources for any language services needed across our PSA, as well as education in cultural sensitivities and differences. The leads of all our departments are trained in how to identify individuals with limited English language skills and know how to access resources to provide assistance. We maintain at least one full-time staff member who is bi-lingual and prepared to assist not only individuals who contact us with needs in another language, but is also available to our other staff members to assist in circumstances that arise.

## \*SeniorAge Attachment H - Senior Centers and Focal Points

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

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



# SeniorAge Attachment H - FY27 Area Plan



Senior Center Name	Type of Center	County	Address	City	Zip Code	Phone Number	Days/Hours of Operation	Direct or Contracted Service (D/C)	Bilingual Staff (Y/N)	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Services Provided
Alton Multipurpose Senior Center INC.	Multipurpose Senior Center	Oregon	204 Main St	Alton	65606	417 778-7342	M-F 8-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Ash Grove Sunshine Ctr	Multipurpose Senior Center	Greene	310 N Perryman Ave	Ash Grove	65604	417 751-3826	M-F 7-2:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Heritage Harmony House	Multipurpose Senior Center	Lawrence	700 S Hudson Ave	Aurora	65605	417 678-5383	M-F 8-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Ava Senior Center	Focal Point	Douglas	109 N Spring St	Ava	65608	417 683-5712	M-F 8-3:00	Contract	N	Congregate Meals (C)	Information & Referral, Recreation, Nutrition Education, Outreach
Polk County Senior Center	Multipurpose Senior Center	Polk	1850 W Broadway St	Bolivar	65613	417 326-5570	M-F 8-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Branson-Hollister Senior Ctr	Multipurpose Senior Center	Taney	201 Compton Dr	Branson	65616	417 335-4801	M-F 8-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Montgomery Senior Center	Multipurpose Senior Center	Dallas	303 N Maple St	Buffalo	65622	417 345-8277	M-F 7:30-3	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Cabool Senior Center	Multipurpose Senior Center	Texas	910 Cherry St	Cabool	65689	417 962-3860	M-F 8-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Cape Fair Community Center	Focal Point	Stone	8627 State Hwy 76	Cape Fair	65624	417 239-6558	M,W,F 8:30-1:00	Contract	N	Congregate Meals (C)	Information & Referral, Recreation, Nutrition Education, Outreach
Cassville Senior Center	Multipurpose Senior Center	Barry	1111 Fair St	Cassville	65625	417 847-4510	M-F 8-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Ebenezer Historical Society	Focal Point	Greene	8361 N Farm Rd 141	Ebenezer	65803	660 429-9940	As Scheduled	Contract	N	Congregate Meals (C)	Information & Referral, Recreation, Nutrition Education, Outreach
Eminence Senior Center	Multipurpose Senior Center	Shannon	17790 Grey Jones Dr	Eminence	65466	573 226-3839	M-F 8-3:00	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,



# SeniorAge Attachment H - FY27 Area Plan



Senior Center Name	Type of Center	County	Address	City	Zip Code	Phone Number	Days/Hours of Operation	Direct or Contracted Service (D/C)	Bilingual Staff (Y/N)	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Services Provided
Fair Grove Senior Center	Multipurpose Senior Center	Greene	122 S Orchard Blvd	Fair Grove	65648	417-759-9455	M-F 8-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Senior Friendship Center	Focal Point	Taney	13879 US-160	Forsyth	65653	417 546-6100	M-F 8-3	Contract	N	Congregate Meals (C) /Home Delivered (HD)	Information & Referral, Recreation, Nutrition Education, Outreach
Ozark County Senior Ctr	Multipurpose Senior Center	Ozark	516 CR 800	Gainesville	65655	417 679-4746	M-F 8:30-4	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Dade County Senior Center	Focal Point	Dade	58 N Allison Ave	Greenfield	65661	417-988-3470	M-F 7:30-1	Contract	N	Congregate Meals (C)	Information & Referral, Recreation, Nutrition Education, Outreach
Hartville Senior Center	Focal Point	Wright	305 S Glenn St	Hartville	65667	417 554-1401	W&F 9-1:30	Contract	N	Congregate Meals (C)	Information & Referral, Recreation, Nutrition Education, Outreach
Houston Senior Center	Multipurpose Senior Center	Texas	301 S Grand Ave	Houston	65483	417 967-4119	M-F 8-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Half Century Club, Inc.	Focal Point	Polk	102 W Tilden St	Humansville	65674	417 754-8303	M-F 9-4:00	Contract	N	Congregate Meals (C)	Information & Referral, Recreation, Nutrition Education, Outreach
Kimberling Area Senior Ctr	Multipurpose Senior Center	Stone	63 Kimberling Blvd	Kimberling City	65686	417 739-5242	M-F 8-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Marshfield Senior Center	Multipurpose Senior Center	Webster	427 W Washington St	Marshfield	65706	417 859-3555	M-F 7:30-3	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Monett Senior Center	Multipurpose Senior Center	Barry & Lawrence	405 Dairy St	Monett	65708	417 235-3285	M-F 8-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Mt Vernon Senior Center	Focal Point	Lawrence	425 N Main St	Mt Vernon	65712	904 515-8715	M-F 8-2	Contract	N	Congregate Meals (C) /Home Delivered (HD)	Information & Referral, Recreation, Nutrition Education, Outreach


**SeniorAge Attachment H - FY27 Area Plan**


Senior Center Name	Type of Center	County	Address	City	Zip Code	Phone Number	Days/Hours of Operation	Direct or Contracted Service (D/C)	Bilingual Staff (Y/N)	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Services Provided
Mountain Grove Senior Ctr	Focal Point	Wright	700 E State St	Mtn Grove	65711	417 926-5867	M-F 8-3:30	Contract	N	Congregate Meals (C) /Home Delivered (HD)	Information & Referral, Recreation, Nutrition Education, Outreach
R Claude Trieman Senior Ctr	Focal Point	Howell	903 E 5th St	Mtn View	65548	417 934-6504	M-F 8-3:30	Contract	N	Congregate Meals (C) /Home Delivered (HD)	Information & Referral, Recreation, Nutrition Education, Outreach
Nixa Senior Center	Multipurpose Senior Center	Christian	404 S Main St	Nixa	65714	417 725-2322	M-F 8:30-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Ozark Senior Center	Multipurpose Senior Center	Christian	727 N 9th St	Ozark	65721	417 581-2538	M-F 8-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Protem Senior Center	Other*	Ozark	9577 hwy 125	Protem	65733	417 679-4746	Tue. 10-1	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Gerry Pool Senior Center	Multipurpose Senior Center	Greene	210 E Hines St	Republic	65738	417 732-7672	M-F 8-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Rogersville Area Senior Ctr	Multipurpose Senior Center	Greene	197 S Marshall St	Rogersville	65742	417 753-7800	M-F 8-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
SeniorAge Administrative Office	Other***	Greene	1735 S. Fort Ave	Springfield	65807	417-862-0762	M-F 8-4:30	Direct	Y	n/a	Information & Referral, Case Management
Seymour Senior Center	Multipurpose Senior Center	Webster	205 S Commercial St	Seymour	65746	417 935-2211	M-F 8- 3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
SilverPlate Production Facility	Other***	Webster	761 Cornerstone	Seymour	65746	417-935-9700		N/A	N		Home Delivered Meal Production
Central Crossing Senior Ctr	Multipurpose Senior Center	Barry	20801 YY-15 Rd	Shell Knob	65747	417 858-6952	M-F 8-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Northview Senior Center	Multipurpose Senior Center	Greene	305 E Talmage St	Springfield	65803	417 864-8606	M-F 8-4:00	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,



# SeniorAge Attachment H - FY27 Area Plan



Senior Center Name	Type of Center	County	Address	City	Zip Code	Phone Number	Days/Hours of Operation	Direct or Contracted Service (D/C)	Bilingual Staff (Y/N)	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Services Provided
South Side Senior Center	Multipurpose Senior Center	Greene	2215 S Fremont Ave	Springfield	65804	417 890-1313	M-F 7:30-3	Direct	Y	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Strafford Senior Center	Multipurpose Senior Center	Greene	201 W Bumgarner Blvd	Strafford	65757	417 736-9898	M-F 8-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Fun & Friends Senior Ctr	Multipurpose Senior Center	Oregon	100 Chestnut St	Thayer	65791	417 264-7354	M-F 8-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
West Plains Senior Center	Multipurpose Senior Center	Howell	416 E Main St	West Plains	65775	417 256-4055	M-F 8-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,
Willow Springs Senior Ctr	Focal Point	Howell	501 Center Lane	Willow Springs	65793	417 469-5210	M-F 8-1:30	Contract	N	Congregate Meals (C) /Home Delivered (HD)	Information & Referral, Recreation, Nutrition Education, Outreach
Winona Senior Center	Multipurpose Senior Center	Shannon	8498 Sapper St	Winona	65588	573 325-4636	M-F 8-3:30	Direct	N	Congregate Meals (C)/Home Delivered Meals (HD)/Carryout (CO)	Information & Referral, Case Management, Recreation, Nutrition Education,

\*Protem - Congregate Meals are Catered once/week from Gainesville Senior Center

\*\*SeniorAge Administrative Office houses care coordinators, fiscal and oversight staff

\*\*\* SilverPlate Production Facility produces Home Delivered Meals

## **\*SeniorAge Attachment I - Public Education Evaluation Report**

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

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

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

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

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

SeniorAge successfully provides valued services to seniors across the full spectrum of categories identified in the Older Americans Act. A diversity of outreach strategies are launched within every geographical region of our planning and service region to best ensure the visibility of our services to each of these groups. These strategies include:

- **Benefits Counseling/Options Consulting/Care Coordination:** Skilled

SeniorAge employees provide information and assistance, advocacy, benefits and options counseling, and resource assistance in response to direct inquiries, as well as through community network referrals. This service ensures that the individuals within priority groups receive all benefit services for which they qualify, i.e., Low Income Subsidy, Medicare Saving Program, Medicaid application, Energy Assistance, SNAP, Developmental Disabilities, Missouri PTC, VA benefits, pharmaceutical program assistance, legal aid services, pension resolution, to name a few. Additional care coordination services a senior might be enrolled in include home safety, County Senior Services Tax Levy services, Patient Companion, and other Area Agency on Aging specialty project services.

- **The outreach work of regional employees:** These team members coordinate area events for public information, socialization, nutrition, and collaborative agency networking to ensure exchange of information about available resources.
- **Senior Center Programs and Outreach:** Employees and volunteers who serve within 40 designated Senior Centers provide daily local assistance and information within the Senior Center setting, as well as through outreach presentations to local civic groups, social services agencies, governmental, and religious groups.
- **Collaborative Networking with Other Service Agencies:** We receive referrals from the in-home service industry, health and medical providers, utility and housing services, and our community partners—including Family Support Division, Centers for Independent Living, Community Action Centers, and other local agencies.
- **Public Information Through Social Platforms, Virtual Connections, and Media Outlets:** SeniorAge has been able to sponsor a much more expansive portfolio of television and radio PSAs through various grants. Response has been rewarding. SeniorAge also maintains a strong social media presence through multiple connections, as well as virtual “constant contact” connections via text and email.
- **Printed Literature:** SeniorAge distributes flyers and brochures, as well as fact-sheets regarding service opportunities and eligibility standards for available services.
- **Specialized Grant Programs:** SeniorAge seeks out and is regularly awarded a number of specialized grant opportunities that increase SeniorAge’s visibility within communities. Every service we implement through special grants affords us a greater number of touch-points and visibility within our PSA. Examples include our *IRS Tax Counseling for the Elderly* grant services; Senior Farmers Market program, local county senior tax grant projects, to name a few.

- **Telephone Reassurance Outreach:** Employees and volunteers regularly contact seniors to ensure they are receiving the support and services they most need to stay safely independent.

Older individuals and the caretakers of such individuals residing in rural areas.

- All of the strategies listed under the first general category also enhance rural outreach.
- SeniorAge stations four regional Field Care Coordinators in rural areas of our planning and service area.
- Care Coordinators stationed in the urban areas also provide service to rural residents and caregivers through phone and virtual assistance.
- Two-thirds of SeniorAge Senior Center service hubs are located in rural settings—assuring the availability of Older Americans Act service access.
- SeniorAge provides outreach meals in underserved rural areas to increase opportunities for seniors and their caregivers to become acquainted with Area Agency on Aging opportunities for assistance.
- SeniorAge provides *Tax Counseling for the Elderly* services in 30 rural locations. Often this service provides the first introduction to additional services seniors and their caregivers may access through SeniorAge.
- SeniorAge provides contract support for rural transportation
- SeniorAge provides direct assistance to rural seniors through special needs assistance, in-home meal service, and, in some rural areas, essential homemaker assistance and emergency alerts (through county senior service tax grants)

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

- All of the strategies listed under the first general category also extend into benefiting rural, older individuals and caregivers with the greatest economic need and those with language barriers.
- A particularly significant number of our Navigator and Tax Counseling for the Elderly (TCE) service participants are low-income, second-language, rural seniors and caregivers. Navigator services include those low-income persons between the ages of 60-64 who do not otherwise have adequate health care coverage. TCE services include applying for Property Tax Credit rebates for those low-income seniors who rely heavily on this source of annual assistance, and the preparation of state and local taxes at no cost to the senior brings much-needed revenue savings back to rural and low-income

senior homes.

- Our rural Senior Centers provide in-center and in-home meals and services that often alleviate hunger, isolation, and other challenges—especially in an inflationary climate. Many seniors on fixed incomes are burdened with devastating healthcare and housing costs. They may have no other support networks. These financially challenged seniors and caregivers find compassionate meals and support services through local Senior Center assistance.
- SeniorAge contracts with Language Link to ensure readiness in assisting seniors and caregivers who have limited English proficiency. We also have six bi-lingual individuals on staff who directly assist in such situations. Their contact information is distributed to all SeniorAge personnel to ensure knowledge of their availability.

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

- Once again, all of the strategies listed under the first general category also extend into reaching older individuals and caregivers, minority individuals, and rural residents with social opportunities.
- SeniorAge employees benefit from the cultural diversity training provided by USAging through seminar and virtual resources. SeniorAge also provides in-house training on inclusive outreach, cultural sensitivity, and the assurance of welcoming environments at all service locations, by all team members, and throughout all programming. Regional supervisory staff monitor for this success and compliance regularly.

Older individuals and the caretakers of such individuals with **severe disabilities**.

- SeniorAge collaborates with multiple service organizations in seeking ways we may join efforts to coordinate care for seniors with severe disabilities. These cooperative care plan services include Centers for Independent Living (for home modifications), Missouri State University (for occupational therapy), Ozarks Counseling Services (for counseling therapy), Abilities First (for consumer-directed service provisions), Family Services (for qualifying benefits enrollment), and ARC of the Ozarks (for developmental services).
- SeniorAge provides multiple services specifically dedicated to serving persons with severe disabilities, i.e, our Lemon Cafe group programs provide a dual environment of caregiver respite, fellowship, and encouragement as well as group fellowship for those under their care; the hosting of multiple

Alzheimer's support groups; HEARO services [a pilot project that installs and maintains specialized home technology and monitoring in residences for persons with severe disability]; special needs assistance for durable medical equipment; Patient Companion support services for those in need of care scaffolding to assure cognitive and physical success in understanding and carrying out physician instructions.

- SeniorAge ensures inclusive Senior Center environments where seniors with severe disabilities are anticipated, welcomed, and respected. All facilities are ADA-compliant or have modifications for access. Persons with severe disability receive table-side assistance with meal service.
- SeniorAge provides custom special assistance to persons with severe disabilities and their caregivers through the provision of adaptive equipment, caregiver respite services, caregiver counseling, special modes of transportation, healthcare subsidies, advocacy for expensive pharmaceutical expense relief, telephone reassurance outreach, qualifying benefits enrollment, and nutrition support.
- SeniorAge advocates for building modifications that respect the challenges of disability in housing and business locations.
- SeniorAge frequently provides letters of support for the development of additional accessible housing projects.
- SeniorAge prioritizes resource appropriation for seniors with severe disability.

Older individuals and the caretakers of such individuals with **limited English proficiency**.

- SeniorAge maintains a designated employee position responsible for assuring outreach to a diversity of cultural and linguistic populations. She also provides sensitivity training for the agency with regard to this outreach.
- SeniorAge translates key literature resources, provides counseling translation services, identifies and secures assistive resources in training and technology, and makes use of cultural social media outreach.
- SeniorAge maintains network connections with cultural support groups through emergency response collaboration, cultural diversity community fairs, and specialty cultural publications.
- SeniorAge promotes cultural and culinary celebrations through its Senior Center network services.

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

- In many ways, this area of outreach overlaps with the services listed elsewhere for individuals with severe disabilities and their caregivers.

- SeniorAge maintains an employee position designated, in particular, to the development of services for Alzheimer and dementia-challenged populations. He assists with trainings, public information presentations, support group organization, service networking, social media awareness, and sponsor networking. He is aided by the Care Coordination and Resource Development departments. He also participates in legislative advocacy.
- SeniorAge is also providing active support for a local Silver Haired Legislative initiative that seeks to advance new educational training requirements for senior healthcare and long-term care service providers.

Older individuals and the caretakers of such individuals **at risk for institutional placement.**

- SeniorAge recognizes that *all* seniors, and even their caregivers, are just one incident away from institutional risk, therefore, the entire spectrum of services provided in this review document also address this priority.
- Perhaps, in particular, our nutrition outreach delays institutionalization; however, it could be any number of our other service supports that enable seniors to maintain health, wellbeing, safety, and independence.
- SeniorAge's Telephone Reassurance outreach provides critical support and reassurance for many seniors who would otherwise "give up independence." This program is widely appreciated by isolated seniors and their caregivers for the compassionate, regular conversations that reassure and refresh courage and confidence.
- SeniorAge's provision of Medicaid meals, through DHSS referrals, give us opportunity to introduce these typically low-income, socially isolated, and high-risk individuals to additional supportive services. We complete a thorough assessment of their needs in the course of our care coordination.
- SeniorAge's commitment to providing seven (7) meals a week to all seniors on in-home meal programs (rather than the typical 5 meals) strengthens their foundation of nutrition. Nutrition is the bedrock of sustained health and independence.

Population	FY2025 # Reached	Change from FY2024 (+/-)	% Difference between SFY2024 and SFY2025
Unduplicated Persons	36,070	+28	0%
Units of Service	1,921,300	-125,506	-9%
Older Rural Adults	18,220	+555	+3%
Older Adults with GEN	5,014	-437	-8%
Older Adults with GSN	19,289	-188	-1%
Older Adults with Severe Disabilities	NCC	NCC	Intend to add to

			IDS/Cumulus for collection in the future
Older Adults with Limited English Proficiency	74	+10	+16%
Older Adults with Alzheimer's or related Dementias	NCC	NCC	Intend to add to IDS/Cumulus for collection in the future
Older Adults at Risk for Institutional Placement	105	NCC	Not previously collected
Older Adult Survivors of the Holocaust	NCC	NCC	Intend to add to IDS/Cumulus for collection in the future
Caregivers age 18+ of Older Adults	3,815	+1,887	+98%
Older Adult Caregivers of Children	1	NCC	Not previously collected
Older Adult Caregivers of Adults with Disabilities	132	-56	-30%
Caregivers of any age for persons with Alzheimer's and Related Dementias	16	+11	+300%

*NCC=Not Currently Collected*

## **\*SeniorAge Attachment J - Annual Information and Assistance Referral Report**

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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.

SeniorAge maintains a robust information and referral network of outreach. This service is provided by every staff member, board member, and volunteer of SeniorAge to some degree as an expectation of employment and volunteering outcomes. Those who are primarily engaged in culinary services and other realms of supportive endeavors receive basic education and orientation to the various types of services and assistance provided by our programs, equipping them with the ability to provide general guidance to the correct internal intake system.

Our agency organization provides several layers of outreach personnel who are more directly educated in the referral and delivery of a panorama of services beyond nutrition. These individual advocacy service positions include 27 Senior Center Leads, 21 program managers, 10 Care Coordinators, 80 Tax Counseling for the Elderly volunteers, 10 Executive Board Members, 10 Advisory Members, and 1125 general service volunteers.

In addition, our employees serve on more than 12 community service and civic boards and councils, at which they provide networking awareness of our programs and services. This information is then distributed across the various partnering and supportive community service agencies across our PSA.

Beyond our one-on-one counseling and service delivery outreach (itemized below), individual advocacy, and grass-roots networking activities, we also provide well over 3151 Public Information education sessions annually, virtual newsletters, and opt-in call multiplier text and voice message information throughout our PSA.

Our delivery of information and assistance outreach includes coverage of the following opportunities:

- Options Consulting
- Telephonic Assessment Sessions
- Nutrition services (in-center and in-home)
- Nutrition education

- Wellness Education Programs
- Caregiver Support Programs
- Mental Health Counseling Programs through Grants and Partnering Networks
- Patient Companion Services (for those who would otherwise navigate health appointments and subsequent instructions alone)
- Medicare Resources
- Transportation Opportunities and Avenues of Assistance
- Veterans Benefits Counseling
- Low-Income Housing Assistance
- Discretionary Assistance for Needs Identified in Care Coordination
- Tax Counseling for the Elderly
- Farmers Market Senior Nutrition Electronic Voucher Program
- Volunteering Opportunities and Education in their Quality of Life Value
- Social and Recreational Opportunities in Senior Activity Centers and with Partnering Entities
- Public Benefits Assessments and Enrollment Assistance
- Technology Assistance
- Home Safety Upgrades and Installments
- In-Home Service Assistance as Appropriate and Available
- Durable Medical Assistance
- Home Modification through Grant Alignment with CILS and CACs, as well as the Council of Churches
- Holiday Gift Programs
- Cultural and Linguistic Assistance
- Recreational Opportunities
- Legislative Advocacy
- Ombudsman Services
- Legal Aid Services
- Navigator Services
- Referral to Medicaid Services
- Scam Alert and Prevention Services
- Alzheimer Network Services
- Collaborative Referrals to CACs, CILs, Give5, SSA, and Family Services
- Long-Term Care Facility Guidance—Providing Lists and Contacts with Appropriate Facilities
- Public Information Presentations
- Choice Program Opportunities
- Foot Care Clinics and Other Health Clinic Services
- Diversity Fairs and Venues
- Long-Distance Caregiver Support
- Advocacy in Reconciliation of Medicare Billing and Hospitalization Appeals

- Telephone Reassurance
- Partnering to identify social determinants of health
- QPR training with assistance through a partnership for suicide prevention
- Assistive Technology Services

All units of Information and Assistance are logged into AgingIS, whenever possible with identifying contact information. Our team members routinely follow up with seniors regarding ongoing needs and outcomes. We recognize the need for double or triple the Information and Assistance/Care Coordinator staffing to increase follow-up generously, but we have a stellar team prioritizing follow-up to the greatest extent possible. In most instances, we do not simply “refer” a senior to a complimentary service to meet their needs. We create a bridge of contact ourselves, often scouting out the information needed, and ourselves conveying those findings to the senior.

Addressing the increasing unmet needs of the senior population in our area is crucial for ensuring their health, safety, quality of life, and overall well-being. As the senior population continues to increase, so do the unmet needs. Primarily, these unmet needs are due to demand on services rising well above what we are able to sustain through current budget funding. The growing list of unmet needs includes:

- Nutritional needs: Ensuring access to balanced and nutritious meals to support overall health and well-being.
- Developing affordable housing options for seniors including subsidized housing, senior housing communities, and age-friendly housing designs. Offering financial assistance programs, property tax relief, and affordable housing is necessary to alleviate financial burdens.
- Medication management: Assisting with medication schedules, the dosage amount, and ensuring proper adherence to prescribed medications. The financial burden to pay for medications is overwhelming.
- Pain management: Addressing and managing chronic pain or discomfort through appropriate medical interventions and therapies.
- Personal hygiene: Assisting with activities of daily living such as bathing, grooming, and toileting to maintain hygiene and dignity.
- Regular medical and health check-ups: Facilitating access to healthcare professionals for routine screenings, monitoring chronic conditions, and addressing emerging health concerns.
- Social isolation is increasing. The need for connection, acceptance, and belonging impacts overall well-being and quality of life. Providing emotional support, social engagement and opportunities for meaningful interactions can promote great care for seniors.
- Educating seniors, caregivers, and the community on the signs of abuse, neglect, and exploitation, and providing resources for reporting intervention.

Implementing safeguards such as background checks for caregivers and monitoring systems in care facilities can help protect vulnerable seniors.

As the senior population increases, social isolation, inadequate medical and physical care, food insecurity, housing insecurity, poverty, and abuse/neglect/exploitation are creating complications and unmet needs every day. The goal to fulfill these unmet needs is to help provide dignity and security for the seniors.

## SeniorAge 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.**

Coordination with Missouri Department of Mental Health & Department of Health and Senior Services to ensure individual disability needs are met:

Our organization supports the Department of Mental Health campaigns for suicide prevention by distributing the literature and posters annually, as well as including it in our education programs. We include referral to crisis hotline information and the Mental Health First Aid resources. We continue using the mental health resources on the website in our social media campaigns, care coordination, and public education. We have also developed a county by county mental health resource guide so that each of our senior centers are well-equipped to provide appropriate referrals.

We are continuing our growing partnership with Burrell Behavioral Health, as they serve our entire PSA. They have focused their efforts on 55+ counseling programs to which we are able to refer. We are working on other partnership opportunities with them in how to get their resources out to our senior center in-center dining, as well as, home delivered meal participants. We have scheduled some open to anyone, mental health QPR training at multiple locations.

We have integrated into our benefits program an EAP (Employee Assistance Program) that assists internal employees who are struggling with mental/behavioral challenges. What they learn, compassionately, in their own experiences, as explored in this counseling, multiplies rewards in their outreach work with our seniors.

Our Care Coordinators frequently find themselves in the position of advocating for seniors who struggle with various forms of mental challenges—in housing, social, and benefits environments. We seek to increase our training opportunities available

to every employee in strengthening their abilities to recognize and advocate for seniors in distress, as well as referring them to appropriate professional assistance. Most of our current employees in many counties have completed Question, Persuade, Refer training to help in their work. More employees will be trained as we are scheduling a Train the Trainer with this training.

We recognize the critical importance of social inclusion in helping mitigate mental struggles. To this end, we work to increase the scope of recreational and wellness opportunities through our senior activity centers, as well as through partnerships with park boards and fitness organizations. We also found it to be of remarkable value, through COVID isolation, to scale up our reassurance calls and virtual visits with seniors. We continue to see the value of the reassurance calls, we set a goal to make more of these reassurance calls, this goal will grow each calendar year.

Concerning our work with persons of disability, we provide some meals to persons of disability, ages 18-59, under SSBG dollars, through the Department of Health and Senior Services allotment table. Those who live in housing units served by our senior meals also qualify for our meal program under these funds.

We invite persons with disability impairment to work directly in our food service outreach, qualifying them for a contribution-based meal and the opportunity to be accepted and appreciated in an accepting and fulfilling environment. Our Care Coordinators are educated, through in-service training, and through training provided by DHSS, in resources available to those with developmental disabilities, and we refer eligible seniors to enrollment in their many programs of service, including consumer-directed services. Where appropriate, our Care Coordinators can assist with assuring that these services flow smoothly and provide watch-care and communication back to development disability staff if requested.

We work closely with our Community Action Corporations and Centers for Independent Living to collaborate on service delivery and leveraging funding to ensure that those most in need are prioritized. We have formed a partnership with Abilities 1st and will have their spokesperson at a Lunch-n-Learn soon.

Our transportation programs with OATS and Medicaid transportation providers are often in conjunction with complementary programs that serve people with disability, leveraging resources to help both populations. Our Tax Counseling for the Elderly and Navigator health Care services are often called upon to help persons with disabilities, as well as older adults.

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.**

Coordination with DHSS to enhance awareness of adult abuse, neglect, and exploitation and removal of barriers to this topic:

SeniorAge partners with the Missouri Department of Health and Senior Services to conduct public education campaigns. These efforts include distributing informational materials, hosting community events, and using media outlets to inform the public about the signs of elder abuse, neglect, and exploitation. We also collaborate with DHSS to provide training for our team members who work with older adults. These trainings cover how to recognize the signs of elder abuse, how to respond to potential cases, and the legal responsibilities for reporting abuse.

SeniorAge is actively involved in reporting suspected elder abuse. We often serve as a point of contact for individuals or families who suspect abuse, neglect, or exploitation. We then refer these cases to the appropriate authorities within DHSS or other relevant state and local agencies. This collaborative approach ensures that reports are handled promptly and appropriately.

SeniorAge also plays a key role in removing barriers to education, prevention, investigation, and treatment of abuse, neglect, and exploitation for older adults and their caregivers. Through its programs and services, we help ensure that older adults have access to the resources, support, and protection they need. We provide educational resources in various formats, including brochures, online materials, and presentations, to ensure that people of all backgrounds can understand the issues and recognize potential warning signs.

SeniorAge provides services designed to support caregivers, such support groups. By helping caregivers manage the challenges of caring for an older adult, we help reduce the likelihood of neglect or mistreatment. Caregivers who have access to these services are less likely to feel overwhelmed or isolated, which can lead to situations of abuse.

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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 service referrals to Missouri Assistive Technology to help older adults access and use assistive technology to enhance their lives.**

Coordination with Missouri Assistive Technology:

Many of our team members were able to attend the most recent Missouri Summit on Aging, which provided an informative session on their services. Information has been disseminated out to our care coordination team to ensure they have all necessary information on making appropriate referrals to Missouri Assistive Technology.

We have also implemented a pilot program with multiple clients and the use of in-home assistive technology: pendants, watches, automated emergency alerts, sensors, tablets that interface with all the equipment and lights in the home. We continue to provide pendants to approximately 580 participants.

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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.**

SeniorAge's Comprehensive, Coordinated System for Care in Community-Based Settings:

By collaborating with other local agencies, analyzing the system, implementing evidence-based programs, and ensuring public access to critical information, SeniorAge works to ensure that older adults and their family caregivers have access to services that meet their needs and preferences. We collaborate with a wide range of local public and private organizations, including healthcare providers, housing authorities, community-based organizations, and government agencies.

SeniorAge works to align activities across various sectors, ensuring that services are delivered in a way that prevents duplication, gaps, or confusion. For instance, we coordinate with senior housing programs and healthcare providers to ensure that services such as in-home health care, caregiver support, and meal programs are efficiently managed. We provide resources of information across all levels of care including Independent Living, Assisted Living and Skilled Nursing communities.

We conduct regular needs assessments to understand the evolving preferences of older adults and their families. Through surveys, focus groups, and direct interactions, SeniorAge collects data on the types of care that seniors prefer, such as in-home care, community engagement, or other home-based services. We offer caregiver support groups in a variety of locations to offer emotional support and resources. Our unique perspective allows us to blend Alzheimer's Association and SeniorAge resources well. We bring in guests every quarter when possible, such as: elder law, hospice, home health, therapists, and an author among others.

We also assist with Vendor Medicaid, when needed. We provide services to assess clients in the Home Community Based Services, in efforts to help older adults stay independent, based out of their home. We provide information with the Ombudsmen program to those seeking assistance with any issues a resident may have. One of SeniorAge's primary objectives is to prevent unnecessary institutionalization by providing targeted services to those at risk of moving to a nursing home or other

institutional setting. SeniorAge uses data and client assessments to identify older adults who are at risk for institutional placement and develops plans that provide services designed to allow them to remain in home and community-based settings. This includes offering case management, respite care, and other support services that help maintain the individual's independence.

SeniorAge implements evidence-based programs that aim to improve the health and well-being of older adults. These programs focus on preventing injury, disease, and disability. Examples include falls prevention programs and nutrition education, which help older adults manage conditions like diabetes or arthritis while reducing the risk of hospitalization or institutionalization.

SeniorAge ensures that older adults and their families have access to information on the importance of planning for long-term care. Through printed materials and appropriate referrals, SeniorAge educates individuals on the benefits of early planning, including understanding financial and legal aspects of long-term care and exploring options for aging in place. We provide referrals, information about available services, and guidance on how to access public and private long-term care programs. We also work to ensure that older adults and their caregivers are aware of the full range of long-term care options available, from home and community-based services to nursing facilities.

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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.**

SeniorAge's Case Management Services:

SeniorAge is committed to ensuring that the case management services it provides meet specific requirements that prevent duplication, promote coordination, and prioritize client autonomy. During the intake process, SeniorAge case managers conduct thorough assessments to determine whether an individual is already receiving case management services from other providers. If an individual is already receiving case management services from another agency (e.g., Medicaid or a hospital), SeniorAge will not duplicate these services but will refer the individual to the appropriate program. They will also coordinate care by communicating with case managers from other programs, ensuring that services such as healthcare, housing assistance, and nutrition programs are aligned.

To ensure that case management services meet the required standards, SeniorAge will: Ensure transparency and client choice by providing clients with a list of service providers, ensuring they understand their right to make independent choices, and documenting that clients have received this information; Maintain ethical standards by training case managers to act as advocates for the client and not as promoters for the agency, ensuring that the client's interests always come first; Waiver for rural areas will be applied when necessary, but even in those cases, SeniorAge will prioritize client autonomy and ensure the best possible service delivery. Through these efforts, SeniorAge ensures that case management services are delivered ethically, efficiently, and in a manner that respects the preferences and needs of older adults, while coordinating effectively with other service providers.

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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,
- Title II of the Domestic Volunteer Service Act of 1973,
- Titles XVI, XVIII, XIX, and XX of the Social Security Act,
- Sections 231 and 232 of the National Housing Act,
- The United States Housing Act of 1937,
- section 202 of the Housing Act of 1959,
- title I of the Housing and Community Development Act of 1974,
- title I of the Higher Education Act of 1965 and the Adult Education and Family

Literacy Act,

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

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

We will continue to collaborate, seek information to disseminate, and utilize said services they bear to further the assistance and independence of older adults in our service area. SeniorAge will meet the mandate for coordination of federal services as applicable. We have incorporated collaboration with partners identified in aforementioned programs into our policies and procedures.

## SeniorAge 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 programs that require a participant to qualify based on their income or assets.

### AAA Response:

SeniorAge matching funds are met through several avenues. Senior Tax Board Grant funding is substantial in several of our counties. The match from these funds helps expand senior services in those counties as well as provide critical match for senior programs. We also rely heavily on In-Kind Volunteer hours. Our over 1,100 volunteers are critical to helping services run throughout our planning and service area. These volunteer hours add a great deal of match value, especially to our home delivered and congregate meal programs. In recent years, Senior Services Growth and Development has provided match opportunities through all of our programs. We make sure we use at least 50% of this funding for expanding the programs and services of our senior centers. There are smaller avenues of match funding that are used such as donations specifically for programs and also interest earned on bank accounts.

### 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:

SeniorAge conducts fiscal monitoring on an annual basis or more frequently, if warranted, based on concerns or findings from prior reviews. During reviews, SeniorAge examines the financial records ensuring that income, expenditures, and allocation of funds are properly documented and in alignment with the service contract terms. Reimbursement reports are compared to supporting documentation, checking that invoices and billing processes adhere to contract stipulations, with proper documentation to support claimed expenses. During the exit interview portion of monitoring, the provider's process for collecting contributions is reviewed, a copy of the contribution letter is obtained, and records are reviewed. We review that donations are recorded separately from other funding sources and that they are

used for their intended purposes. Any issues of non-compliance are addressed at the exit interview, documented in the write back letter, and followed up on as appropriate.

#### Allocation Methodology

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

#### AAA Response:

For many services, SeniorAge conducts a Request for Proposals (RFP) or Request for the Qualifications (RFQ) process to select providers. SeniorAge publishes an RFP or RFQ that outlines the scope of services, eligibility requirements, and selection criteria. Service providers submit proposals that demonstrate their ability to deliver the specified services, including details about their experience, staffing, and financial stability. We review the proposals based on factors such as quality of service, cost-effectiveness, provider experience, and compliance with the Area Plan and funding priorities. Based on the evaluation, contracts are awarded to the highest-scoring providers, with funds allocated based on the proposed service plans and budgets. For certain ongoing programs, funding allocation may follow a formula-based approach, where funding amounts are determined by specific criteria, such as: The number of individuals served, Geographic area served, and Service type (e.g., nutrition, transportation, etc.) In these cases, SeniorAge uses predefined formulas to allocate funding in a consistent and equitable manner. This ensures that providers receive a fair share of available resources based on the size and scope of their service delivery.

#### 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:

We anticipate our budget resources to be very similar to our last fiscal year. The current demand on certain portions of our programming outweighs the resources we have to provide those services, so to stay on budget, we have had to implement waiting lists for home delivered and carryout meals. Additionally, as we have retirements or other voluntary attrition, we are looking to see where those responsibilities could be absorbed within the organization. We will continue to rely on critical funding through Medicaid contracts and grants to be able to sustain wages, benefits, and programming. We do hope that the legislature will approve a much

needed increase to the Home Delivered Meal reimbursement rate. If this is approved, it would reduce the demand on our Older Americans Act resources.

## \*SeniorAge Attachment M - Proposed Budget for SFY2027

Complete the budget below including the total funds allocated, broken down by the spending category the budget is proposed to cover for SFY2027. 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	DHSS Funded Automation Cost	Unbudgeted	Set Aside for Next Year	Total
DHSS Allotment Funding	392,861	725,540	114,486	1,505,259	2,475,155	56,968	458,295		388,622		6,117,186
MEHTAP	26,400	117,950									144,350
Medicaid-HDM	195,750				2,251,125						2,446,875
Medicaid-Other		708,675									708,675
Program Income		17,025		1,425,000	125,000	7,500	14,275				1,588,800
Interest Income	8,050	15,750		3,025	2,300		950				30,075
Other-DHSS Match		1,467,000		160,650	68,850		83,475				1,779,975
Other-Non-DHSS Match				11,475	1,200						12,675

## **SeniorAge Attachment N - Definitions and Approved Services for SFY2027**

Area Plan Definitions, including approved services for SFY2027 can be found in box.com at <https://stateofmissouri.box.com/s/fc2mowaci2eeu4hnondjz02aft9tzkd3>

## **SeniorAge Attachment O - Public Comments**

SeniorAge will obtain public views of eligible older adults and caregivers in regards to our Area Plan by providing widespread accessibility to the Area Plan and collecting public comments. We will post the Area Plan on our website and drive traffic through our Facebook platform. We will make regular announcements at our senior centers to encourage participating seniors to comment on the Plan. Finally, we will conduct a public hearing to gather input.

## \* SeniorAge Pre - Approved Direct Services Waiver

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

B. **Regulation Language:**

The area agency shall use subgrants or contracts with service providers to provide supportive services, nutrition services, and/or in-home services under all Older American Act (OAA) funding sources. For waiver of this requirement, the area agency 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's administrative functions; or (C) Where those services of comparable quality can be provided more economically by the area agency.

C. 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 Information
- Ombudsman
- Advocacy/Silver Haired Legislature
- Supplemental Services
- Congregate Meals
- Home Delivered Meals
- III D Services
- III E National Family Caregiver Services
- Case Management

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

(List Services)

Telephone Reassurance  
Minor Home Repair  
Financial Assistance  
Volunteer Services  
Medical/Incontinence Supplies  
Nutritional Supplies  
Durable Medical Equipment  
Nutrition Education

Health and Wellness  
Interpretation  
Recreation  
Support Groups  
Assessment & Care Planning  
Nutrition Counseling

January 2026

## SeniorAge General Waiver Requests

### SeniorAge Area Agency on Aging V.3 General Waiver Request

A. Cite Regulation: 19 CSR 15-4.170(14)  
B. Regulation Language:

(14) The area agency on aging shall submit monthly invoices for reimbursement of expenditures to the division within twenty one (21) days after the close of each fiscal month on forms prescribed by the division.

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

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

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

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

Turning our monthly invoice for reimbursement within 21 days after the close of a fiscal month

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.

Our agency is managing a very large budget, with sources of revenue and many contractors. Sometimes it is not possible to get the prior month closed out and monthly invoice completed by the 21st. Additionally, our fiscal staff serving to complete these tasks are relatively new to them and take a little more time processing. We are typically able to turn our monthly invoice in by the 23rd of the following month and always communicate with the department if there are extenuating circumstances.

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:**

August 2023

SeniorAge Area Agency on Aging  
V.3 General Waiver Request

Richard Meyerkord Richard  
Signature of Chairperson of Board Name of Chairperson of Board

3-22-24  
Date

Becca Fields Becca Fields  
Signature of AAA Director Name of AAA Director

3-21-2024  
Date

Determination of State Unit on Aging:

Waiver Period Approved

State Fiscal Year

Life of the Plan

Other (Specify) \_\_\_\_\_

Mandy Miski  
Signature of Chief, Senior Programs

Mandy Miski 4/2/24  
Bureau Chief, Senior Programs Date

Jacob Huelwing  
Signature of DSDS Management

Jacob Huelwing 4/2/24  
DSDS Management Date

Waiver Denied

Waiver Denial Reason:

August 2023

SeniorAge Area Agency on Aging  
**V.3 General Waiver Request**

**A. Cite Regulation: 19 CSR 15-**

1. 19 CSR 15-7.010(5)
2. 19 CSR 15-7.060 (6)
3. 19 CSR 15-7.040 (4)

**B. Regulation Language:**

1. 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
2. Equipment Requirements
3. 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.

**Current Service Category: Nutrition Service:** (1) A unit of nutrition service is one (1) meal—(A) Served to a service recipient in a center for congregate nutrition services; or (B) Delivered to a homebound service recipient's home for home-delivered nutrition services.

**Proposed Alternative: CHOICE program:** nutrition, educational, social or healthy living opportunities that help seniors maintain their physical and mental health provided in a non-traditional setting offered at satellite sites on varying days throughout the month. All meals (when offered as part of the program) meet the required daily nutrition standards. The following relates to the above request for waiver by number:

1. Each facility in which the CHOICE program is provided in compliance with the applicable state and local fire and safety laws and will have its own fire escape plans.
2. The food served at these locations is being prepared off-site by a commercial kitchen and delivered using appropriate food handling precautions. SeniorAge will ensure food is kept at the required temperature during delivery and until the food is served.
3. As these satellite locations do not meet the requirements for a standing senior center, lunch is not served 5 days per week.

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.

This program allows SeniorAge to reach senior populations that are not being served in a traditional senior center setting. In addition, we are providing education and outreach to seniors where they already naturally gather. Through establishing partnerships and outreach efforts, we are providing new opportunities for seniors to be educated about SeniorAge programs and services. In addition, we are able to provide community resources to seniors who had been previously unaware of such services. Some seniors engaged through CHOICE programs have found ways to integrate into senior centers through volunteerism and other opportunities.

August 2023

SeniorAge Area Agency on Aging  
**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:

Richard Meyerkord Richard Meyerkord 3-22-24  
Signature of Chairperson of Board Name of Chairperson of Board Date

Becca Fields Becca Fields 3-21-2024  
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) \_\_\_\_\_

Mandy Wistad  
Signature of Chief, Senior Programs

Mandy Wistad 4/2/24  
Bureau Chief, Senior Programs Date

Jacob Ruckering  
Signature of DSDS Management

Jacob Ruckering 4/2/24  
DSDS Management Date

**Waiver Denied**

Waiver Denial Reason:

August 2023

**SeniorAge Area Agency on Aging  
V.3 General Waiver Request**

A. Cite Regulation: 19 CSR 15- 4.240(5)(B)  
B. Regulation Language: (5) Eligibility of individuals to receive nutrition services shall be determined as follows: (B) Any person aged sixty (60) years or over who is homebound by reason of illness, incapacitating 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. The following conditions shall be met:

**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.

We are requesting the waiver of the homebound status for receiving a home delivered meal, which will allow us to provide a carryout meal for seniors who are unable to eat their meal in the congregate senior center meal setting. We will allow participants to come to the center, sign in and complete the DETERMINE assessment. Upon completion of the assessment, the participant will visit with the Senior Center lead as to why they are either unable to return regularly to the center for congregate meals or if they cannot eat their meals in a congregate setting. Situations where this would be allowable would be incontinence, an illness or medical concern that would last multiple weeks, and providing care to someone who cannot be left alone. If a reason falls outside of these parameters, the senior center lead would consult with our nutrition specialist to see if it would be an allowable exception. Once this need for service has been demonstrated, they will be allowed to participate in Carryout meals and the meals will be logged appropriately. We will allow carryout meals in all of our direct senior centers. If we have to develop a waitlist, we will use the sample tool provided to us by DHSS.

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

Through Covid emergency provisions, we exercised the flexibility to provide drive through and/or carryout meals. This provided a much needed nutrition provision during a time when our seniors were, in particular, very vulnerable. Additionally, it introduced seniors to our program who had never known about us before. Since carryout meals have been a wonderful success, and because there remains a significant need for continuing this service post-Covid, we are requesting this waiver to allow this type of meal to continue. Seniors who are caregivers, and can only be away from their loved-one for brief periods of time are using this service to the benefit of both seniors in the household.

We have some participants who, due to disease conditions, do not feel comfortable eating in front of other patrons. They can come to the center for other services and socialization, then take their meal with them to-go, eating at home, preserving their dignity.

August 2023

SeniorAge Area Agency on Aging  
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:**

Richard Meyerkord Richard Meyerkord 3-22-24  
Signature of Chairperson of Board Name of Chairperson of Board Date

Becca Fields Becca Fields 3-21-2024  
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) \_\_\_\_\_

Mandy Ulstar  
Signature of Chief, Senior Programs

Mandy Ulstar  
Bureau Chief, Senior Programs 4/2/24  
Date

Judie Rutherford  
Signature of DSDS Management

Judie Rutherford  
DSDS Management 4/2/24  
Date

**Waiver Denied**

Waiver Denial Reason:

August 2023

SeniorAge Area Agency on Aging  
**V.5 General Waiver Request**

- A. Cite Regulation: 19 CSR 15-4.245 (12) Senior Centers. (C) 1.2.
- B. Regulation Language:

(C) Each senior center shall provide—  
1. Services to older adults at least five (5) days per week with sufficient hours to meet community needs;  
2. Hot or other appropriate meals at least once a day, five (5) or more days a week;

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

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

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

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

Each senior center shall provide services at least 5 days per week. This would apply to Ebenezer (open 1 day/week) Hartville (open 2 days/week) and Cape Fair (open 3 days/week).

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.

Some of the senior centers in our planning and service area do not have the budget nor the demand to be open 5 days per week, especially in very rural areas. We want to encourage more gathering of seniors, not less, and by allowing centers that are open fewer days, we are able to maintain a senior center in a community, rather than close it altogether. Seniors who would be eligible for home delivered meals may receive services in lieu of congregate meals if need is present. If they are not eligible for home delivered meals, they could access meals at their next closest senior center.

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

**Waiver Period Requested**

State Fiscal Year

Life of the Plan

Other (Specify) \_\_\_\_\_

January 2026

SeniorAge Area Agency on Aging  
**V.5 General Waiver Request**

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

 Judith O. Warren  
Signature of Chairperson of Board Name of Chairperson of Board

1/21/2026  
Date

 Becca Fields  
Signature of AAA Director Name of AAA Director

1-2-2026  
Date

**Determination of State Unit on Aging:**

**Waiver Period Approved**

State Fiscal Year

Life of the Plan

Other (Specify) \_\_\_\_\_

Signature of Chief, Senior Programs

Bureau Chief, Senior Programs

\_\_\_\_\_  
Date

Signature of Director, DSDS

Signature of DSDS Director

\_\_\_\_\_  
Date

**Waiver Denied**

Waiver Denial Reason:

January 2026



## 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

SeniorAge 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 <u>Updated</u> 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	REMOVED REPLACED	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	REMOVED REPLACED	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	[REDACTED]	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	[REDACTED] [REDACTED], 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	[REDACTED]	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	[REDACTED]	See additional information below.	1.39 AAA Oversight and Monitoring of Contracted Service Providers
19 CSR 4.230: Multipurpose Senior Center	[REDACTED] [REDACTED]	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	[REDACTED]	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**—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 ~~numerous changes~~ 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 [REDACTED] 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 [REDACTED] with the bolded and highlighted words:

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

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

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

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

### **19 CSR 15-4.180 Area Agency on Aging Advocacy Responsibility**

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

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

This section will be **revised** 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, **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, **A description of the methods and procedures used to assure that services are provided to older adults and caregivers 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 **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 **, 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 **residing in the PSA have reasonably convenient access to information and assistance systems.**

### **19 CSR 15-210 Area Agency on Aging Grievance Procedures**

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

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

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

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

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

### **19 CSR 15-4.230 Multipurpose Senior Center**

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

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

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

#### **19 CSR 15-4.260 Outreach Services**

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

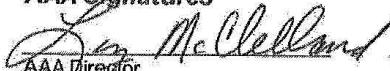
#### **19 CSR 15-4.270 Legal Assistance**

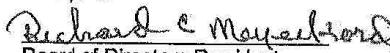
The following will be waived:

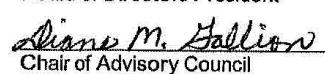
- (1) The area agency on aging shall award funds to the legal assistance provider(s) that most fully meets the following requirements. The legal assistance provider(s) shall—
  - (A) Have staff with expertise in specific areas of law affecting older adults with economic or social needs, for example,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

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

#### **AAA Signatures**

12-10-24  
Lynn McClelland, AAA Director Date

12-6-24  
Richard C. Maynard, Board of Directors President Date

12-10-24  
Diane M. Gallion, Chair of Advisory Council Date

#### **SUA Signatures**

12/12/2024  
Mindy Ulstad, BSP Chief Date

12/12/24  
Melanie Highland, DSDS Director Date

## SeniorAge Conflict of Interest Forms



SeniorAge

### 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 SeniorAge co-CEOs 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 SeniorAge co-CEOs of any potentially perceived or actual conflict of interest.

Name

Judith O. Warren

Signature

Date

Judith O. Warren 12/19/2025



## SeniorAge

### 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 SeniorAge co-CEOs 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 SeniorAge co-CEOs of any potentially perceived or actual conflict of interest.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

AAA Director Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## SeniorAge

### 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 SeniorAge co-CEOs 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 SeniorAge co-CEOs of any potentially perceived or actual conflict of interest.

Employee Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

co-CEO \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**SeniorAge**  
**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 SeniorAge co-CEOs 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 SeniorAge co-CEOs of any potentially perceived or actual conflict of interest.

Board Member Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

co-CEO \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## SeniorAge

### 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 SeniorAge co-CEOs 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 SeniorAge co-CEOs of any potentially perceived or actual conflict of interest.

Advisory Member Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

co-CEO \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## SeniorAge

### 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 SeniorAge co-CEOs 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 SeniorAge co-CEOs of any potentially perceived or actual conflict of interest.

Volunteer Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

co-CEO \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_