



Area Plan for the State Fiscal Year 2027

Area Agency on Aging, Region X
Serving Barton, Jasper, Newton, and McDonald Counties

Central Office
531 E. 15th Street
Joplin, MO 64804
(417) 781-7562

Table of Contents

Contents

Executive Summary	2
Context of the Area Plan.....	4
Current Service Coverage Charts*	14
Quality Assurance Process	16
Goals, Objectives, Strategies, and Activities*	17
10-Year Outlook for Area Agency on Aging, Region X*	20
Attachment A - Area Plan Submittal and Verification of Intent	24
Attachment B – Area Plan Assurances	26
Attachment C – Information Requests*	45
Attachment D – Area Agency on Aging Organizational Information*.....	76
Attachment E – Area Agency on Aging Advisory Council Information*.....	80
Attachment F – Area Agency on Aging Board of Directors Information.....	83
Attachment G – Data*	85
Attachment H – Senior Center Listing.....	90
Attachment I – Public Education Evaluation Report*.....	92
Attachment J – Annual Information and Assistance Referral Report*.....	97
Attachment K – Description of Coordination with Required Partners*.....	101
Attachment L – Fiscal	110
Attachment M - Proposed Budget for SFY2027*	112
Attachment N – Definitions and Approved Services*.....	113
Attachment O – Public Comments*	114
Pre-Approved Direct Services Waiver	115
General Waiver Requests.....	116
Conflict of Interest Forms	143

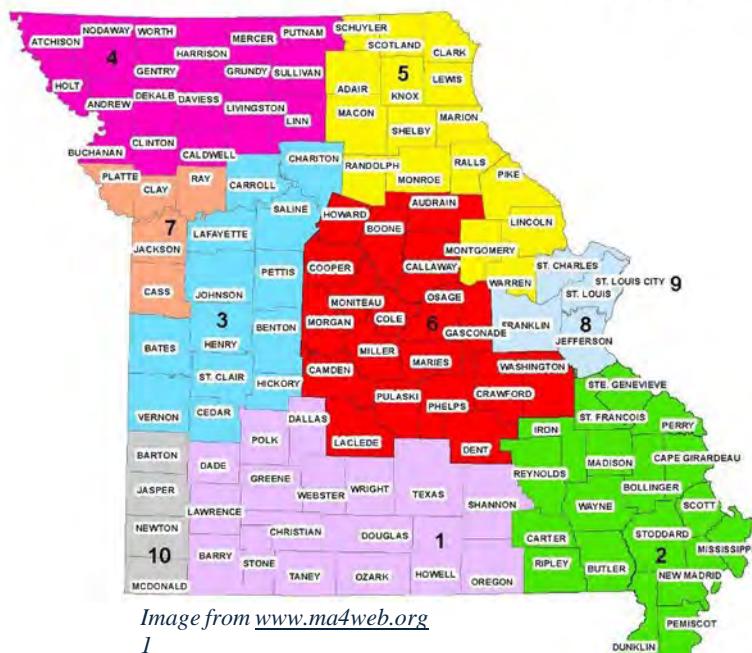
*Updated for FY2027

Area Agency on Aging, Region X State Fiscal Year 2027 Area Plan Executive Summary

The area agencies on aging (AAAs) were established under the federal Older Americans Act (OAA) of 1965. The OAA was created in response to the growing need for community-based social services for older adults. The legislation was aimed at addressing the wide-ranging needs of this population by providing a comprehensive framework for the organization and delivery of services.

The OAA mandated the creation of State Units on Aging (the Department of Health and Senior Services is the SUA in Missouri), which in turn were responsible for establishing AAAs at the local level. These agencies were tasked with planning, developing, and coordinating a variety of community services to support older adults. The goal was to help older individuals maintain their independence and dignity, allowing them to live in their own homes and communities for as long as possible. Nationally, AAAs play a crucial role in the aging network, which includes a wide array of service providers and organizations dedicated to supporting older adults. Currently, there are 618 area agencies on aging in the United States with the ability to shape their services to meet the local needs of older adults while meeting the Title III requirements of the OAA mandates.

Missouri Area Agencies on Aging



Newton, and McDonald Counties. The nutrition program remains AAAX's largest service with about 361,000 meals provided last year, either served in a congregate setting at one of our six senior centers and eight meal sites, or home delivered to homebound older adults. Other services include in-home care, transportation funding to state-wide and local providers, health and wellness programs, caregiver support, and much, much more. If it touches the life of an older adult, AAAX either provides a service to support it or has collaborated with other community-based organizations to fill the need.

In 1978, the tenth Area Agency on Aging in Missouri, our Region 10, was created with a planning and service area that includes Barton, Jasper, Newton, and McDonald Counties in Southwest Missouri. Area Agency on Aging, Region X (AAAX) is a private, nonprofit corporation governed by a Board of Directors. For over 48 years, AAAX has served the older adults in its communities.

AAAX serves as a vital resource for older adults and their families and caregivers. Our mission is, and we are dedicated to, promoting independence, dignity, and well-being among the aging population. Our agency acts as a central hub for coordinating and delivering a wide range of services designed to meet the diverse needs of older adults in our area.

In Fiscal Year 2025 (FY25), AAAX provided over a half million units of service to older adults and their caregivers in Barton, Jasper,

AAAX also prioritizes advocacy and uses its position in the aging field to influence legislative policy. We advocate for policies and programs that support the needs of older adults at the local, state, and federal levels. The ten Area Agencies on Aging in Missouri come together to form the Missouri Association of Area Agencies on Aging (ma4). Individually and collectively, our goal is to influence positive changes that enhance the quality of life for our aging population and, where appropriate, delay the institutionalization of older adults in the community.

AAAX has a significant impact on the lives of older adults in our community. Through our comprehensive services, networking, and advocacy efforts, we strive to ensure that older adults can live independently, with dignity and respect. Looking ahead, we aim to expand our services, increase community engagement, and secure additional funding to meet the growing needs of our aging population. Our vision is to be the leading advocate and resource for older adults, ensuring they live with dignity, independence, and a high quality of life through comprehensive and coordinated services. This vision emphasizes AAAX's commitment to advocacy, dignity, independence, and quality of life for older adults. It also highlights the importance of providing comprehensive and coordinated services.

This Area Agency on Aging, Region X Area Plan for state fiscal year 2027 is a public document that presents essential information clearly about our work and is intended to be easily understood by the public and aging network partners. It demonstrates how, in a quickly changing environment, AAAX conducts needs assessments and adapts programming to meet the greatest needs of older adults in our area.

The area plan reflects the actual activities and services currently provided by AAAX in its planning and service area of Barton, Jasper, Newton, and McDonald Counties (its PSA), the operations of AAAX, and the long-range planning and forecasting for the aging network in the region.

The annual area plan serves multiple purposes:

1. **Documenting** the tangible outcomes planned and achieved because of a region's long-term efforts.
2. **Translating** activities, data, and outcomes into proven best practices, which can be used to leverage additional funding.
3. **Providing a Blueprint** that spells out the coordination and advocacy activities AAAX will undertake to meet the needs of older adults, including integrating health and social services delivery systems.
4. **Building Capacity** for long-term efforts in the planning and service area.
5. **Adhering** to federal and state statutes and regulations, including alignment with state goals, policies, and procedures through Title III programs.

AAAX incorporates into its area plan as many of its activities related to aging as possible, **regardless of funding source**. Often, the federal and state funding falls short of the activities, services, and supports AAAX feels are necessary for the older adults we serve. AAAX programs, therefore, may be funded federally, by the state of Missouri, through collaborative grants and contracts with ma4 and other national organizations, or by local grants, contracts, donations, or through collaborative grants and contracts with city/county governments or with other nonprofits in our area. This collaboration ensures that the community is working together, using resources for the best purposes without redundancy, and is committed to serving older adults. The area plan serves as a valuable tool for planning/tracking all efforts on behalf of older adults in the agency's planning and service area.

Context of the Area Plan

The following is the context of the Area Agency on Aging, Region X Area Plan for State Fiscal Year 2027 (FY27). FY27 runs from July 1, 2026, through June 30, 2027. This section will describe the data and issues that are addressed in the rest of the plan. It includes a summary of needs assessment activities and the findings of those activities, in relation to the outlined goals and objectives in later sections. This narrative summary of AAAX programs, services, and policies allows the public a wide view of AAAX operations.

It is important to note that Missouri Area Agencies on Aging must align their goals and objectives with the Missouri State Plan on Aging as mandated by the OAA to ensure a cohesive and comprehensive approach to addressing the needs of older adults. This alignment is crucial because the Missouri State Plan on Aging, developed every four years, outlines the strategic priorities and resource allocation for aging services within the state. By synchronizing our efforts with the state plan, AAAX can effectively contribute to the overarching goals of enhancing the quality of life for seniors, ensuring equitable access to services, and optimizing the use of federal and state resources. This coordination also helps maintain consistency in service delivery throughout the state, foster collaboration among various stakeholders, and meet federal requirements for funding and program implementation. AAAX and the other nine area agencies on aging in Missouri enjoy a positive, and highly effective, collaborative relationship with the Missouri Department of Health and Senior Services (DHSS). Although there are overarching goals, AAAX adapts them, or adds our own goals, to the specific needs and service delivery methods for the older adults in our planning and service area (PSA) of Barton, Jasper, Newton, and McDonald Counties. This flexibility is key to service delivery because although State goals cover all older adults in Missouri, the needs in AAAX PSA may be quite different than the needs in St. Louis County, Kansas City area, and so on.

In creating an area plan, AAAX must be mindful of what services are needed in our PSA. This starts with demographic information. Describing the demographics in AAAX PSA is largely based on available Census data. Attachment G provides a thorough description of the data AAAX, and the state, use to determine where services are needed. As noted in Attachment G, the 2010 Census estimates the total population of our PSA as 213,430 with 47,900 aged 60 and up or 22.4% of the population. This 22.4% is in line with predictions that by 2030, 1 in every 4 Missouri residents will be aged 60 and up. While available data is using 2010 Census numbers, those living in southwest Missouri know that when final 2020 Census data is fully available, these statistics may change due to the 2011 Joplin tornado, and the region's massive rebuilding efforts, which have drawn more industry, more people, and have driven the exploding housing market. For the purpose of this area plan, AAAX uses the data that is pulled and is used in the current Intrastate Funding Formula (IFF). The IFF uses the data to divide the resources available between the ten area agencies on aging in Missouri. AAAX receives 3.68765% of the funding available to the 10 area agencies on aging in Missouri based on the IFF.

Several processes are used to assess service gaps, prioritize needs, and develop a comprehensive and coordinated plan. The process starts with Census population data.

Population

AAAX 4-county PSA is largely rural in nature. The following describes each of the counties and the challenges/ successes of service delivery as demonstrated in Current Service Coverage Charts that follow this section:

Barton County, MO

1. Barton County covers about 592 square miles and has an estimated population of 11,730 of which 3,330 are aged 60 and up. 28.4% of Barton County residents are age-eligible for AAAX programs.
2. Lamar is the largest city in the county with a population of less than 4,500. The 2nd largest town is Golden City, approximately 17 miles away, with a population of roughly 650 people.
3. Successes in service delivery include almost 10% (or almost 400) of older adults in the county receive nutrition services (congregate & home delivered) through the AAAX-run Barton County Senior Center and the catered meal site in Golden City. Another success is providing more transportation in the county than any other in AAAX PSA with about 17,000 rides for roughly 250 residents. AAAX annually funds the Truman Area Transportation System (or TATS) to support the service.
4. Challenges in service delivery include difficulty in providing in-home care and respite services. This is largely due to the lack of local in-home care businesses outside of the greater Joplin area in Jasper County. Service providers often do not cover these areas or frequently make the choice to serve 3 Jasper County clients rather than serving 1 in Barton due to the many miles of driving time, which may exceed an hour each way just to travel. Lamar is about 45 miles north of Joplin and 120 miles south of Kansas City, the next closest metropolitan area.

Jasper County, MO

1. Jasper County, the largest and most populated in AAAX PSA, covers 639 square miles and has a 2010 estimated population of 120,530 of which 25,345 are aged 60 and up. 21% of Jasper County residents are age-eligible for AAAX programs.
2. Joplin is the largest city in the county with a population 50,150 just making the definition of “urban” that the 2010 Census uses based on population density. Joplin suburbs of Carthage (14,378), Webb City (10,996) and Carl Junction (7,445) make the greater Joplin area the largest population center in AAAX PSA. The remaining estimated 37,561 people live in the surrounding rural area of the county.
3. Success in service delivery in Jasper County is largely due to its population center of Joplin. Plenty of service providers, volunteers, and community-based organizations are found in this area. With 2 major hospitals/systems and four large educational institutions (Missouri Southern State University, Kansas City University Medical School, Kansas City University Dental School, and Crowder College), partnerships for increased services are available. Over 40 nonprofit organizations also exist in the Joplin area, making collaboration easy. All services offered by AAAX are available and well used in Jasper County.
4. Challenges in Jasper County include transportation and affordable housing. In 2020, the City of Joplin discontinued the Sunshine Lamp Trolley, the only public transit operating in the city. Other ride services like Uber and private taxi companies do exist but are either cost-prohibitive or provide scanty service. Following the 2011 tornado, Joplin has seen an incredible boom in both industry and housing. Indeed, 2024 population estimates show that the city has grown by almost 10%. With this growth came an explosion in housing demand, which raised the price of ownership and renting beyond many older adults’ ability to pay. Over the past year, rent prices have risen by approximately 14% according to online sources. Although 2 new income-based apartment complexes were recently constructed in Joplin (Memorial Hills I and II), the wait list for such income-based apartments for older adults is very long – two to three years in some cases.

Newton County, MO

1. Newton County covers about 625 square miles and has an estimated population of 58,290 of which 14,215 are aged 60 and up. 24.4% of Newton County residents are age-eligible for AAAX programs.

2. Approximately 8,000 people live in the portion of Joplin within Newton County. But Neosho, 25+ miles from Joplin, is the largest city in the county with a population of 11,835. The remaining people live in the very rural areas outside of Joplin and Neosho.
3. Successes in service delivery can be attributed to the proximity to Joplin, MO, and the population of Neosho. This allows for service delivery, partnerships with community-based organizations, and the engagement of its older residents in volunteerism. All services that AAAX offers are available to most Newton County residents.
4. Challenges faced in the county are mostly found in the rural areas outside of Neosho and south Joplin. These areas face transportation needs, affordable housing, lack of broadband access, and access to in-home services.

McDonald County, MO

1. McDonald County covers 540 square miles and has an estimated population of 22,880 of which 5,020 are aged 60 and up. 21.9% of McDonald County residents are age-eligible for AAAX programs.
2. The largest cities in McDonald County are Noel and Anderson with about 2,000 people each. This data shows that most McDonald County residents live far from any town. It is very rural in nature. McDonald County is one of the poorest counties in Missouri, has the least services available. There is one Walmart store in the county and very few other options except for a scattering of Dollar General stores, one Harps, and one Town & Country small grocery store in Anderson.
3. Successes in service delivery have recently been realized. AAAX closed its senior center in Noel due to rising costs and poor attendance, averaging less than 15 meals per day and serving less than 60 unduplicated people in a 4-month period. When AAAX looked at the county, it realized that due to the very widely scattered population, older adults just could not get to the senior center. Instead, AAAX developed catered meal sites, effectively taking the senior center to the people. It serves congregate lunch at 5 different locations including Goodman (1,310), Pineville (837), Anderson (2,077), Lanagan (386) and Jane (398). By changing the way we offer services, we have increased the number of older adults to almost 270 in a 4-month period – that is over 450% increase! These isolated older adults are partaking in our congregate nutrition program and other services we offer on site.
4. Challenges are many in McDonald County. Lack of service providers, scattered population, and sheer distance make service delivery (apart from nutrition services) difficult. Finding in-home care providers is very difficult, as well as most other services we offer. The rural nature of the county, lack of broadband access and extremely limited cellular signal, makes reaching people particularly challenging.

Needs Assessment Strategies

AAAX uses numerous methods in addition to Census data to determine the needs of the older population of its PSA. We collect data and receive input from a number of sources to determine the needs of our target population, including:

1. **Advisory Council:** The agency's Advisory Council is one of our most valuable assets in helping to determine the needs of seniors in our service area. Our Council is made up of both retired and working senior professionals, community partners (both in nonprofit sector, for profit businesses in the aging industry, and health care), elected officials, retired elected officials, etc. It is also diverse and includes members of Hispanic, Native, and African American descent. All are an integral part of the community. Meetings are held during which information is exchanged between AAAX leadership staff and the Council regarding the needs of older adults in the PSA and the agency's efforts to meet those needs. The agency CEO, Fiscal Director, and the heads of each agency department give a report to the council regarding changes in the agency and what is going on in each program. Current services and the needs

they are designed to address are mentioned and discussion develops about potential changes in need and the effectiveness of each service. The council has been asked to actively participate in the process and specific work areas that may be developed are assigned to sub-committees for further work and reporting back to the main group. The Advisory Council actively works to hold outreach events (and fundraising) numerous times per year. They have conducted outreach activities, such as an informational booth at the Webb City Farmer's Market, the Joplin Empire Market, and other locations. The AAAX Advisory Council is not only demographically diverse (rural-dwelling older adults and those who reside in Joplin), they are also professionally diverse. From attorneys to in-home care professionals, county Public Defenders to faith-based leaders to bankers, the council members see and hear from the older adults and their caregivers across AAAX 4-county PSA. In fact, they collectively are in touch with more older adults in the community than those who come to AAAX senior centers or are current clients.

2. **Senior Center Managers & Central Office Staff:** The managers and staff of the AAAX senior centers and meal sites report the concerns and needs of participants in both the congregate and home bound meals programs. They are able to express those needs and concerns to the Nutrition Director, Resource Department, and/or the CEO at any time, or alternatively, during the weekly managers meetings. All of the centers have suggestion boxes for the participant to fill out with ideas or concerns they may have about the center. Every AAAX senior center has its own advisory board made up of older adults and their caregivers who come to the center. Managers attend senior center advisory board meetings and are made aware of issues and concerns as they relate to the seniors the board represents. In this way, we gain much insight into the needs and wants of our seniors in those communities. Information regarding senior needs and issues is also shared with and between the Resources and Supports staff, senior center advisory boards, Silver Haired Legislature delegates, community partners, and individual clients. Another valuable resource for identifying senior needs is through the 3,000 plus information and assistance (I&A) contacts made through the agency each month.
3. **Survey:** We feel it is critical to survey our clients as to their overall satisfaction with our programs and services. We sample all of our congregate and home delivered meal participants who are willing to participate each year to determine their satisfaction with the quality of food and service provided at our centers. We are seeing a substantial increase in the number of people wanting to receive home delivered meals. With the increase in assessed home delivered meal clients, we note rising food insecurity, lack of transportation, waitlists for affordable housing, and other needs (such as incontinence aids, durable medical equipment needs, other supports like pet supplies, etc.).

The Master Plan on Aging Town Hall held in Joplin, MO, in March 2024 was another instance of needs identification. Key to this meeting was the number of older adults and their caregivers who are not already our clients. The insights gained on concerns about aging were sometimes out of our purview. Yet, AAAX community partnerships, built over the last 5 years, are key to our understanding of these identified concerns and needs. ma4 contracted with POLCO to conduct a statewide survey of older adults. AAAX is utilizing the data collected to further inform programmatic decisions to best utilize funds.

4. **Strategic Partnerships: local city councils, Empower Missouri, Joplin Rotary, One Joplin, Jasper & Newton County COAD, Senior Alliance, MOKAN Partnership, local Chamber of Commerce Boards, faith-based alliances, etc.:** We urge our employees to participate in local government and non-

profits whose goals and services align with our target population. Our interaction with and participation in these groups' activities strengthens our position in the community, gets our name out there for seniors to hear, and of course, keeps us aware of the needs, and unfulfilled needs, of our seniors. The AAAX CEO sits on the One Joplin Board. One Joplin is made up of numerous nonprofits in the region that came together post-tornado. The group consists of representatives from Joplin Habitat for Humanity, Salvation Army, Veterans Group, faith-based organizations such as Catholic Charities, Missouri Foundation for Health, United Way, and so on. The AAAX CEO headed the 2020 Census Subcommittee for Senior Populations and is Co-Chair of the Housing and Poverty Committee. Another AAAX staff member sits on the Human Services committee.

The AAAX CEO is also a board member of a statewide legislative advocacy group known as Empower Missouri. Out of Empower Missouri comes the food security coalition, affordable housing coalition, and criminal justice coalition meetings at which numerous stakeholders attend.

The CEO is a Project Help board member along with other local leaders. Project Help, by Liberty Utilities in Joplin, MO, is designed to assist elderly and disabled customers with emergency energy-related expenses. The program aims to help with emergency heating or cooling bills, particularly during extreme weather conditions. It is funded through voluntary donations from Liberty Utilities customers. The Project Help Board takes applications and awards funding to individuals 55 years or older or disabled to the extent that they cannot be economically self-sufficient.

AAAX Nutrition Director has sat on the MOKAN Partnership board. Southwest Missouri, Northeast Oklahoma, and Southeast Kansas communities have joined together to advance regional economic development efforts, known as the MOKAN Partnership. Since AAAX is keenly interested in senior employment, this nonprofit's reach into our entire district is pivotal. Statistics are used to strengthen advocacy efforts. Several senior centers are members of the Chambers of Commerce in their city, and some center managers sit on the boards of those Chambers. This serves many purposes. It enhances our understanding of what retiring older people want of us by putting our staff in contact with local employers and thereby having access to their employees. It also gives us a platform to give presentations to the business community for those leaders to take back to their workplaces. The sharing of Chamber-generated data on each community is something we rely on to project our congregate numbers, plan for adequate staffing for activities, where we can pull volunteers from, etc.

AAAX signed a contract in late 2021 to be the "Service Enriched Coordinator" for Parkwood Senior Apartments, as well as a contract for the same services for new senior housing developments in Joplin and Carthage. Memorial Hills II, housing seniors and veterans, recently began leasing, and AAAX staff are on site there 2 times per week. Carthage Senior Villas construction will be complete in late winter 2024. Services on-site at these locations include CDSME classes, falls prevention classes, tax preparation help, educational presentations such as Tenant/Landlord education, managing credit, etc.

The AAAX CEO regularly attends city council meetings in Carthage, Webb City, Joplin, Carl Junction, and Neosho. These meetings inform the councils of AAAX's work and provide the opportunity for council members to inform us of the needs their constituents have.

Census Data: As the most recent census produces data, AAAX and its Board of Directors comb through the demographics to ensure that changing population centers in AAAX PSA are served. Growth and population

loss in areas throughout Southwest Missouri are very evident. Furthermore, we can identify pockets of diversity in our area. We can also see trends in the growth of the older adult population, housing stats, and other key data that help our strategic planning process.

Summary of Needs, How AAAX is Meeting the Needs

Out of the above needs identification strategies, several pressing issues have become apparent. Some of them are local issues, some of them affect all four counties in the PSA: transportation, affordable housing, food insecurity, and financial insecurity as prices go up and Social Security does not at the same rate.

Food insecurity is and has been a pressing need as expressed from all of the above sources (except Census Data). Older adults are having a difficult time obtaining a regular and sufficient amount of nutritious foods due to challenges of finances, transportation, distance to stores, lack of technological acumen to order online, and simply being homebound. Since the pandemic, many older adults say that where they used to be reliant on the “Good Samaritans” of the community (neighbors, church families, family) to help them obtain groceries, this practice has all but ceased after COVID. Lacking the ability to have groceries delivered in most areas in AAAX PSA, and the distances to grocery stores, many run low on food each month. AAAX, thanks to donations and grants awarded to the agency, obtains grocery goods through Ozark Food Harvest. These are delivered to every homebound person receiving home delivered meals and are given to other clients based on need (economic as well as social need). Since 2020, we have obtained and distributed over 850 tons of grocery items, including food (fresh, frozen, shelf stable), personal care items, cleaning supplies, paper goods, pet food, and more.

Tied in with food insecurity is the need for transportation. OATS, significantly funded by AAAX, is the only option for some in the 4 counties of AAAX but the routes are limited and sometimes the rides are long and exhausting for the elderly. Joplin Sunshine Lamp Trolley (the public transit system in Joplin) is no longer in existence. Metro Area Public Transit System (MAPS) provides curb-to-curb transportation on a prescheduled basis to the residents of the greater Joplin metro area. But it is a scheduled service and is costly, although one can apply for reduced fares. MAPS service is available in Joplin, Carterville, Duenweg, Oronogo, and Webb City. Because of the demand, scheduled rides are hard to coordinate with doctor appointments. The only areas in AAAX region that citizens do not report transportation issues are in Lamar and in Carthage. Lamar city proper is covered by TATS (Truman Area Transportation System), a small independent service. Carthage City Taxi, available to senior citizens, is a program run by the Carthage Police Department. AAAX funds both of these options heavily.

Another source of food insecurity is rising prices. Older adults report they lack the ability to purchase food with some goods' cost rising nearly 47% in the past 3 years. Rent, Medicare costs, prescription costs, utility costs have all risen dramatically in the past 3 years, while senior income has not. Choosing to keep the lights on instead of full pantry shelves is something that AAAX is well aware of. When AAAX recognizes that older adults are having trouble, we search for solutions. Referrals for utility assistance, mortgage/rent assistance, helping them obtain SNAP benefits, applying for Medicaid and Medicare Savings Programs, home delivered meals (if qualified) or congregate meals at our 6 senior centers and 7 rural meal sites, and other solutions are presented to the client. If we cannot help one way, we find another. When necessary, we send emergency meals and other groceries to the client while the application process for programs is ongoing.

Another need identified includes affordable housing. This was one of the key topics mentioned at the Town Hall in Joplin in March 2024. The lack of affordable housing in the area was a key concern and one that AAAX is well aware of. Home prices and rentals have skyrocketed in Joplin and the surrounding area in the last 5 years. We take many calls looking for affordable housing for older adults. In addition, the lack of suitable housing is another barrier to the safety and well-being of the elderly. Wait lists on available low-income senior housing facilities can be three years or more. While AAAX funding does not allow for creating affordable housing, we do monitor the situation and continually update our Resource Guide with the most accurate information. Constant communication with community-based organizations who often do have funding allows us to be a good resource for referrals. Additionally, our advocacy work in the community with local elected officials and city councils continues to inform of the need for affordable housing for older adults. State level legislative advocacy is also performed by the CEO through Empower Missouri and its Affordable Housing Coalition.

Aging in place is also an identified concern among older adults. AAAX provides home modification and wheelchair ramps as funding permits. Since FY22, AAAX has contracted with Hearts and Hammers (through Joplin Habitat for Humanity) and private construction companies to install 43 wheelchair ramps for low-income and socially isolated older adults in Jasper, Newton, and McDonald Counties. Each year, through initiatives like A Brush With Kindness (also Habitat for Humanity in both Joplin and Neosho), we have helped older adults access minor home repair and yard work. Additionally, after a screening process for economic and social need by both AAAX and Joplin Habitat for Humanity, 3 older adults participated in Habitat's Critical Repair program where they received home repairs up to \$35,000 to allow them to safely remain in their homes. The Critical Repair program is only available in Jasper and Newton Counties.

Whether it is supportive, nutrition, highest level evidence based (HLEB), family caregiver support or other programs not funded by the Older Americans Act, AAAX endeavors to provide as many services as its budget allows to address the needs identified each year. Prioritization for services is most generally offered to those older adults who have the greatest social or economic need. The exception to prioritization is when the service is not waitlisted. In the event of a service need exceeding our designated funding, we will use socio and economic factors as well as the risk for institutionalization to determine priority. This priority setting allows us to best adhere to our mission of allowing older adults to age-in-place, safely and with dignity.

OAA Title III programs are designed to support older adults in maintaining their independence and well-being. These programs are divided into several parts, each focusing on different types of services. Each has funding specific to those areas so, for example, Family Caregiver funds generally cannot be used by the agency for another purpose such as Home Delivered Meals. AAAX takes into consideration the allotted funding, the limited ability to shift funds from one program to another, and sustainability when creating an area plan for service delivery. The OAA requires that services be put out to bid to contract with providers to provide services. AAAX performs this procurement activity each year to determine what services will be provided directly by AAAX or by contracted entities.

The OAA Title III programs are:

- Title III-B: Supportive Services - This part provides a range of services such as transportation, in-home assistance, legal aid, and case management to help older adults live independently in their communities.
- Title III-C: Nutrition Services - This includes congregate meals served in group settings (Title III-C1) and home-delivered meals (Title III-C2) for those who are homebound. These services aim to improve the dietary intake and social interaction of older adults.

- Title III-D: Disease Prevention and Health Promotion Services - These programs offer evidence-based health promotion and disease prevention activities, such as exercise programs, health screenings, and educational sessions.
- Title III-E: National Family Caregiver Support Program - This part provides support to family caregivers of older adults, including respite care, counseling, and training to help them manage their caregiving responsibilities.
- Title VII: Vulnerable Elder Rights Protection Activities - This part focuses on protecting the rights of older adults through programs such as the Long-Term Care Ombudsman Program, which advocates for residents of nursing homes, board and care homes, and assisted living facilities to resolve problems related to their care and quality of life.

For Title III-B, Supportive Services, AAAX provides a variety of programs and support aimed at helping older adults maintain their independence and quality of life. We offer information and assistance, transportation, in-home assistance, home modification, legal aid, case management, referral help, durable medical equipment and incontinence aids, assistive technology, educational opportunities, recreational activities, physical fitness, programs at our senior centers such as social interaction, guest speakers, and more. These services are designed to address the diverse needs of older adults, ensuring they can live safely and comfortably in their own homes and communities. By providing essential support, AAAs help older adults access necessary resources and remain active, engaged members of their communities.

Title III-C is Nutrition Services. AAAX's goal is to reduce hunger, food insecurity, and malnutrition among older adults, while also providing opportunities for social engagement. Titles III-C1 and III-C2 nutrition services are the congregate nutrition sites, and the home delivered meal program for homebound individuals. AAAX congregate nutrition sites, including senior centers and catered meal sites, are found in Lamar and Golden City in Barton County; Carthage, Webb City, Carl Junction, Diamond, and Joplin in Jasper County; Neosho and Granby in Newton County; and Goodman, Jane, Lanagan, Anderson, and Pineville in McDonald County.

Homebound meal service is available throughout all counties in the AAAX PSA and with home delivered meals comes the provision for inclement weather meals in the event the meal delivery driver is unable to reach the home of the client. Inclement weather meals are usually 2-3 shelf-stable complete meals in a kit, delivered to each home delivered meal client usually in the fall before winter weather makes driving difficult. While the food and service of food for these nutrition programs comes from Title III-C, the supportive services offered at these sites or to the homebound client are funded through Title III-B.

AAAX's Title III-D programs focus on Disease Prevention and Health Promotion Services. These programs are designed to help older adults maintain healthy lifestyles and prevent the onset of chronic diseases. AAAX provides highest level evidence-based health promotion activities, such as HomeMeds (a medication management program), help managing chronic conditions through Chronic Disease Self-Management Education classes, and more. By promoting healthy behaviors and providing resources to prevent disease, AAAX aims to reduce the need for more costly medical interventions and improve the overall well-being of older adults.

AAAX provides Family Caregiver Support Programs under Title III-E. These programs give essential support to family and informal caregivers. Our programs offer a range of services designed to help caregivers manage their responsibilities and maintain their own well-being. These services include providing information about available resources, assistance in accessing services, individual counseling, support groups, and caregiver training. Additionally, the program offers respite care to give caregivers temporary relief from their duties and

supplemental services to complement the care they provide. By supporting caregivers, AAAX helps ensure that older adults can remain in their homes and communities for as long as possible.

AAAX's Title VII, as well as Title III-B funding, is used to fund the Long-Term Care Ombudsman Program in its PSA. The LTC Ombudsman Program is dedicated to advocating for the rights and well-being of residents in long-term care facilities such as nursing homes, assisted living facilities, and board and care homes.

Ombudsmen work to resolve complaints made by or on behalf of residents, addressing issues related to their health, safety, welfare, and rights. They provide information about long-term care services, ensure residents have regular access to ombudsman services, and represent residents' interests before governmental agencies. By promoting policies and consumer protections, the program aims to improve the quality of care and life for individuals in long-term care settings.

Because AAAX, to the extent feasible, wants to provide additional services outside of Title III funding, AAAX endeavors to find outside funding for as many services as possible. AAAX provides many programs and services, all designed to support older adults, which are not funded through OAA Title III. Funding for these additional programs is obtained through many sources. One is volunteer led activities such as exercise classes offered at AAAX senior centers. Another is the provision of material aid such as adult diapers, wheelchairs/walkers/other medical equipment, etc. These items are provided through donations to AAAX or nonprofit partners. AAAX applies for many grants to fund programs. One such grant-funded program is extra grocery support for homebound older adults. AAAX and the other 9 AAA's join together as the Missouri Association for Area Agencies on Aging, or ma4. ma4 applies for grant-funded projects to be offered statewide. One such program was the Aging and Disabled Vaccine Collaborative which funded vaccination efforts. Another is the Give 5 program which allows potential volunteers to learn about dozens of nonprofits needing their help in the community. State and federal contracts also provide the funding necessary for programs such as Medicaid Reassessments, Medicare Improvements for Patients and Providers Act (MIPPA), Missouri Connections for Health (MO SHIP), and more. Through the Senior Services Growth and Development Program (SSGDP), AAAX is able to fund programs such as Aging Mastery and falls prevention programs. SSGDP also provides the ability to fund local initiatives like the CARS transportation program administered through Economic Security Corporation.

All AAAX offered services, whether contracted, provided directly, or self-directed by the older adult, require data to be collected about the individual receiving services. The intake process documents as much as possible about the older adult being served. Demographic and income information, nutrition risk and other assessments, and emergency contact information all help AAAX determine what services are needed for the individual. This data is secure, is held securely to satisfy HIPAA requirements, and is never shared without permission. Any data submitted to state, federal, or other entities has no personally identifiable data.

AAAX regularly evaluates the effectiveness of the use of all resources in our comprehensive and coordinated system of services. All AAAX programs and services provide the ability for older adults to comment on, or take surveys about, the quality and effectiveness of services they receive. The AAAX Board of Directors is provided with summary data about programs, budgetary information about the use of funding, and is called upon to approve agency operations. AAAX CEO presents to city councils in the PSA regularly, informing them of the number and types of services available to residents. Data from AAAX is also submitted to the state, and once all ten AAAs in Missouri have done so, the state submits data to the federal government. This coordinated system helps inform legislators at all levels of the needs older adults face, regardless of greatest social or economic need. Particular attention in the data is given to low-income older adults, older individuals with greatest

economic need, older individuals with greatest social need, the number of older individuals who are at-risk for institutional placement in the area, and older individuals who are Native Americans in the area. These populations are prioritized in AAAX service delivery as well as AAAX advocacy efforts.

Please see the full **Current Service Coverage Charts** that follow to learn more about the specific programs that AAAX currently offers or plans to offer in FY27 based on the Title III funding available and state funding through the IFF as well as outside funding sources.

Current Service Coverage Charts

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 AAAX plans to provide 50 individuals 200 units of transportation services in Jasper County, this is represented as 50/200 under the Jasper County column in the row for Transportation (see in **BOLD** below). Please note that these are estimates and are based on the number of people and services provided in FY25 and the first 6 months of FY26 as well as estimates of new programming planned to be offered or cut in FY27. As a reminder, the fiscal year runs July 1, 2026 to June 30, 2027.

*Empty cells indicate no service in that county

Supportive Services (Title III B Funded)	Barton	Jasper	Newton	McDonald
Information and Assistance/Referral	124/362	1410/6787	498/1386	157/397
Transportation	226/15,398	211/11387	73/4525	11/85
In Home Services:				
Personal Care	0/0	12/655	3/205	1/2
Homemaker	0/0	5/86	1/9	0/0
Minor Home Modification and/or Repair	0/0	1/1	2/2	0/0
Telephone Reassurance	61/101	456/911	181/441	120/156
Homebound Services	0/0	27/514	7/110	0/0
Assistive Technology	1/2	12/48	8/17	1/2
In-Home Respite	5/5	4/364	3/286	0/0
Legal Assistance	1/1	12/12	10/10	2/30/0
Advocacy	0/0	12/12	3/8	0/0
Recreational Opportunities	50/594	687/26,329	427/11623	26/402
Public Information & Education	216/1,400	1339/9262	748/6231	284/3108
Case Management	0/0	17/96	5/24	1/1
Tax Assistance	5/5	155/156	16/16	2/2
Nutrition Education	200/1,017	1274/6679	699/3514	303/2055
Interpretation	0/0	2/2	1/1	0/0
Ombudsman Services *	*	*	*	*
Other Services:				
Durable Medical Equipment	10/10	75/86	60/63	15/25
Emergency Response System	0/0	0/0	0/0	0/0
Consumable Supplies (Emergency)	15/75	0/0	0/0	0/0
Health	2/2	253/3558	38/159	45/71

*Ombudsman service units are only collected at the PSA level FY25 total Ombudsman service units = 3,979

Nutrition (Title III C Funded)	Barton	Jasper	Newton	McDonald
Congregate Meals	227/8,969	1347/43,973	617/14,977	no senior center
Catered Meal Sites	55/708	no meal sites	152/1625	284/4350
Home Delivered Meals	81/19,313	816/16,930	365/76,414	124/28,777
Inclement Weather/Emergency Meal Kits	81/162	241/783	49/193	7/48

Highest Level Evidence Based Disease Prevention Health Promotion Programs (Title IIID Funded)	Barton	Jasper	Newton	McDonald
HomeMeds	24/123	225/834	107/416	2/6

Family Caregiver Support (Title III E Funded)	Barton	Jasper	Newton	McDonald
Information and Assistance	2/2	6/49	3/7	1/1
Case Management	0/0	6/39	3/5	1/1
Support Groups	0/0	12/24	6/12	0/0
Individual Counseling	0/0	0/0	0/0	0/0
Caregiver Training	0/0	12/20	6/10	0/0
Chronic Disease Self-Management Program	0/0	0/0	0/0	0/0
Public Education & Information	250/1000	1000/4000	750/2000	150/300
Family Caregiver Legal	0/0	1/1	0/0	0/0
Interpretation	0/0	0/0	0/0	1/1
Respite Care				
In-Home Respite	0/0	6/697	3/89	1/6
Supplemental Services				
Home Modification	0/0	2/2	2/2	0/0
Medical/incontinence Supplies	0/0	3/26	0/0	0/0
Assistive Technology	1/1	2/4	1/2	0/0
Durable Medical Equipment	0/0	4/4	1/1	0/0
Telephone Reassurance	1/4	3/12	1/4	1/4

Non- OAA Funded Programs	Barton	Jasper	Newton	McDonald
Medicare Improvements for Patients and Providers Act (MIPPA-Medicare Assistance)	5/5	72/72	16/16	2/2
MIPPA Outreach	25/1	57/1	46/1	31/1
Missouri Connections for Health (CLAIM)	15/15	240/240	73/73	29/29
Extra Groceries	85/1020	748/8976	365/4380	81/1021
Give 5 Volunteer Program	0/0	20/20	5/5	1/1
Pet Assistance Program	15/175	119/714	85/510	16/18
Senior Medicare Patrol *	*	*	*	*
Medicaid HCBS Reassessments	Performed under state contract across 9 counties			
Exercise/Physical Fitness	19/30	322/8763	93/1937	20/160
Technology Assistance	10/15	92/184	280/562	30/30
Material Aid	5/5	102/368	89/295	2/2
Service Enriched Program	No contract	45/4,000	No contract	No contract
Silver Haired Legislature	0/0	6/24	2/8	2/8

*AAAX contracts with Care Connection for Aging Services (Area Agency on Aging Region 3) to provide SMP education and outreach. Individual county-level data does not exist for this program. In FY25, there were 72,322 people reached statewide.

Quality Assurance Process

AAAX has a three-pronged quality assurance process. Firstly, AAAX collects data to assess ongoing program implementation. Intake is conducted for each client as described previously in the Context section. Our clients are surveyed on the effectiveness, quality, and applicability of the services they receive. Opinions are highly valued and are used to add, drop, or expand the services being received. Secondly, AAAX takes remediation of problem areas seriously. Complaints are addressed and improvements in services are made, when possible, to satisfy the client. Many times, explaining our mandatory processes resolves the issue as most older adults do not understand the agency's requirements under state and federal statute. Lastly, AAAX continuously strives to improve the services it offers. Constant menu development, research into the latest programs that are the most effective in helping older people, and near constant budget monitoring allows AAAX to offer the most to older adults the best service it can.

The service recipient grievance procedure is posted at each of the agency's locations. This information is also provided to homebound meal recipients and in-home care clients at the start of their service. Any member of the public may obtain a copy of the grievance procedure by calling our central office at 417-781-7562 and making the request. The grievance procedure is also available on the agency's website at www.aaaregionx.org .

Another part of the quality assurance process is the transparency with which AAAX operates. The AAAX Board of Directors and Advisory Council meeting agendas are posted in advance at the meeting location as well as on the agency's website at www.aaaregionx.org. Minutes of these meetings are also posted. Annual financial audits are available on request. Any member of the public who is interested in obtaining any formal agency policy can make a request to the Custodian of Record, which is currently the Chief Executive Officer. The CEO reviews policies throughout the year to ensure compliance with state and federal statutes, as well as to ensure they are up to date. When needed or required by law, new policies are added. The Board of Directors approves the final draft of the Employee Policy Manuals, Governance Policy, Fiscal Policy, and Area Plan.

Goals, Objectives, Strategies, and Activities

As mentioned in the Context section previously, the Missouri Area Agencies on Aging and the Missouri State Plan on Aging goals are aligned as mandated by the Older Americans Act (OAA) to ensure a cohesive and comprehensive approach to addressing the needs of older adults. This alignment is crucial because the Missouri State Plan, developed every four years, outlines the strategic priorities and resource allocation for aging services within the state. By synchronizing our efforts, where feasible, with the state plan, AAAX can effectively contribute to the overarching goals of enhancing the quality of life for seniors, ensuring equitable access to services, and optimizing the use of federal and state resources. This coordination also helps in maintaining consistency in service delivery throughout the state, fostering collaboration among various stakeholders, and meeting federal requirements for funding and program implementation.

Summary of Previous Years' Progress:

AAAX has been making steady progress towards the overarching goal of **helping all Missourians to 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, AAAX has developed a referral process with Missouri Assistive Technology (MoAT) and trained the Resource Team on this process; offered programs designed to help older adults prevent falls and to modify their homes to support aging in place; developed a referral process for our local community-based organizations to better serve older adults living with HIV/AIDS.

We have also improved access to services and programs. We have expanded the services and supports available to caregivers by working with the local Alzheimer's Association to better educate caregivers and provide resources locally. Additionally, we worked with our service providers to offer services in Barton and McDonald Counties, previously underserved. By offering Information and Assistance services through the Facebook Messenger platform and the aaaregionx.org website, we increased access to not only family caregivers but also for older adults and the general public.

Planned Activities for Upcoming State Plan Year:

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

AAAX Activities to Achieve Objective #1:

Monthly nutritional education is provided to all congregate meal clients at senior centers and catered meal sites. Homebound clients receiving home delivered meals will receive the monthly nutrition education in printed form with their home delivered meals. Nutrition education will be documented through our client tracking system, AgingIS.

AAAX will continue to complete annual 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.

AAAX has at least one day per month where the approved menu has cultural considerations in our congregate meal program. With the greater Joplin area seeing a significant Jewish population, AAAX offers kosher home delivered meals.

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.

AAAX Activities to Achieve Objective #2:

The Resource Department will perform quarterly outreach/public education and information sessions targeted to older adults in greatest social need beginning in the 1st quarter of FY2027 and will continue each quarter thereafter.

AAAX will continue with resource updates from MoAT. In FY2025, Resource Department staff visited AAAX senior centers and catered meal sites with information and examples of assistive technology from MoAT. This work will continue through FY2027.

AAAX currently assists older adults with Medicaid applications. By October 1, 2027, a process will be in place to refer all clients who meet greatest economic need to the Resource Department for help with applications. This referral will be documented in AgingIS. In addition to Medicaid application assistance, clients will receive information about utility assistance with LIHEAP and other programs as well as assistance in applying for, or a referral to a community based organization that can help them apply. These referrals will be tracked in the AgingIS client database.

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 interventions related to 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.

AAAX Activities to Achieve Objective #3:

By October 1, 2026, AAAX will enhance its telephone reassurance service to include education to recipients about social isolation. Education may be provided during a call or distributed in printed form. Each homebound client will receive education about the negative effects of social isolation at the time of assessment and at each reassessment.

By April 30, 2027, AAAX will partner with Ozark Center to provide quarterly education sessions related to mental well-being. Education may be in the form of presentations, documents, television, radio, or other media outlets. Education sessions will occur in each of the four counties that AAAX serves.

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.

AAAX Activities to Achieve Objective #4:

By June 30, 2028, AAAX will provide targeted information and resources on available programs and services to caregivers. Each quarter, AAAX will provide public education across all four caregiver types.

AAAX will continue to increase awareness and access to Family Caregiver services, including services available to caregivers of older adults living with HIV/AIDS. AAAX will continue to identify resources for those caregivers.

10-Year Outlook for Area Agency on Aging, Region X

As we look ahead to the next decade, the Area Agency on Aging, Region X (AAAX), faces a landscape of great financial challenges and potential opportunities to ensure its services remain constant in the community. Our mission to enhance the quality of life for older adults in our community remains steadfast, even as we navigate increasing demand for services and stagnant funding.

Demographic Trends

The aging population in Region X is growing rapidly. Over the next ten years, we anticipate a 25% increase in the number of age-eligible older adults and their caregivers requiring our services. This demographic shift will drive higher demand for essential services such as transportation, in-home care, supportive caregiving services, and nutritional support. Additionally, the diverse needs of our aging population will become more pronounced, with a rise in chronic conditions and a greater need for specialized services, including dementia care and mental health support. Social care will become just as important as medical care in southwest Missouri.

Technological Advancements

Embracing technology and educating older adults in the use of such technology will be crucial to our success. We plan to invest in digital tools that will streamline our operations, improve service delivery, and enhance communication with clients and stakeholders. We will continue to participate in broadband access initiatives in our region and are currently involved in Newton County's Broadband initiative. Expanding online services will allow us to reach more clients, particularly in rural areas, providing timely consultations and support. In addition to agency investment for efficiency and cost effectiveness, training older adults in the use of technology will be imperative. Workforce shortages will have to be backfilled by older adults who retire from careers but still want to work. Having a workforce that is ready to reenter the workplace as an older adult is key. This digital transformation will not only improve efficiency but also ensure that we can meet the needs of our community more effectively.

Funding Landscape

The number of older adults in Missouri will continue to increase, with one in four Missourians projected

to be aged 60 or over by 2040. Demand for programs serving older adults and people living with disabilities has grown and will continue to grow dramatically over the next decade. However, the availability of, and funding for, area agency on aging services statewide has not kept pace. The Missouri Budget Project graph (see left) clearly shows that the area agencies on aging state-appropriated funding has been stagnant for 15 years. This means that AAAX is operating on what is essentially a 2007 budget. Recent record-high prices for goods (almost 47%) and increasing labor costs (almost a 51% increase since January 1, 2019, due to the mandatory minimum wage laws that became effective 1/1/19,

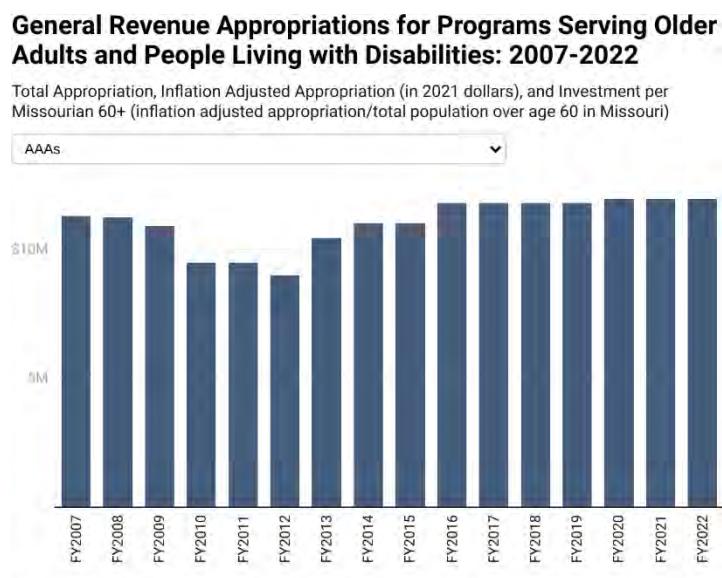


Chart: Missouri Budget Project • Source: Missouri Budget Project • Created with Datawrapper

and every year since, through 1/1/26), and other business costs further exacerbate the precarious financial position of the area agencies on aging and threaten their ability to sustain current services, as well as prohibiting future development of new services. Furthermore, in southwest Missouri, the needs of older adults are changing. Nutrition, while still the top need among low-income and isolated older adults, is not alone at the top of the needs list. Transportation, affordable housing, and in-home services and supports are fast becoming three of the top 5 needs.

To address the challenge of stagnant funding, increasing cost of programs, and increasing need, we will have to cap services and create wait lists for services. We will have to diversify our funding sources over the next decade. This includes pursuing additional grants, developing partnerships with local nonprofits and contracting with businesses/health care entities, and launching targeted fundraising. Only by broadening our financial base can we secure the resources needed to support our growing client base. Legislative advocacy, both at the state and federal levels, will be crucial to leverage the funding we need to continue to provide services without long waitlists for services.

Community Engagement

Increasing community involvement and support will be a key focus over the next decade. We will have to expand our volunteer programs, engaging younger generations in volunteerism to leverage community resources and enhance service delivery. To grow this opportunity, public awareness campaigns will be conducted to highlight the needs of older adults and the services we provide, fostering greater community support and involvement. By building a strong network of support, we can create a more resilient and responsive agency.

Advocacy and Policy Influence

Strengthening our advocacy efforts will be essential to influencing policies that support increased funding and resources for aging services. We will build strong relationships with policymakers, participate in advocacy groups, and mobilize community members to support our cause. By amplifying our voice and impact, we aim to secure the necessary support to meet the needs of our aging population.

Strategic Goals and Objectives

Our organization's strategic goals for the next decade include creative solutions for service delivery, expanding funding sources, increasing community engagement, and advocating for supportive policies. We will implement solutions and streamline processes to stretch funding to try to meet needs. Diversifying our funding base through grants, business partnerships, and fundraising will provide financial stability. Engaging the community through awareness campaigns, volunteer programs, and collaborations with local organizations will build a strong support network. Advocacy efforts will focus on influencing policies that support aging services and mobilizing community support.

Serious attention needs to be given to transportation services. Poor service coverage over what is mostly a rural planning and service area is a challenge. The funding the agency receives to support state-wide and local transportation providers cannot ever provide the transportation service older adults need, especially in rural areas. With the demise of Joplin's only public transit system, the Sunshine Lamp Trolley, even older adults living within the area's largest city have difficulty accessing rides to where they need to go. AAAX continues to fund available options (OATS, TATS in Lamar, MO, Carthage City Taxi in Carthage, MO) and supports initiatives like the Community Action Ride Service (CARS) which is a volunteer driven program.

Demand for in-home nutrition services is at its highest in AAAX 45-year history. Rising costs, such as food and labor, has increased the agency's allocation of funding to the homebound meal program to meet the need. We see home delivered meals as the first in-home service an older adult receives, making the meal service a gateway into other services. Participation in congregate nutrition programs, offered at senior centers, continues to decline. Changing demographics are currently driving this decline as the oldest participants who leave the program are not replenished by younger senior citizens. In southwest Missouri, a large portion of 60-70 year olds are still working. Funding to operate multipurpose senior centers in every community is not available. In FY24 and FY25, AAAX began catered meal sites in Barton, Newton, and McDonald Counties as a cost-effective way to reach rural older adults who cannot afford to travel the distances to the nearest senior center. The agency sees these meal sites as an opportunity to bring social and nutrition services to rural older adults.

Affordable housing, rural medical facilities, and mental health facilities are scarce in the 4-county planning and service area. AAAX participates in legislative advocacy, joins coalitions, and discusses the great needs for these services with local, county, state, and federal legislators. As the demographic of older adults increases, these three areas of service will be in high demand in the next decade.

Conclusion

The next ten years will bring great challenges as well as opportunities for the Area Agency on Aging, Region X. We must strategically focus on enhancing service delivery, prioritizing those with the greatest social and economic needs, expanding funding sources, increasing community engagement, and advocating for supportive policies. We will do our best to ensure that we can meet the growing needs of our aging population and improve their quality of life. We call on all stakeholders to support and participate in the implementation of this plan, ensuring a better future for older adults in our region.

Attachment A - Area Plan Submittal and Verification of Intent

Area Agency on Aging, Region X
531 E 15th Street
Joplin, MO 64804

Jennifer Shotwell, Chief Executive Officer

Phone: 417-781-7562 E-mail address: jshotwell@aaaregionx.org
Fax: 417-781-1660 Internet address: www.aaaregionx.org

Counties Served: Barton, Jasper, Newton, McDonald Counties

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.

1/14/25
(Date)

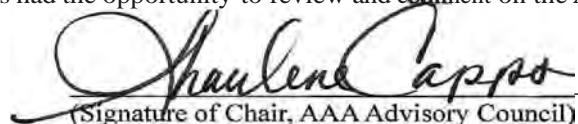

(Signature of Chair, AAA Board of Directors)

1/14/25
(Date)


(Signature of Area Agency Chief Executive Officer)

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

1/15/25
(Date)


(Signature of Chair, AAA Advisory Council)

Attachment B – Area Plan Assurances

The Area Agency on Aging, Region X 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). The below are the Area Plan Assurances required by DHSS.

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

The AAA understands and agrees that it is the purpose of the program to provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers within the PSA covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, and the number of older individuals who are Native American Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need.

Per OAA, Section 101, “The primary objectives of this system are: (1) An adequate income in retirement in accordance with the American standard of living. (2) The best possible physical and mental health which science can make available and without regard to economic status. (3) Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford. (4) Full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services. (5) Opportunity for employment with no discriminatory personnel practices because of age. (6) Retirement in health, honor, dignity—after years of contribution to the economy. (7) Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational, and training and recreational opportunities. (8) Efficient community services, including access to low-cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner, and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals. (9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.

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

Section 1321.53(c), “The resources made available to the area agency on aging under the Older Americans Act are to be used to finance those activities necessary to achieve elements of a community-based system set forth in paragraph (b) of this section. For the purpose of assuring access to information and services for older persons,

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

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

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

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

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

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

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

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

The AAA will be directed on a full-time basis by an individual qualified through education or experience to develop and implement the area plan. Adequate numbers of qualified staff, including members of minority groups, will be assigned to ensure 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.
- (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. CSRs 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)
(6) the United States Housing Act of 1937,
(7) Section 202 of the Housing Act of 1959,
(8) Title I of the Housing and Community Development Act of 1974,
(9) Title I of the Higher Education Act of 1965 and the Adult Education and Family Literacy Act,
(10) Sections 3, 9, and 16 of the Urban Mass Transportation Act of 1964,
(11) the Public Health Service Act, including block grants under title XIX of such Act,
(12) the Low-Income Home Energy Assistance Act of 1981,
(13) Part A of the Energy Conservation in Existing Buildings Act of 1976, relating to weatherization assistance for low income persons,
(14) the Community Services Block Grant Act,
(15) demographic statistics and analysis programs conducted by the Bureau of the Census under title 13, United States Code,
(16) Parts II and III of title 38, United States Code,
(17) the Rehabilitation Act of 1973,
(18) the Developmental Disabilities Assistance and Bill of Rights Act of 2000,
(19) 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)),
(20) Sections 4 and 5 of the Assistive Technology Act of 1998 (29 U.S.C. 3003, 3004), and
(21) 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 that no service shall be denied because of his/her inability or failure to contribute to the cost of such service.

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

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

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

Training (19 CSR 15-7.010(4))

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

Evaluation (OAA Section 206(a))

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

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

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

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

Public Information (RSMo 610.023: Sunshine Law)

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

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

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

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

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

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

The AAA assures that it will expend the minimum funds allotted for the priority service categories of access services, in-home services and legal assistance and assures that the AAA will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded. Per the current Missouri State Plan on Aging the minimum expenditures for each category are: (A) 30 percent for services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services); (B) 20 percent for in-home services (which may include only homemaker, chore, personal care, respite, adult daycare, telephone reassurance, friendly visiting, homebound shopping, home modification and repair, home technology and automation and medication set-up, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction); and (C) 1 percent for legal assistance.

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

The AAA assures that it will, in coordination with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds

expended by the AAA with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations.

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

The AAA assures it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

Coordination with DHSS/APS Elder Abuse Prevention Services

In coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate.

Coordination with Missouri Assistive Technology

To the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

Coordination of Services for Older Relative Caregivers

Where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families.

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

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

Publishing of AAA Contact Information and Accuracy of Information

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

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

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

Area Volunteer Services Coordinator

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

- (a) Encourage and enlist the services of local volunteer groups to provide assistance and services appropriate to the unique needs of older individuals within the PSA;
- (b) Encourage, organize, and promote the use of older individuals as volunteers to local communities within the area; and
- (c) Promote the recognition of the contribution made by volunteers to programs administered under the area plan.

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

28. 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 the cost (including an administrative cost) incurred by the AAA to carry out a contract or commercial relationship that is not carried out to implement the OAA.

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

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

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

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

The AAA assures that it will determine if a significant population of older Native American Indians reside in the PSA. If so then the AAA will assure to pursue outreach activities to increase access of those older Native American Indians to all aging programs and benefits provided by the agency, including programs and benefits under Title III of the OAA, if applicable, and in coordination with services provided under Title VI. All services under the area plan will be made available to older Native American Indians to the same extent as such services are available to all older individuals.

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

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

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

AAA Contractual Provisions

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

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

(e) Davis-Bacon Act: All construction endeavors of the AAA in excess of \$2,000 will include provision for compliance with the Davis-Bacon Act (40 U.S.C. 276(a) a through (a7)) as supplemented by DOL Regulations (29 CFR Part 5). The AAA will require all service providers to comply with the same.

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

(g) Compliance Requirements: The AAA will include in all solicitation for services all applicable compliance and reporting requirements being imposed upon the service provider. The AAA will require all service providers to comply with the same.

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

- (1) Public Law 89-73 as amended through Public Law 116-131, enacted March 25, 2020 “Older Americans Act”
- (2) 2 CFR 200 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards”
- (3) 7 CFR Chapter II Part 250.42 “USDA Food and Consumer Service, Nutrition Program for the Elderly”
- (4) 45 CFR Part 80 “Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health and Human Services. Effectuation of Title VI of the Civil Rights Act of 1964”
- (5) 45 CFR Part 84 “Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Participation”
- (6) 45 CFR Part 91 “Nondiscrimination on the Basis of Age in HHS Programs or Activities Receiving Federal Financial Assistance”
- (7) 45 CFR Part 92 “Nondiscrimination on the Basis of Race, Color, National Origin, Sex, Age or Disability in HHS Programs or Activities Receiving Federal Financial Assistance”
- (8) 45 CFR Part 1321 “Grants to State and Community Programs on Aging”
- (9) 20 CFR Part 641 “Senior Community Service Employment Program”
- (10) 19 CSR 15-4 “Older Americans Act” and 19 CSR 15-7 “Service Standards”

(h) Patent and Copyrights Rights: The AAA will include in all solicitations and contracts for services all requirements and regulations pertaining to patent rights with respect to any discovery or invention, and any copyrights and rights in data which arises or are developed in the course of or under such contract, where applicable. The AAA will require all service providers to comply with the same.

(i) Clean Air Act/Clean Water Act/EPA Regulations: The AAA will comply with, and with respect to all contracts, subcontracts, and subgrants in excess of \$100,000, the AAA will require all contractors and service providers to comply with all applicable standards, orders, or requirements issued under section 306 of the Clean Air Act (42 U.S.C. 1857 (h)), section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR Part 15).

(j) Americans with Disabilities Act Compliance: The AAA will comply with the requirements of the Americans with Disabilities Act of 1990, as amended, and will require compliance by contractors and service providers, as applicable.

(k) Windsor v. United States: The AAA will comply with and will include in all solicitations and contracts for services the requirement to provide services to married same-sex couples.

(l) Each AAA assures it will include in each agreement made with a provider of any service under this title, a requirement that such provider will:

- (1) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with Limited English Proficiency, and older individuals residing in rural areas in the area served by the provider;
- (2) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with Limited English Proficiency, and older individuals residing in rural area in accordance with their need for such services; and
- (3) meet specific objectives established by the AAA, for providing services to low-income minority individuals, older individuals with Limited English Proficiency, and older individuals residing in rural areas within the PSA. (OAA Section 306(a)(4))

(m) Service providers are made aware that persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services. (45 CFR 1321.69(a))

(n) Bostock v. Clayton County: The AAA will comply with and will include in all solicitations and contracts for services the requirement to ensure employees are protected against discrimination because of their sexual orientation or gender identity.

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

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

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

For further information regarding these requirements please visit the following website:

<https://acl.gov/programs/health-wellness/disease-prevention>.

The AAA will implement, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals.

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

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

Area agencies may utilize supportive services funding received from the division to finance the acquisition, construction, alteration or renovation of multipurpose senior centers only where an area plan or area plan update has been approved by the division, where funding has been explicitly identified and designated in the plan or plan update for the named center and where— (A) The center is operated under an approved direct service

waiver where title to the structure is held by the area agency; or (B) A grant is made to a public or nonprofit private organization where title to the structure is held by the public or nonprofit organization.

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

The AAA shall maintain documentation in its files that verify 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 CFR 15-4.210)

Each area agency shall establish written grievance procedures that provide the opportunity to appear before the governing body to the following: (A) Individuals who wish to resolve areas of conflict regarding delivery of services; (B) Service provider applicants whose application to provide services is denied; and (C) Service providers whose subgrant or contract is terminated or not renewed. (2) The written grievance procedures shall be filed with the division as an addendum to the area agency’s plan and shall include, at a minimum, the following: (A) Time limitations, as applicable, and procedures to be followed to request a grievance hearing; (B) Procedures for conducting the grievance hearing; (C) Opportunity to review any pertinent information relating to the issues; and (D) Criteria to be used for making a final determination that include: 1. Time limitations for notification of the decision from the date of grievance hearing; 2. Reasons for the final determination and the evidence on which it was based; and 3. Advice of the right to appeal to the division for mediation to service providers who meet the following conditions: A. Application to provide services under an area plan has been denied; or B. Subgrant or contract is terminated or not renewed for reasons other than a determination that the service provider has materially failed to comply with the terms of the subgrant or contract as provided in 45 CFR 75.371-75.375.

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

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

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

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

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

(ii) providing documentation of the need for such action; and

(iii) at the request of the AAA, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this subchapter in the PSA served by the AAA for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the AAA has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

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

Each AAA shall designate an individual employed by the AAA, or available to such AAA on a full-time basis, whose responsibilities will include— (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and (ii)

providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

Area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who— (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently; (B) are patients in hospitals and are at risk of prolonged institutionalization; or (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

Senior Service Growth and Development Program Fund (RSMo 192.385)

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

Internal Control Policy

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

Data Collection

The area agency on aging will collect data to determine—

- (A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
- (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals.

Low Income Minority Older Adults

The area agency on aging will—

- (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
 - (I) identify the number of low-income minority older individuals in the planning and service area;
 - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

Responsibilities of service providers under State and area plans

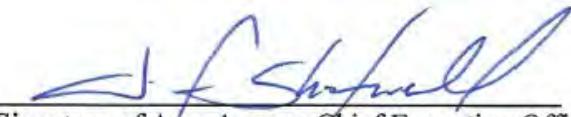
As a condition for receipt of funds under this part, each area agency on aging shall assure that service providers shall:

- (a) Specify how the service provider intends to satisfy the service needs of those identified as in greatest economic need and greatest social need, with a focus on low-income minority individuals in the area served, including attempting to provide services to low-income minority individuals at least in proportion to the number of low-income minority older individuals and family caregivers in the population serviced by the provider;
- (b) Provide recipients with an opportunity to contribute to the cost of the service as provided in § 1321.9(c)(2)(x) or (xi);
- (c) Pursuant to section 306(a)(16) of the Act (42 U.S.C. 3026(a)(16)), provide, to the extent feasible, for the furnishing of services under this Act through self-direction;
- (d) Bring conditions or circumstances which place an older person, or the household of an older person, in imminent danger to the attention of adult protective services or other appropriate officials for follow-up, provided that:
- (1) The older person or their legal representative consents; or
 - (2) Such action is in accordance with local adult protective services requirements, except as set forth at § 1321.93 and part 1324, subpart A, of this chapter;
 - (e) Where feasible and appropriate, make arrangements for the availability of services to older individuals and family caregivers in weather-related and other emergencies;
 - (f) Assist participants in taking advantage of benefits under other programs; and
 - (g) Assure that all services funded under this part are coordinated with other appropriate services in the community, and that these services do not constitute an unnecessary duplication of services provided by other sources.

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

1/14/25

(Date)


(Signature of Area Agency Chief Executive Officer)

Attachment C – Information Requests

Section 305(a)(2)(E) of the Older Americans Act:

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:

When demand exceeds available funding, AAAX must waitlist services. The individuals on any waitlist will be prioritized based on certain factors. Assessment and identification are the first steps in assuring the preference will be given to providing services to older adults with the greatest economic and social need. The agency conducts comprehensive needs assessments to identify older individuals with the greatest economic and social needs, focusing on low-income, low-income minority, limited English proficiency, and rural populations. Any individual found with greatest economic and social need will be served before others for waitlisted services as soon as possible.

In addition to individual prioritization, AAAX collects data and receives input from several sources to determine the needs of our target population, including:

1. **AAAX Advisory Council:** The agency's Advisory Council is one of our most valuable assets in helping to determine the needs of seniors in our service area. Our Council is made up of both retired and working senior professionals, community partners (both in nonprofit sector and health care), elected officials, retired elected officials, etc. It is also diverse and includes members of Hispanic, Native, and African American descent. All are an integral part of the community. Meetings are held during which information is exchanged between the management staff of the AAA and the Council regarding the needs of seniors and the agency's efforts to meet those needs. The CEO and Program Directors give a report to the council regarding changes in the agency and what is going on in each program. Services are related to the needs they are designed to address, and discussion develops about potential changes in need and the effectiveness of each service. The council is asked to actively participate in the process and specific work areas that may be developed are assigned to sub-committees for further work and reporting back to the main group. The Advisory Council actively works to hold outreach events (and fundraising) numerous times per year. Because the AAAX Advisory Council is not only demographically diverse, they are also professionally diverse. From attorneys to in-home care professionals, faith-based leaders to bankers, the council members see and hear from the older adults and their caregivers across AAAX 4-county PSA.
2. **Senior Center & Central Office Staff:** The managers and staff of the AAAX senior centers report the concerns and needs of participants in both the congregate and home bound meals programs. They are able to express those needs and concerns to the Nutrition Director, Resource Team, and/or CEO at any time, or alternatively, during the weekly managers' meetings. All of the centers have suggestion boxes for the senior to fill out with ideas or concerns they may have about the center. Every AAAX senior center has its own advisory board made up of seniors who come to the center. Managers attend senior center advisory board meetings and are made aware of issues and concerns as they relate to the seniors the board represents. In this way, we gain much insight into the needs and wants of our seniors in those communities. Information regarding senior needs and issues is also shared with and between the Resource Development Staff, senior center advisory boards, **Silver**

Haired Legislature delegates, community partners, and individual clients. Another valuable resource for identifying senior needs is through the almost 2,000 plus I & A contacts made throughout the agency.

3. **Survey:** We feel it is critical to survey our clients as to their overall satisfaction with our programs and services. We sample all our congregate meal participants who are willing to participate each year to determine their satisfaction with the quality of food and service provided at our centers. We are seeing a substantial increase in the number of people wanting to receive home delivered meals. With the increase in assessed home delivered meal clients, we note rising food insecurity, lack of transportation, waitlists for affordable housing, and other needs (such as incontinence aids, durable medical equipment needs, other supports like pet supplies, etc.).
4. **The Master Plan on Aging Town Hall** held in Joplin, MO in March was another instance of needs identification. Key to this meeting was the number of older adults and their caregivers who are not already our clients. The insights gained on concerns about aging were sometimes out of our purview. Yet, AAAX community partnerships, built over the last 5 years, are key to our understanding of these identified concerns and needs. The final data from the statewide series of Town Halls is also a key source for identifying the needs.
5. **ma4** contracted with POLCO to conduct a statewide survey of older adults. The results have been eye-opening and can be drilled down to the four counties AAAX serves.
6. **Local city councils, Empower Missouri, Joplin Rotary, One Joplin, Jasper and Newton County COAD, Senior Alliance, local Chamber of Commerce boards, faith-based alliances, etc.:** We urge our employees to participate in local government and non-profits whose goals and services align with our target population. Our interaction with and participation in these groups' activities strengthens our position in the community, gets our name out there for seniors to hear, and of course, keeps us aware of the needs and unfulfilled needs of our seniors. AAAX CEO sits on the One Joplin Board. One Joplin is made up of numerous nonprofits in the region that came together post-tornado. The group consists of representatives from Joplin Habitat for Humanity, Salvation Army, Veterans Group, Faith-based organizations such as Catholic Charities, Missouri Foundation for Health, United Way, and so on. The AAAX CEO headed the 2020 Census Subcommittee for Senior Populations and is Co-Chair of the Housing and Poverty Committee. Another AAAX staff member sits on the Human Services committee. The CEO is also a board member of a statewide legislative advocacy group known as Empower Missouri. Out of Empower Missouri comes the food security coalition, affordable housing coalition, and criminal justice coalition meetings at which numerous stakeholders attend. The Senior Alliance is a group of stakeholders who came together for disaster planning, specifically for senior and disabled populations. Several senior centers hold memberships to the Chambers in their city, and some center managers sit on the boards of those Chambers. This serves many purposes. It enhances our understanding of what retiring older persons want of us by putting our staff in contact with local employers and thereby having access to their employees. It also gives us a platform to give presentations to the business community for those leaders to take back to their workplaces. The sharing of Chamber-generated data on each community is something we rely on to project our congregate numbers, what activities to staff-up on, where we can pull volunteers from, etc. AAAX signed a contract in late 2021 to be the "Service Enriched Coordinator" for Parkwood Senior Apartments as well as a contract for the same services for new senior housing developments in Joplin and Carthage. Memorial Hills II, housing seniors and veterans, recently began leasing and AAAX staff are on site there two times per week. Carthage Senior Villas construction will be complete in the early spring of 2025. Services on-site at these locations include CDSME classes, falls prevention classes, tax preparation help, educational presentations such as Tenant/Landlord education, managing credit, etc.

AAAX CEO regularly attends city council meetings in Carthage, Webb City, Joplin, Carl Junction, and Neosho. These meetings not only inform the councils of the work AAAX is doing but also give the opportunity for council members to inform us of needs their constituents have.

7. **Census data:** As the most recent census produces data, AAAX and its Board of Directors comb through the demographics to ensure that changing population centers in AAAX PSA are served. Growth and loss of population in areas throughout Southwest Missouri is very evident. Furthermore, we are able to identify pockets of diversity in our area. We also can see trends in growth of older adult population, housing statistics, and other key data that helps our strategic planning process.

Targeted outreach is implemented through programs to ensure these populations are aware of available services. This includes partnerships with community organizations, faith-based groups, and local media to reach underserved communities. By using a combination of printed materials, newspapers, local radio and television, social media platforms such as Facebook, lectures at local civic organizations such as Kiwanis and Rotary, and more, AAAX reaches deep into underserved communities to raise awareness of the programs and services we offer.

AAAX prioritizes funding and resources for programs that directly benefit these priority groups, such as nutrition services, extra groceries, transportation, and in-home supports.

Monitoring and evaluation systems are used to track service delivery and outcomes for the priority groups. The AgingIS database system compiles demographic information about our clients and reports are drawn from the data showing services provided to those populations with greatest social and economic need. While intake information allows all data to be self-reported by the older adult, we heavily emphasize the importance of collecting as much data as we can to 1) provide appropriate services and 2) prove the prioritization of target populations. AAAX regularly evaluates the effectiveness of programs and adjusts as needed. Data pulled from AgingIS tells AAAX leadership which services are accessed the most. Surveys of service recipients inform us of the effectiveness of these programs.

Collaboration and coordination with county and local governments and community-based organizations helps the agency maximize scarce funding dollars to grow successful programs. Agency staff work with other local agencies, nonprofits, and community organizations to coordinate services and avoid duplication of efforts. This ensures more efficient use of resources and better service delivery. The agency engages the community in the planning process through public speaking events, presentations to city councils, surveys, and advisory councils to ensure that the voices of those with the greatest needs are heard and considered in decision-making.

Finally, when the needs are identified, the agency CEO and Program Directors discuss with the AAAX Board of Directors how best to meet the needs of vulnerable populations. If available funding is not enough or not available to start new or expand existing programs, the CEO seeks outside grant funding to help meet the needs or establishes wait lists for specific services. Wait lists are monitored so that those with greatest social and economic need are prioritized when openings for services are available.

Section 306(a)(17) of the Older Americans Act:

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.

DHSS NOTE: 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:

AAAX has a comprehensive emergency preparedness plan in place. This plan, the Continuity of Operations (known as the “COOP” plan) is updated at least annually and filed with the State Unit on Aging in coordination with the SUA Emergency Planning Coordinator. The plan is reviewed and signed by the AAAX Board of Directors Chair and the AAAX Advisory Council President. It is distributed to each Board and Advisory Council members, all AAA staff at all locations, discussed at city council meetings in Carthage, Webb City, Carl Junction, Joplin, and Neosho. It is also filed with each county commission in the planning and service area to ensure the emergency manager at each county has access to the document. Please see the COOP plan in its entirety following this Attachment C narrative.

AAAX leadership is encouraged to participate in community initiatives and sit on local boards. AAAX CEO sits on the One Joplin Board, which is made up of numerous nonprofits in the region that came together post-tornado. The group consists of representatives from Joplin Habitat for Humanity, Salvation Army, Veterans groups, faith-based organizations such as Catholic Charities, Missouri Foundation for Health, United Way, and so on. The AAAX CEO headed the 2020 Census Subcommittee for Senior Populations and is Co-Chair of the Housing and Poverty Committee. Another AAAX staff member sits on the Human Services committee. The CEO also participates in the Jasper-Newton County COAD (Community Organizations Active in Disaster) as well as the Missouri COAD.

Section 307(a)(10) of the Older Americans Act:

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:

In the AAAX planning and service area of Barton, Jasper, Newton, and McDonald Counties, there are large areas that are rural. US Census data shows the estimated populations of people aged 60 and older in the rural areas of the specified counties in Missouri as:

- Barton County: Approximately 3,330 older people
- Jasper County: Around 25,345 older people.
- Newton County: About 14,215 older people.
- McDonald County: Approximately 5,020 older people.

With Joplin the only urbanized area (population greater than 50,000), the above numbers are not surprising.

AAAX’s largest service to the older adult population residing in rural areas is our homebound meal program. Volunteers deliver meals within the city limits of the rural communities of Lamar, Carthage, Webb City, Carl Junction, and Neosho. To ensure service to all rural-dwelling older adults who qualify for home delivered meals, AAAX has a Rural Meal Program. Paid employees (meal delivery drivers) and two dedicated

Homebound Coordinators facilitate the delivery of not only meals, but also extra groceries, pet food, durable medical supplies, adult incontinence aids, and more. The agency will purchase a microwave or toaster oven for those older adults receiving home delivered meals, based on economic circumstances, should they not have one. Where possible, AAAX will facilitate the delivery of such items if the older adult is able to purchase one.

Telephone reassurance calls are made in addition to the friendly visit by the meal delivery drivers to ensure the well-being of the older adult client. Funding for the Rural Meal Program comes from Title III-C2 budgets. The groceries and other items provided are funded through grants, philanthropic trusts, and/or private donations.

In-home care through our Family Caregiver program is available to rural caregivers through Title III-E funding. We also provide in-home vaccination to any homebound older adult who wants to be vaccinated for COVID, flu, RSV, and other illnesses by partnering with the Community Clinic of Southwest Missouri, for-profit local pharmacies, health departments, and more thanks to the ma4 Aging and Disability Vaccination Collaborative (ADVC) grant.

Section 307(a)(14) of the Older Americans Act:

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:

Proactive outreach is a cornerstone of AAAX's strategy. The agency enhances its efforts to identify and assist individuals who might not be aware of the services available to them. This included targeted campaigns in neighborhoods and those rural areas with high concentrations of low-income minority older individuals and those with limited English proficiency, ensuring that no one is left behind. Without the constraint of wait lists, AAAX offered more personalized and comprehensive services. Each older adult received customized care tailored to their specific needs, ensuring that they received the appropriate level of support. This individualized approach helped to address the unique challenges faced by each person, improving their overall quality of life.

Resource allocation currently focuses on maintaining a robust supply of services to meet demand. AAAX budgets forecast a shortfall in nutrition funding. However, we work to secure additional funding, expanding partnerships with community organizations, and invest in infrastructure to support increased service capacity. Should wait lists for services be enacted, priority service will be given to low-income minority older individuals as well as to those with limited English proficiency.

Equity and inclusion remain at the forefront of AAAX's mission. The agency will continue to provide culturally and linguistically appropriate services, ensuring that all individuals, regardless of their background or language proficiency, have equal access to the support they need. By addressing any barriers to access, AAAX will help to create a more inclusive and supportive community for all older adults.

3026(a)(18) of the Older Americans Act:

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:

Each year, AAAX heavily funds Older Adult Transportation Service (OATS), Truman Area Transportation System (TATS), Carthage City Taxi, and provides transportation tokens for the Metro Area Public Transit System (MAPS transit). While OATS is available to older adults throughout the planning and service area, the rest are regional. TATS operates in Lamar only; Carthage City Taxi in the city limits of Carthage; and MAPS in the greater Joplin area. In FY25, the Area Agency on Aging logged 40,248 transportation units of service with these providers.

Because of the shortage of transportation options for older adults, in FY2025 we financially supported the launch of CARS, or the Community Action Ride Service. Economic Security Corporation (ESC) developed CARS. This program is a volunteer ride project – with volunteers providing the ride, in comfort rather than a bus, for reimbursement of mileage to anyone who schedules the need. We continue to work with ESC to develop and expand volunteer driver roles since we know there will be no shortage of need. We have the CARS project lead from ESC visit each of our nutrition sites to promote the program and garner volunteer drivers. We also have the CARS project lead participating in our Give 5 civic matchmaking initiative. The funding we used in FY2025 for this support was from the Senior Services Growth and Development Fund since ESC is not yet able to meet the criteria for our regular transportation dollars. We are working with ESC's CEO to make sure as the program grows that they are able to comply with the general requirements of a contract for AAAX transportation funding and can withstand monitoring. The success of the program is growing! From May 1, 2024, to September 30, 2024, CARS volunteer drivers logged close to 50,000 miles.

Another program available through AAAX is offered by our contracted provider St. Paul's church. St. Paul's offers numerous services in the greater Joplin area including rides to medical appointments, grocery pickup, and other chores to help those who cannot access transportation providers or who simply cannot drive any longer. In FY24, St. Paul's provided 252 medical rides and 297 grocery runs.

Transportation continues to be one of the greatest needs in southwest Missouri. AAAX will continue to fund established providers, seek contracted services for specific needs, and explore and support creative solutions to fill these needs.

PLEASE SEE ATTACHED COOP PLAN NEXT PAGE.

AREA AGENCY ON AGING REGION X

Continuity Of Operations Plan

Developed In Collaboration With



**Division of Senior and
Disability Services**

October 2025

COOP Plan Record of Changes

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

Description of Changes	Page # Revised	Revision Date	Created by/ Changed by	Requested by
Complete rewrite of plan	All	11/14/2018	Stan Heater	DHSS - Marcia
Complete update of plan, rewrite of sections	All	11/30/2019	Jennifer Shotwell	DHSS - Marcia
Update of sections	Pg #5, 9, 11 and Appendices	10/01/2020	Jennifer Shotwell	DHSS - Marcia
Update of sections	Appendices 3, 5 and Pg 9 (Sec VII),	10/19/2021	Jennifer Shotwell	DHSS - Marcia
Update of Sections	Appendices 1,3,5	2/1/2023	Jennifer Shotwell	DHSS - Marcia
Update of Sections	Pg #4, Appendices 1-5	1/12/2024	Jennifer Shotwell	DHSS – Marcia Davis
Update of Sections	Pg #4,7,8,11,12, 14 Appendices 1-5	11/12/2024	Jennifer Shotwell	DHSS – Marcia Davis
Update of Sections	All	10/14/25	Jennifer Shotwell	DHSS – Marcia Davis

October 2025

TABLE OF CONTENTS

- I. Executive Summary
 - II. Introduction
 - III. Purpose
 - IV. Applicability & Scope
 - V. Essential Functions
 - VI. Authorities and References
 - VII. Concept of Operations
 - A. Phase I: Activation & Relocation
 - B. Phase II: Alternate Facility Operations
 - C. Phase III: Reconstitution
 - VIII. Continuity Planning Responsibilities
 - IX. Logistics
 - A. Alternate Location
 - B. Interoperable Communications
 - X. Tests, Training, and Exercises
 - XI. Continuity Plan Maintenance
-
- Appendix 1: Order of Succession
 - Appendix 2: Operational Checklists
 - Appendix 3: Call-Down listing order
 - Appendix 4: AAA Region X Senior Centers, Contacts for City owned buildings
 - Appendix 5: Nutrition Program Provider Contacts

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 people living in a home and community-based setting. We are a primary resource for information and assistance, nutrition programs, in-home care needs, caregiver support, public benefits counseling, transportation, and many other areas of interest to seniors. At the community level, our senior centers provide congregate and home-delivered meals and are well known as a resource for information and assistance, socialization, education, and health promotion activities.

This continuity of operations plan (COOP) documents how the Area Agency on Aging Region X (AAA Region X) 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, AAA Region X is responsible to provide specific essential functions recognized in this plan.

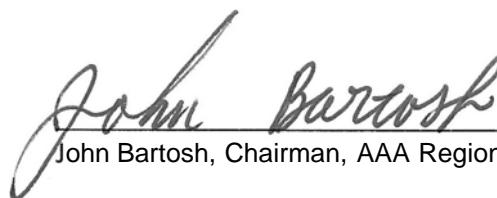
This plan will be implemented any time the Chief Executive Officer, or designee, determines it is necessary to ensure essential functions are maintained or resumed in a timely manner.



Jennifer Shotwell, Chief Executive Officer

10/14/25

Date



John Bartosh, Chairman, AAA Region X Board of Directors

0 | 25

Date



Sherry Lawrence, Secretary, AAA Region X Advisory Council

10 | 28/25

Date

II. INTRODUCTION

The various disasters and pandemics experienced by Missouri in recent years have demonstrated a clear need for emergency preparedness and disaster response planning. It is imperative that AAA Region X engage in active planning efforts 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 homebound persons. Any COOP event that disrupts the delivery of these meals could result in serious consequences, up to and including loss of life. The senior centers are often called upon to support the emergency management response to various events, by serving as shelters and providing food for individuals and response workers. The information and assistance network operated by the AAA Region X 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.

AAA Region X'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 AAA Region X can continue mission-essential functions if normal operations are disrupted. Procedures are included for the relocation of staff and functions, when necessary. The plan is designed to:

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

IV. APPLICABILITY AND SCOPE

The AAA is the entity designated by the Missouri Department of Health and Senior Services to administer state and federal funding for elderly programs and to plan and implement programs and services for the elderly in the AAA Region X Planning and Service Area (PSA). This PSA encompasses Barton, Jasper, Newton, and McDonald counties.

The provisions of this document will guide AAA Region X's actions during any event that affects business operations, which will trigger the implementation of the COOP Plan, regardless of the type of hazard that causes the event.

V. ESSENTIAL FUNCTIONS

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

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

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

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

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

Priority 1:

- AAA Region X must have sufficient staff to receive and respond to calls.
- Telephone and IT systems identified within this plan must be immediately available (See Appendix 5).
- Operations must be able to be moved to an alternate AAA Region X facility when necessary (See Appendix 4).

Priority 2 and 3:

- AAA Region X must have sufficient staff available to respond to priority requests.
- Staff must be able to respond to critical issues.
- At a minimum, telephone access must be available.

All Priorities:

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

VI. AUTHORITIES AND REFERENCES

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

45 CFR Part 1321 (Subpart E) requires that AAAs shall include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.

19 CSR 15-4.040(2)(F) 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 15-4.200 states: The area agency shall develop a comprehensive, coordinated disaster preparedness plan which shall include service providers in the PSA.

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

Missouri Area Agency on Aging Area Plan updated annually.

VII. CONCEPT OF OPERATIONS

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

This plan outlines actions to be taken to secure AAA Region X facilities and personnel; relocate to an alternate facility, if necessary; and return as quickly as possible to serving the needs of older Missourians in AAA Region X.

All AAA Region X provider contracts contain language providing for the activation of their individual plans by the Chief Executive Officer of the Area Agency on Aging Region X.

Planning Considerations and Assumptions

This COOP Plan is based on the following assumptions:

- An emergency condition may require relocation of AAA Region X to an alternate facility;
- An emergency can occur with little or no warning, causing significant loss of life and environmental and economic damage. In an emergency, it will be necessary to continue the essential functions of AAA Region X 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 with 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, AAA Region X 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 and without warning;
- Be operational within (3) three to (12) twelve hours of notification;
- Maintain sustained operations in an alternate facility or location for as long as necessary; and
- Accept maximum advantage of existing state, federal and local government infrastructures.

1. Phase I: Activation and Relocation

The AAA Region X Chief Executive Officer, or designee, will oversee the activation of any portion of the COOP. Once the decision is made to activate the COOP, the AAA Region X Chief Executive Officer, or designee, will utilize the Operational Checklist (Appendix 2) and begin the notification procedures. The Chief Executive Officer, or designee, will serve as the agency spokesperson.

a. Decision Process

Emergencies, or potential emergencies, may affect the ability of AAA Region X to perform its mission essential functions from the Joplin, Missouri central office.

If AAA Region X is unable to perform its essential functions from the central office, the Chief Executive Officer, or designee, will direct the activation of the COOP. The Chief Executive Officer will determine if essential functions can be performed by remote access by staff. The Chief Executive Officer, or designee, will notify the Missouri Department of Health and Senior Services (DHSS) that the Agency is activating its COOP. A pre-selected Alternate Relocation Facility may be activated; staff will deploy and continue AAA Region X's mission essential functions from an alternate location or from home with Agency-issued, secure laptops if Stronghold Data, the agency's I.T. provider, can monitor security via the Internet.

Scenarios in which the COOP Plan will be activated include:

- The AAA Region X central office is closed to normal business activities because of an event (whether or not originating in the Agency building), or credible threats of action would preclude access or use of the AAA Region X building and the surrounding area.
- The area surrounding the central office is closed to normal business activities because 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.

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.

AAA Region X uses all available methods to maintain communication with staff during an event including telephone, text, and email messages, as necessary.

When an event affects AAA Region X operations, the Chief Executive Officer, or designee, will immediately begin notification to managers and essential staff through a call-down (call-tree) procedure. (See Call-Down Appendix 3) First notice will be conducted via telephone with text messaging as a backup. Email will be utilized when necessary to complete contact or provide additional information.

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

- COOP hotline will be established, if feasible;
- Agency broadcast via AAA Region X main phone number;
- Use of telephone message system; and
- Local radio, social media, and television announcements released.

Most employees, unless otherwise identified, should listen for specific instructions. All AAA Region X employees should remain at their office or home until specific guidance is received.

c. Leadership

Orders of Succession

During events with significant impact, the ability of the AAA Region X leaders to respond may be impacted, up to and including a total lack of accessibility.

Appendix 1 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 AAA Region X Central Office is completely incapacitated, all functions will be transferred to the nearest unaffected AAA Region X senior center or SeniorAge Area Agency on Aging in Springfield, MO if necessary. If those facilities are not available, then transfer will be made through mutual pact to the closest available operating Missouri Area Agency on Aging.

2. *Phase II: Alternate Facility Operations*

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

The AAA Region X has identified a continuity location at the Joplin Senior Center in Joplin, MO. Should relocation to another alternate facility be necessary, a risk assessment will be completed to ensure any relocation facility is safe and appropriate for use. Such assessment will include, at a minimum, evaluation of structural integrity and accessibility along with availability of utilities, food and water, restrooms, lighting, phones, tables and chairs, communication, and IT connectivity.

a. Mission Critical Systems

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

System Name	Location	Control/Responsibility	Dependency Systems	Restoration Priority
Internet	Central Office	Fiscal Director	Telephones, AgingIS	Immediate
Hosted Cloud Storage	Stronghold Data	CEO, Fiscal Director	All	Immediate
AgingIS	IDS Hosted Location	Medicaid/AgingIS Specialist	Web based application	Immediate
HDM Driver Info	Local Centers	Nutrition Director/HDM Managers & Coordinators	AgingIS	Immediate
HDM Route Info	Local Centers	Nutrition Director/HDM Managers & Coordinators	AgingIS	Immediate
Momentive Software- MIP Accounting	Central Office	Fiscal Director	Accounting & Payroll	>24 hours

Sparklight	Central Office	Fiscal Director	Email	Immediate
Office Tools	Stronghold Data	CEO, Fiscal Director	AAA	<12 hours

b. Critical Files, Records, and Databases

The following table outlines the files, records and databases that are considered vital to support the essential functions of AAA Region X:

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

3. Phase III: Reconstitution

As soon as it is practical following an emergency relocation, an AAA Region X designee, with support from appropriate agencies, will initiate operations to salvage, restore, and recover AAA Region X headquarters after the approval of the local and Federal law enforcement and emergency services involved. Reconstitution procedures will commence when the Chief Executive Officer or other authorized person ascertains that the emergency has ended and is unlikely to recur. Once this determination has been made, in 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 AAA Region X office and reconstitute from remaining AAA or other resources.
- Begin to establish a reconstituted AAA Region X office in some other facility in the Joplin, Missouri vicinity.

a. Development of Plans and Schedules

The AAA Region X Chief Executive Officer 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 AAA Region X Chief Executive Officer will approve the plans and schedules prior to the cessation of alternate facility operations.

b. Procedures to Reoccupy / or New AAA Region X Office

Upon a decision by the AAA Region X Chief Executive Officer and/or designated authority, that the Agency's office can be re-occupied, or that a different facility will be established as a new AAA Region X location:

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

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

c. After-Action Review and Remedial Action Plan

The 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 times for implementation of necessary changes will be established by the Chief Executive Officer regarding internal priorities. Any recommendations in the areas of life safety, alert and notification, the activation process, implementation, or operation of essential functions will be incorporated into the plan as soon as possible, but not later than during the annual review.

VIII. CONTINUITY PLANNING RESPONSIBILITIES

The table below outlines specific COOP planning responsibilities by position. The Chief Executive Officer provides overall leadership and direction for the overarching plan. Other

key positions must maintain an awareness of the agency's COOP plan, as well as individual issues related to specific areas of responsibility in support of essential functions. All managers will maintain a current after-hours contact list that they always have access to.

Responsibility	Position
Update continuity plan annually	Chief Executive Officer
Update telephone rosters quarterly	Accounting Coordinator
Conduct alert and notification tests	Chief Executive Officer and Departmental Directors
Develop and lead continuity training on-going	Chief Executive Officer
All Management Team feed updates into the plan as needed	Chief Executive Officer and Departmental Directors

IX. LOGISTICS

a. Alternate Location:

Agency officers, admin, and managers have available a laptop computer which can be maintained at their 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.

If the AAA Region X office building is severely damaged or destroyed, the Chief Executive Officer, or designee, will direct staff to report to work with laptops at an alternate location.

The alternate location has been identified as the Joplin Senior Center.

If relocating outside of Joplin becomes necessary, the agency will relocate to the nearest appropriate senior center within the PSA. The Chief Executive Officer will determine the location and notify Agency staff where to report. If relocating outside of our PSA becomes necessary, the agency will relocate to the nearest appropriate Missouri area agency on aging. The Chief Executive Officer will determine the location and notify Agency staff where to report.

Agency mail will be forwarded to its established post office box or to the designated relocation site.

b. Interoperable Communications:

Any agency staff that has Agency issued laptops can access email accounts and Agency files on any device through Microsoft Outlook. While technology remains available email distribution lists, mobile phones and other methods of communication will be used. Management members have cell phones that allow them to maintain necessary contact while in transit to relocation facilities.

If short-term closure is anticipated, staff may work from home using internet connections (or hotspots) 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 Region X COOP will be conducted at least annually, at one or 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.

AAA Region X will work with the DSDS Disaster Response Coordinator, the American Red Cross, and local Emergency Management (COADS, Counties, Cities) 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. AAA Region X 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 AAA Region X Continuity of Operations Plan is based on guidelines provided by the Missouri Department of Health and Senior Services.

The AAA Region X Chief Executive Officer has 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 Region X Area Plan. Updates and changes will be

AAA Region X will re-evaluate its responsibilities, considering 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 Accounting Coordinator.

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 made to affected staff and other entities, as necessary. These lists and documents can always be located at the Agency Central Office in Joplin, MO.

AAA Region X 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 1 **ORDER OF SUCCESSION**

Chief Executive Officer: Jennifer Shotwell

Name	Position Title	Cell Phone Number
Bill Chase	Fiscal Director	
Charlotte Foust	Resource Director	
Stormy Cuba	Nutrition Director	

Fiscal Director: Bill Chase

Name	Position Title	Cell Phone Number
Cindy Swadner	Accounting Coordinator	
Gina Analia	Accounting/Medicaid & AgingIS Specialist	

Resource Director: Charlotte Foust

Name	Position Title	Cell Phone Number
Sarah Tippit	Resources & Supports/FCG	
Kim Schlegel	Outreach Coordinator	

Nutrition Director: Stormy Cuba

Name	Position Title	Cell Phone Number
Lauren Thornton: Senior Centers & Staff and SGC food orders	Nutrition Site Manager	
Kacy Lankford: Rural Route Program & Staff and frozen meal orders	Rural Homebound Manager	

Appendix 2 **OPERATIONAL CHECKLISTS**

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

Chief Executive Officer

- Begin COOP notification as outlined in plan.
- Determine scope of impact to agency.
- Determine need for office relocation.
- Ensure sufficient staff are available to maintain essential functions.
- Provide necessary information to all staff.
- Coordinate information-sharing with partners and other agencies.
- Determine need for emergency hotline. Notify Fiscal Director if necessary.
- Activate call-tree (Appendix 3) to Fiscal Director, Nutrition Director and Resource Director

Fiscal Director:

- Ensure continuation of accounting and fiscal functions.
- Activate call-tree to fiscal staff.
- Provide daily situation reports to CEO.
- Coordinate all disaster response activities.
- Coordinate the re-establishment of computer and internet network working with contracted provider (Stronghold Data & Sparklight)
- Review facility damage assessments and determine operational status of agency telephone and computer systems.
- Ensure all data is secure, off-site, and available in alternate locations.
- Collaborate with Board and any/all agency staff in reestablishing alternate data and communication systems at alternate site(s).

Resource Director:

- Oversee Information and Referral.
- Send information through Public Service Announcements if possible (all media outlets).
- Maintain essential functions of office staff.
- Provide info to clients and the general population calling for service or with questions.
- Participate on Special Projects team to identify agencies providing emergency services.
- Assist with assessment/prioritization of client need.

- Working with Nutrition Director, provide listing of at-risk elderly transportation-dependent individuals, special needs care coordination clients, and in-home service recipients to CEO.
- Act as point of contact for general intra-agency communications throughout the event.
- If staffing of field location is requested by FEMA, SEMA or DHSS coordinate logistics and report specifics to CEO.

Nutrition Director:

- Work with Resource Director in establishing local support, alternate services, identification of at-risk older adults.
- Work with CEO, Fiscal Director and Resource Director as well as vendors to ensure continuity of services with senior centers and home delivered meals.
- Activate call-tree to Nutrition Managers.
- Coordinate delivery to areas hit by disaster, working across local emergency services and other nonprofits active in disaster.

APPENDIX #3
CALL-DOWN LISTING ORDER

Executive Director – Jennifer Shotwell*(T) indicates texting capability*

Caller	Name	Cell Phone Number	Office Phone Number
Jennifer Shotwell	Bill Chase		417-781-7562
	Stormy Cuba		417-682-3881
	Charlotte Foust		417-781-7562
	Kacy Lankford Central Office/Rural Nutrition		417-781-7562
	Shelly Blackington-Barr Medicaid Reassessor Coordinator		n/a

Fiscal Director – Bill Chase*(T) indicates texting capability*

Caller	Name	Cell Phone Number	Office Phone Number
Bill Chase	Cindy Swadner		417-781-7562
	Gina Anala		417-781-7562

Nutrition Director – Stormy Cuba*(T) indicates texting capability*

Caller	Name	Cell Phone Number	Office Phone Number
Stormy Cuba	Joplin Mgr: Mark McKenzie		417-781-9353
	Carthage Mgr: Shelly Blevins		417-358-4741
	Neosho Mgr: Lena Bynum		417-451-0981
	Lamar Mgr: Lauren Thornton		417-682-3881
	Carl Junction Mgr: Tammie Lynch		417-649-6437
	Webb City Mgr: April Cloyd		417-673-1876
	Meal Site Mgr: Betty Bailey		n/a
	Meal Site Mgr: Melissa Lance		n/a

Resource Director – Charlotte Foust*(T) indicates texting capability*

Caller	Name	Cell Phone Number	Office Phone Number
Charlotte Foust	Lynette VanWinkle		417-781-7562
	Sarah Tippit		417-781-7562
	Kim Schlegel		417-781-7562
	Adrienne Weston		417-781-7562

Rural Nutrition – Kacy Lankford

(T) indicates texting capability

Caller	Name	Cell Phone Number	Office Phone Number
Kacy Lankford	Angela Cowan, Rural HB Coordinator		417-781-7562
	Route Driver #1 Randy Devillers		417-781-7562
	Route Driver #2 Casey Bohr		417-781-7562
	Route Driver #3 Kevin Fancher		417-781-7562

Appendix 4
AAA REGION X SENIOR CENTERS & CITY CONTACTS

BARTON COUNTY SENIOR CENTER	306 West 11th Street, Lamar, MO 64759 Phone 417-682-3881 Fax 417-682-5893 Building owned by Senior Center Advisory Council
CARTHAGE CENTER FOR SENIORS	404 East 3rd Street, Carthage, MO 64836 Phone 417-3584741 Fax 417-358-2688 Building owned by City of Carthage 417-237-7000
WEBB CITY SENIOR CENTER	210 N. Pennsylvania, Webb City, MO 64836 Phone 417-673-1876 Fax 417-673-1798 Building owned by City of Webb City 417-673-4651
THE CENTER (Carl Junction)	303 North Main, Carl Junction, MO 64834 Phone 417-649-6437 Fax 417-649-6018 Building owned by City of Carl Junction 417-649-7237
JOPLIN SENIOR CENTER	2616 South Picher Ave, Joplin, MO 64804 Phone 417-781-9353 Fax 417-781-5816 Building owned by City of Joplin 417-781-0820
NEOSHO SENIOR CENTER	1017 E. Carl Sweeney Parkway, Neosho, MO 64850 Phone 417-451-0981 Fax 417-451-3543 Building owned by City of Neosho 417-451-8050
CATERED MEAL SITES	Numerous locations across the Region X PSA. Contact AAA Region X Central Office Phone 417-781-7562 Fax 417-781-1660

Appendix 5 AAA REGION X PROVIDER CONTACTS

TECHNOLOGY/SECURITY:

Stronghold Data, LLC (hosted cloud services and offsite back up storage)	417-627-9878
Innovative Data Systems (AgingIS software – client database)	1-888-527-6012
Momentive Software-MIP (accounting software)	1-800-994-1351
TEC (Central Office security system)	417-782-5555

BANKING:

SMB Bank Joplin (main account, contact Chad Brown)	417-625-5255
--	--------------

INSURANCE:

Assured Partners Insurance Agency	417-358-4007
-----------------------------------	--------------

GROCERIES:

SGC Foodservice (grocery and non-food items)	1-800-299-9595
SeniorAge (frozen meals)	417-862-0762
Walmart (groceries, non-food items) Lamar, Carthage, Joplin, Webb City, Neosho, MO stores	see local number

SUPPLIES/EQUIPMENT:

Allied Refrigeration	417-624-3960
Joe Harding Restaurant Supply	417-624-3020
West Mechanical (kitchen equipment & freezers)	417-451-0321
Eagle Eye Printing	417-781-0300
Ecolab (leased dishwashers & repair)	1-800-352-5326
Hickman Services (Central Office snow removal)	417-629-4608
Satterlee Plumbing Heating and Air	417-624-3660
Osborn Paper (paper products for central office & centers)	417-624-2321
Bill's Electric	417-624-6660
KAB Electric (Ray Uber)	417- 649-6057
Office Depot	417-206-6868
Sam's Club Joplin	417-623-6200
Admiral Express (office supplies, paper products)	417-781-2343

RURAL MEAL DELIVERY TRUCKS:

Delivery Concepts	630-924-8817
Or Bernie Pfeiffer Cell # 630-235-4769	
Thermo King of Springfield	417-862-1901
Thermo King Joplin Office	417-621-1155

CONTRACTED SERVICES AT SENIOR CENTERS:

Grace Healthcare (Scott Holland) Medication Mgmt. & Foot Clinic at Centers	417-725-9919
--	--------------

Attachment D – Area Agency on Aging Organizational Information

DHSS Instructions: The following will help provide information regarding the structure and staff responsibilities of Area Agency on Aging, Region X.

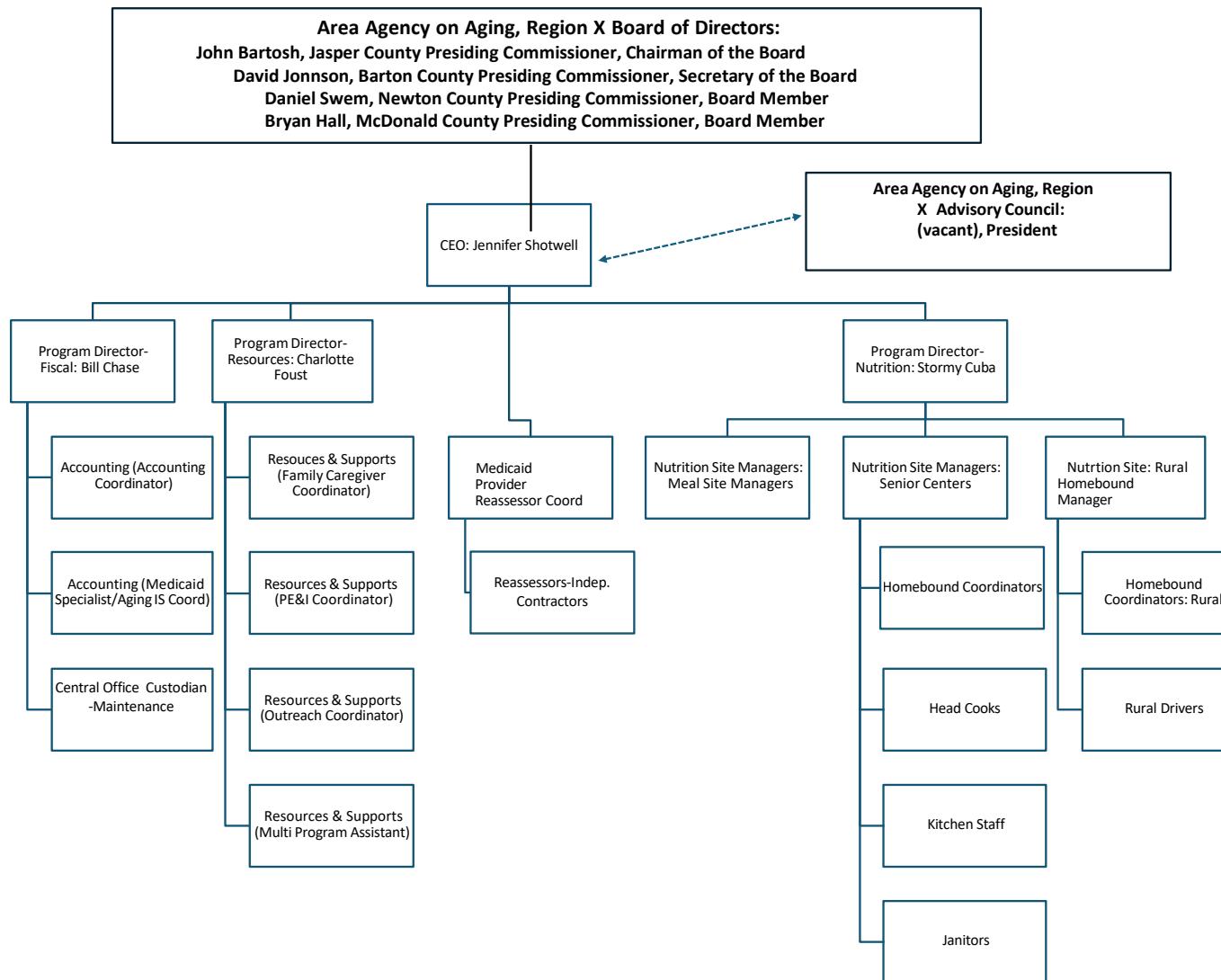
a. Provide an organizational chart for the Area Agency on Aging.

b. Provide Agency on Aging, Region X 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.

a. Area Agency on Aging, Region X Organizational Chart



b. Staff & Responsibilities

Position	Name	Area of Focus/Description	Hours per Week	FTE (based on 30hr per week)
Accounting	Anala, Gina	Medicaid billing/coordination, AgingIS database management and policy	40	1.00
Accounting	Swadner, Cynthia	Accounting coordination, Accts Payable, Payroll, HR, payroll tax filing	40	1.00
Drivers	Fancher, Kevin	Rural Program - deliver meals/goods/supplies to rural homebound	25	0.83
Drivers	Bohr, Casey	Rural Program - deliver meals/goods/supplies to rural homebound	32	1.00
Drivers	DeVillers, Randy	Logistics for HDM, deliver meals/goods/supplies to rural homebound	40	1.00
Head Cook	Kenagy, Jeffery	Responsible for senior center kitchen operation	35	1.00
Head Cook	Bolin, Nickie	Responsible for senior center kitchen operation	40	1.00
Head Cook	Gatewood, Crystal	Responsible for senior center kitchen operation	35	1.00
Head Cook	Higginbotham, Brenda	Responsible for senior center kitchen operation	35	1.00
Head Cook	Thomas, Tamara	Responsible for senior center kitchen operation	40	1.00
Head Cook	Ulmer, Norma	Responsible for senior center kitchen operation	30	1.00
Homebound Mgrs/Coord	Cowan, Angela	Rural homebound meal coordination, care plan mgmt of homebound	40	1.00
Homebound Mgrs/Coord	Cholka, Lisa	Local homebound meal coordination, care plan mgmt of homebound	40	1.00
Homebound Mgrs/Coord	Allison, Lacy	Local homebound meal coordination, care plan mgmt of homebound	40	1.00
Homebound Mgrs/Coord	Wesson, Amy	Manage local homebound meal program	40	1.00
Janitor	Taylor, Terry	Janitor-Central Office. Clean and maintain office	20	0.67
Janitor	DeBoutez, Theresa	Janitorial duties at senior center	30	1.00
Kitchen Staff	McCabe, Donna	Aids in lunch service, receptionist duties, data entry clerk	9	0.30
Kitchen Staff	Lawson, Violet	Aid in daily lunch food prep/serving/clean up and dishwasher	30	1.00
Kitchen Staff	(vacant)	Aid in daily lunch food prep/serving/cleanup of congregate lunch	30	1.00
Kitchen Staff	Webb, Michele	Aid in daily lunch food prep/serving/cleanup of congregate lunch	30	1.00
Kitchen Staff	Ballard, Kevin	Aid in daily lunch food prep/serving/cleanup of congregate lunch	30	1.00
Kitchen Staff	Barker, Tamara	Aid in daily lunch food prep/serving/cleanup of congregate lunch	27.5	0.92
Kitchen Staff	Cook, Stephanie	Aid in daily lunch food prep/serving/cleanup of congregate lunch	30	1.00
Kitchen Staff	Fortuck, Nancy	Aid in daily lunch food prep/serving/clean up and dishwasher	25	0.83
Kitchen Staff	Green, Heather	Aid in daily lunch food prep/serving/cleanup of congregate lunch	30	1.00
Kitchen Staff	Roberts, Steffani	Aid in daily lunch food prep/serving/cleanup of congregate lunch	30	1.00
Kitchen Staff	(vacant)	Aid in daily lunch food prep/serving/cleanup of congregate lunch	30	1.00
Kitchen Staff	Fordyce, Robert	Aid in daily lunch food prep/serving/cleanup of congregate lunch	40	1.00

Kitchen Staff	Lietz, Emma	Aid in daily lunch food prep/serving/cleanup of congregate lunch	30	1.00
Medicaid Provider Reassessor	Blackington, Shelly	Coordinates all Type 27 Provider contract activities, reassesses Medicaid clients through state contract	40	1.00
Nutrition Site Manager	Lankford, Kacy	Manage Rural homebound meal program, oversees department and drivers	40	1.00
Nutrition Site Manager	Lance, Melissa	Manage catered meal expansion sites in McDonald County	35	1.00
Nutrition Site Manager	Bailey, Betty	Manage catered meal expansion sites in other counties	16	0.53
Nutrition Site Manager	McKenzie, Mark	Manage senior center employees and all center operations	40	1.00
Nutrition Site Manager	Bynum, Lena	Manage senior center employees and all center operations	40	1.00
Nutrition Site Manager	Cloyd, April	Manage senior center employees and all center operations	40	1.00
Nutrition Site Manager	Lynch, Tammie	Manage senior center employees and all center operations	30	1.00
Nutrition Site Manager	Blevins, Shelly	Manage senior center employees and all center operations	35	1.00
Nutrition Site Manager	Thornton, Lauren	Manage senior center employees and all center operations	40	1.00
Officer *	Shotwell, Jennifer	Chief Executive Officer responsible for leadership, planning, and management of the operation of the Agency	40	1.00
Program Director	Cuba, Lucille (Stormy)	Directs Nutrition Dept, create menus, order groceries, manage all nutrition staff, write policy, collaborate with other Program Directors leading agency	40	1.00
Program Director	Foust, Charlotte	Directs Resource Dept., create and implement new programs, policy, MIPPA activities, responsible for website, social media, other media, advertising, collaborate with other Program Directors leading agency	40	1.00
Program Director *	Chase, William (Bill)	Directs and is responsible for all fiscal operations, heads accounting, collaborate with other Program Directors leading agency	40	1.00
Resources & Supports	Lang, Angela	Multiprogram Assistance, First contact in reception and telephone	35	1.00
Resources & Supports	Weston, Adrienne	Public Education & Information Specialist	40	1.00
Resources & Supports	VanWinkle, Lynette	Family caregiver supports, education, Title IIIIE	40	1.00
Resources & Supports	Schlegel, Kimberly	Outreach and education at senior centers, special programs	40	1.00

* Denotes who has the authority to certify/sign fiscal documents.

Attachment E – Area Agency on Aging 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.

The Area Agency on Aging, Region X Advisory Council meets at least quarterly but as often as necessary to fulfill its role with the agency. The President of the AC Board calls meetings. The agenda and approved minutes are posted on the agency website at www.aaaregionx.org. The meeting location is determined by the President, with most meetings held at the Area Agency on Aging, Region X central office at 531 E. 15th St, Joplin, MO 64804.

The AC elects a President and a Secretary to serve multiple year terms and holds elections from among the members whenever necessary. A past President may be elected to a 2nd term after an interim one year.

Membership on the AC is voluntary. Persons interested in sitting on the AC are invited to a meeting as a guest. Should the AC decide that a potential member fulfills the mandate of individuals and/or 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 AC accepts their application. Periodically, the AC reviews its members to ensure that no one business type makes up the majority of the council (i.e., too many in-home care agencies or banks represented). If the AC President feels there are too many from one industry, he/she will ask for a vote to limit those members.

The current composition of the Area Agency on Aging, Region X Advisory Council is as follows:

Board Member Name	Start Date	Position on Board	Current Position	Requirements (above list)
Hillary Bokker	2016	Board Member		2, 5, 6
Adam Bokker	2023	Board Member		2, 5, 6
Barb Ittner	2025	Board Member		1, 2, 6, 8
Sandy Hughes	2025	Board Member		1, 2, 6, 8
Jerry Williams	2025	Board Member		1, 2, 6, 8
Patty Brown	2025	Board Member		1, 2, 6, 8
Kasidy Daniel	2025	Board Member		2, 3, 6
Alicia Edens	2025	Board Member		3, 6, 8
Charlie Davis	2015	Board Member		1, 2, 6, 7
Marsha Pawlus	2021	Board Member		1, 6, 8
Duane Dreiling	2022	Board Member		1, 2, 3, 5, 6
Kathy Sandridge	2025	Board Member		1, 2, 6, 8
Sherry Lawrence	2018	Board Member-Secretary	2 years	1, 3, 6, 8
Lisa Passley	2015	Board Member		2, 6, 8
Nicole Carlton	2022	Board Member		2, 5, 7
Jeff Snider	2021	Board Member		6, 8
Edith Triplett	2013	Board Member		1, 2, 5, 6
Brent Westhoven	2016	Board Member		2, 6, 8

The Advisory Council advises the Area Agency on Aging, Region X on the enhancement of the leadership role of the Area Agency and how it can further the AAA's mission of developing and coordinating community-based systems of services for all older persons in the planning and service area. This is done in numerous ways. Firstly, the AC consists of many representatives from community-based organizations, businesspeople in aging services, elected officials, and the demographics the agency serves. Because of this diverse input, and by providing opportunity for the AAAX CEO and staff to reach more of our targeted population, the agency better coordinates in the community-based organization space. The AC has a greater awareness in the community collectively and is therefore uniquely poised to help the agency coordinate a system of services.

In matters relating to the development of the Area Plan, the AC heavily contributes to needs assessment information, provides partnership opportunities to eliminate redundant programs, and aids the CEO in much of the narrative-building necessary in the plan. The AC is given the opportunity to draft, read, edit, and comment on the Area Plan, ultimately approving it as a body. The AC helps in the administration of the Area Plan by approving waivers or amendments to the plan. As necessary, the AC conducts public hearings. As programs/services and other operations get implemented, the Advisory Council oversees the operations the area agency conducts.

In addition to the administrative work the AC performs, it also aids in outreach and fundraising activities on behalf of the agency. The agency has little or no resources to operate fundraisers and its staff are too occupied with service delivery and administration to coordinate the outreach necessary for successful fundraising events. The importance of fundraising done by the AC is certainly not confined to funding. Outreach before and during events is key to public awareness of what the agency does. The AC conducts three events per year. In the spring, an area pizza restaurant is chosen by the AC for a fundraiser. The AC named this “Slices for Seniors.” The AC promotes the event throughout Southwest Missouri, encouraging orders from large to small businesses. 10% of the chosen day’s sales are donated to the agency. Late summer sees an event called “Pepper Fest” held at the local farmers market (Empire Market, Joplin, MO). Each October, the largest event called “Grapes & Grog” is held by the AC. This singular event brings together agency vendors, volunteers, general public, and local businesses and raises over \$40,000 in one night to benefit the home delivered meal program to try to ensure no wait lists for services for the remainder of the fiscal year. The result of the Advisory Council’s work on these three events cannot be confined to the funds raised at each event. Local businesses are a key source of agency volunteers to deliver meals and services. Their generosity also extends to fulfillment of older adults’ needs.

Attachment F – Area Agency on Aging Board of Directors Information

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

The current composition of the Area Agency on Aging, Region X Board of Directors is as follows:

Board Member Name	Start Date	Position on Board, Current Term	Time in Current Position
John Bartosh	January 1, 2007	Chairman Board Member 2023-2027	2 yrs this position, 17 yrs on Board of Directors
David Johnson	January 1, 2023	Secretary Board Member 2023-2027	2 yrs this position, 2 yrs on Board of Directors
Daniel Swem	January 1, 2023	Board Member 2023-2027	2 yrs on Board of Directors
Bryan Hall	January 1, 2023	Board Member 2023-2027	2 yrs on Board of Directors

The Board of Directors meets on the second Tuesday of each month at 1 p.m. at the Area Agency on Aging, Region X central office located at 531 E. 15th St, Joplin, MO 64804. The agenda for the meeting is posted at this location by the Friday before at 3 p.m. All meetings are open to the public. Agendas and approved minutes of Board of Directors meetings can be accessed on the agency website at www.aaaregionx.org.

In 1978, the Area Agency on Aging, Region X was created by a Federal Court ruling separating Barton, Jasper, Newton, and McDonald Counties from Region I Area Agency on Aging. The Board of Directors was designated by that court ruling to be comprised of the Presiding Commissioner of each of the counties in the planning and service area. As both a Board Member and an elected commissioner, each member has a personal stake in serving their respective county's constituents: older adults aged 60+, their caregivers, those with disabilities aged 18-59 and their caregivers. Furthermore, each current member of the Board of Directors is informed by other means with respect to social and economic needs in their counties. Therefore, having the Area Agency on Aging, Region X board comprised of these elected officials furthers the mission of AAAX. This knowledge also enhances the leadership role of AAAX by making available to its CEO and Program Directors contacts with other community-based organizations who operate in each of the counties in the planning and service area. Additionally, the commissioners make possible the AAA's coordination with county emergency management and other agencies. The commissioners each sit on other nonprofit boards (such as the community action agency Economic Security Corporation) and provide information between the organizations. Its bylaws include the following provisions:

- Make available comprehensive programs, which include a full range of health, nutrition, education, and social services to older adults and those with disabilities and their caregivers in

accordance with the Older Americans Act of 1965, as amended through Public Law 116-131, enacted March 25, 2020.

- Give full and special consideration to older adults in the Barton, Jasper, Newton, and McDonald Counties with special needs in planning such programs and pending the availability of such programs for all older adults, aged 60 and up and their caregivers, give priority to those with the greatest economic and social need.
- Provide comprehensive programs, which will ensure the coordinated delivery of a full range of essential services to older adults and those with disabilities, and where applicable furnish meaningful employment opportunities for many individuals, including older people, young persons, and volunteers from the community.
- Ensure the planning and operation of such programs will be undertaken as a partnership of older adults, community-based organizations, and State and local governments, with appropriate assistance from the Federal Government.

In December 2024, the Board of Directors updated its bylaws to allow for more representation on its board. Additional Board Members will be appointed by the Board of Directors. Candidates will 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. By June 30, 2025, the AAAX Board of Directors hopes to have at least one additional member, if not more, from each of the 4-counties who are described above.

The Board of Directors advises AAAX leadership on a number of topics with regards to its nonprofit private corporate status. Examples include banking, corporate governance, internal organization, and administration, appointing a CEO, and more. For Older Americans Act compliance, the Board specifically acts as the governing body to AAAX and informs on needs, programs/services, budget development, and other topics. These topics include but are not limited to:

- Area Plan development and administration including budget and programs/services that must operate within that budget
- Needs assessment information when specific information is known about certain demographics in the 4-county area that is not expressed in the data
- Oversight and guidance in the planning and execution of programs/services offered
- Ruling on the prioritization of services when the budget does not permit the addition of an identified service need
- Approving governance, employee, fiscal, and other policies of the agency. Approve the annual fiscal audit
- Sharing information from across the planning and service area so duplication of services among community-based organizations does not occur.
- Assist the CEO in the Continuity of Operations Plan (COOP) so its emergency procedures and planned response to disaster protect the citizens served.

Attachment G – Data

Each year, the Missouri 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.

Area Agency on Aging, Region X (AAAX) uses the data in the Intrastate Funding Formula to identify eligible populations. The Intrastate Funding Formula (IFF) uses the data to determine the percentage of funding each Missouri Area Agency on Aging receives. In Fiscal Year 2026, it was determined that AAAX funding is based on a 3.68765% funding rate.

The IFF identified:

- Total estimated population (based on 2010 Census Data given in the IFF) of Barton, Jasper Newton, and McDonald Counties as 213,430 with 47,900 aged 60 and up.
- The below table details AAAX planning and service area low-income and low-income minority older adults and those older adults aged 60+ with limited English:

	Minority 60+ 2014	60+ With Physical Disability	Rural 60+	Limited English 60+	Female 60+ 2014
Total 60+	3,695	16,080	19,139	400	25,425

- The IFF determined that in Barton, Jasper, Newton, and McDonald Counties, 40% of adults aged 60+ were “rural”.

AAAX uses a database system called AgingIS to house client information. The following is a report which shows statistics based on our clients’ self-reported data:

Annual Summary Report By Service Group

7/1/2024 - 6/30/2025

Provider(s) (Advantage Home Care, Area Agency On Aging Region X, Barton Co Sr Center, Carl Junction - The Center, Carthage

State Service Code	Definition	Male	Female	Live Alone		Low Income Minority		Frail	Rural	Total Clients	Total Units
				> 75	6	4	4				
01S	Personal Care	3	10	13	6	4	4	12	4	13	850.25
02S	Homemaker	2	4	3	6	2	0	4	4	6	94.50
03S	Chore	10	24	16	27	15	1	13	8	34	616.00
04S	Home Delivered Meals	480	846	676	793	816	69	1,081	898	1,327	284,580.00
06S	Case Management	8	19	23	16	11	5	20	10	27	142.00
07S	Congregate Meals	1,141	1,742	1,475	1,526	690	84	121	1,993	2,884	76,718.00
10S	Transportation	216	313	148	436	260	28	56	478	540	40,248.00
12S	Nutrition Education	973	1,579	1,372	1,436	1,113	101	1,050	1,788	2,554	13,491.00
13S	Information & Assistance	753	1,451	1,148	1,379	1,026	86	1,059	1,367	2,222	9,097.00
A02	Home Repair	1	7	6	5	6	0	2	2	8	12.00
A03	Respite	3	4	7	2	4	1	6	3	7	649.50
B03	Preventative Health	40	101	77	81	46	1	33	100	141	155.00
B04	Disease Prevention & Health Promotion (DPHP)	154	185	269	184	79	3	38	205	339	1,442.00
B06	Health Screening	114	218	203	183	75	11	15	171	332	3,969.00
B14	Physical Fitness Program	97	371	271	267	110	19	16	229	468	11,160.00
D03	Recreation	499	884	811	792	341	40	72	897	1,384	40,073.00
D04	Phone Reassurance	302	509	431	490	462	33	561	582	811	1,794.00
E04	Public Info & Education	1,016	1,654	1,427	1,496	1,134	103	1,064	1,881	2,672	20,321.00
FC1	Information Services	5	6	7	1	0	1	5	1	11	64.00
FC2	Access Assistance	4	6	6	1	0	1	4	1	10	47.00
FC4	FC Respite Care	5	6	7	1	0	1	5	1	11	905.75
GS1	General Hourly Services	53	107	81	118	65	7	16	147	160	161.00
GS4	General Contacts	11	28	21	26	29	1	28	39	39	40.00
		2,124	3,472	2,755	3,230	1,934	195	1,311	3,729	5,626	506,630.00

Tuesday, November 25, 2025

Page 1 of 1

The above report demonstrates that in FY2025, AAAX served 5,626 individuals. Of these, 66.3% were rural-dwelling older adults. Additionally, the data shows that 195 clients or 3.5% of total served identified as minorities, which is in line with population estimates. Of these 195 minority clients, further analysis into the data shows that 90 self-reported income at or below the Federal Poverty Level as the below table shows:

Annual Summary Report By Service Group LIMinority

7/1/2024 - 6/30/2025

Provider(s) (Advantage Home Care, Area Agency On Aging Region X, Barton Co Sr Center, Carl Junction - The Center, Carthage

State Code	State Service Definition	LI & Minority	LI & MIN Units	Non-LI MIN	Non-LI MIN Units	Total Units
01S	Personal Care	0	0	13	850.25	850.25
02S	Homemaker	0	0	6	94.50	94.50
03S	Chore	0	0	34	616.00	616.00
04S	Home Delivered Meals	46	12051.00	1277	271647.00	284580.00
06S	Case Management	1	3.00	26	139.00	142.00
07S	Congregate Meals	27	475.00	2856	76213.00	76718.00
10S	Transportation	17	1454.00	523	38794.00	40248.00
12S	Nutrition Education	56	366.00	2493	13104.00	13491.00
13S	Information & Assistance	54	227.00	2166	8864.00	9097.00
A02	Home Repair	0	0	8	12.00	12.00
A03	Respite	0	0	7	649.50	649.50
B03	Preventative Health	0	0	141	155.00	155.00
B04	Disease Prevention & Health Promotion (DPHP)	1	1.00	337	1440.00	1442.00
B06	Health Screening	1	1.00	330	3967.00	3969.00
B14	Physical Fitness Program	4	4.00	463	11155.00	11160.00
D03	Recreation	13	304.00	1370	39767.00	40073.00
D04	Phone Reassurance	25	66.00	784	1726.00	1794.00
E04	Public Info & Education	58	583.00	2609	19699.00	20321.00
FC1	Information Services	0	0	11	64.00	64.00
FC2	Access Assistance	0	0	10	47.00	47.00
FC4	FC Respite Care	0	0	11	905.75	905.75
GS1	General Hourly Services	6	6.00	154	155.00	161.00
GS4	General Contacts	1	1.00	38	39.00	40.00
Report Totals		LI & Minority	LI & MIN Units	Non-LI MIN	Non-LI MIN Units	Total Units
		90	15542.00	5530	490103.00	506630.00
						5626

Tuesday, November 26, 2025

Page 1 of 1

The AgingIS database also collects language information from clients. In FY2025, AAAX served the following number of clients who were limited or non-English speaking, even as a second language:

Spanish.....24 persons
 American Sign Language.....2 persons
 Italian.....1 person
 Japanese.....6 persons

Vietnamese 2 persons
 French.....2 persons
 Czech..... 1 person
 Korean 1 person

The following describe what barriers exist, if any, to providing services to meet the needs of these populations:

- Low-income minority older individuals:

We see no barriers to providing services as we have a better than statistical population percentage serving minorities. However, to increase the number we serve, there is difficulty reaching these individuals. With such small statistical numbers as shown in the IFF, there really are no identifiable areas to target such individuals. The AAAX planning and service area has only one urban center, and it does not have much diversity. We continue to conduct outreach in all of the communities we serve. We also strive to make our senior centers a welcoming place for all.

- Individuals with limited English proficiency:

We see no barriers to providing services as we have interpreter services available whenever we need them. However, to increase the number we serve, there is difficulty in reaching these individuals. AAAX covers large rural areas and with limited funding to conduct public information and education, it is difficult to produce materials in more than just English and Spanish. We continue to develop and maintain relationships with interpreters in the community and share resources throughout the nonprofit organizations so that limited English-speaking persons have access to services.

- Individuals residing in rural areas:

Barriers exist and come in several forms. First, for nutrition services, if an individual does not qualify for home delivered meals, the distances to the nearest food source are sometimes insurmountable, whether to AAAX senior centers or to a grocery store. Although the AAAX meal expansion program has grown to include catered meal sites in 8 rural communities, more are needed.

Second, rural residing clients in need of in-home care through our supportive or Family Caregiver services often find that the contracted agency does not have the capacity to provide the service. This is because of 1) lack of staffing/open jobs or 2) the cost of traveling an hour or more to serve a rural client is too high.

Furthermore, availability of broadband access is limited, making AAAX digital reach unattainable for most rural clients. To add to this barrier, AAAX 4-county area does not have one major televised news source. Far northern rural residents rely on Kansas City television stations, central counties see Joplin stations, and our far southern area receives their news from NW Arkansas. AAAX uses print media as much as possible in the Lamar Democrat, Joplin Globe, Neosho Daily News, and McDonald County Press. Print media is expensive and often AAAX must choose one or two based on available dollars.

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

- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to

- assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

AAAX is meeting this requirement. The AAAX Resources & Supports Department, headed by the Resource Director consists of 4 staff who help any person with limited English navigate available services. The Resource Director, as the designated individual at AAAX, ensures that interpreter services are available, where and when needed. She regularly attends ACL and other webinars in order to familiarize her with cultural sensitivities and then ensures her team is up to date on the information. There are many resources available in Southwest Missouri for those whose limited English is a barrier. AAAX also shares resources with other Missouri AAAs, such as SeniorAge, who have bilingual staff. In the past we have had 3-way conversations with individuals in this way. AAAX Resources & Supports Department also has volunteers in the community who are ready to help those who need assistance navigating services that we refer out (such as LIHEAP, low-income housing agencies, etc.). In summary, regardless of the language barrier, AAAX is ready to assist clients.

Attachment H – Senior Center Listing

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.

Senior Center Name	Type of Center	County	Address	Phone Number	Days/Hours of Operation	Direct or Contracted Service (D/C)	Congregate Meals (C)/Home Delivered Meals (H)	Bilingual Staff (Y/N)	Services Provided
Barton County Senior Center	M	Barton	306 W. 11th St. Lamar, MO 64759	417-682-3881	M-F 7am - 3pm	D	C/H	N	Nutrition, I&R, Social, Recreation, Education, Evidence Based Programs, Health
Carthage Senior Center	M	Jasper	404 E. 3rd St. Carthage, MO 64836	417-358-4741	M-F 8am - 3pm	D	C/H	N	Nutrition, I&R, Social, Recreation, Education, Evidence Based Programs, Health
The Center (Carl Junction)	M	Jasper	303 N. Main St. Carl Junction, MO 64834	417-649-6437	M-F 8am - 2pm	D	C/H	N	Nutrition, I&R, Social, Recreation, Education, Evidence Based Programs, Health
Webb City Senior Center	M	Jasper	210 N. Pennsylvania Ave. Webb City, MO 64870	417-673-1876	M-F 8am - 2pm	D	C/H	N	Nutrition, I&R, Social, Recreation, Education, Evidence Based Programs, Health
Joplin Senior Center	M	Jasper	2616 S. Picher Joplin, MO 64804	417-781-9353	M-F 8am - 3pm	D	C/H	N	Nutrition, I&R, Social, Recreation, Education, Evidence Based Programs, Health
The Center for Seniors (Neosho)	M	Newton	1017 Carl Sweeney Rd Neosho, MO 64850	417-451-0981	M-F 8am - 3pm	D	C/H	N	Nutrition, I&R, Social, Recreation, Education, Evidence Based Programs, Health
City of Granby Community Center	S	Newton	302 N. Main St. Granby, MO 64844	417-781-7562	Thursdays 11:30-12:30 lunch	D	C	N	Congregate meals only, I&R, Recreation, Evidence Based Programs, Health

United Methodist Church Pineville	S	McDonald	104 Main St. Pineville, MO 64856	417-781-7562	Tuesdays 11:30-12:30 lunch	D	C	N	Congregate meals only, I&R, Recreation, Evidence Based Programs, Health
United Methodist Church Anderson	S	McDonald	703 State Hwy 76 Anderson, MO 64831	417-781-7562	Wednesdays 11:30-12:30 lunch	D	C	N	Congregate meals only, I&R, Recreation, Evidence Based Programs, Health
Golden City Community Building	S	Barton	707 Depot Ave Golden City, MO 64748	417-781-7562	Tuesdays 11:30-12:30 lunch	D	C	N	Congregate meals only, I&R, Recreation, Evidence Based Programs, Health
Goodman Community Building	S	McDonald	233 E. Garner Ave Goodman, MO 64843	417-781-7562	Mondays 11:30-12:30 lunch	D	C	N	Congregate meals only, I&R, Recreation, Evidence Based Programs, Health
Pleasant Grove Baptist Church	S	McDonald	2938 Rains Rd Jane, MO 64856	417-781-7562	Fridays 11:30-12:30 lunch	D	C	N	Congregate meals only, I&R, Recreation, Evidence Based Programs, Health
Lanagan City Hall	S	McDonald	205 Forest St Lanagan, MO 64847	417-781-7562	Thursdays 11:30-12:30 lunch	D	C	N	Congregate meals only, I&R, Recreation, Evidence Based Programs, Health
Diamond Community Center	S	Newton	201 Maple St Diamond, MO 64840	417-781-7562	Fridays 11:30-12:30 Lunch	D	C	N	Congregate meals only, I&R, Recreation, Evidence Based Programs, Health

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.

RESPONSE:

For all older individuals eligible for assistance under this Act, Area Agency on Aging, Region X regularly conducts outreach and public education.

The primary source of outreach to the communities in AAAX PSA is the information and resource center at the central office and the senior centers and rural meal sites located throughout the 4-county area. Our central office is in a convenient part of central Joplin. Staff at the office can provide valuable information and assistance regarding nutrition, Medicare and Medicaid issues, family caregivers, respite and home care services, Ombudsman, and other referral services. We also have an extensive library of reference materials, books, and movies. Resource and Support staff regularly visit all AAAX locations and meal sites to inform participants about available programs, services, and supports.

AAAX Central Office provides a variety of information to help older adults, and their families, make informed choices that enable them to overcome barriers to accessing information and services that are available to them. The office offers a wide range of information including printed materials and computerized resource data. We participate in the No Wrong Door initiative and widely share our Senior Resource Guide to our seniors, community partners, and caregivers. This booklet is available in both English and Spanish in hard copy and digital form on our website www.aaaregionx.org. Additionally, interpreter services are a resource AAAX has developed to ensure that older adults and their caregivers with limited English ability can receive information. The agency delivered services to 39 non-English speaking persons in FY2025.

With the addition of Medicaid applications and Medicare Part D as an option available to all Medicare beneficiaries, AAAX has become the area’s primary resource for education and outreach seminars throughout our service area. One-on-one Medicare Part D counseling is provided at our central office and at the senior centers and rural meal sites. This service has proven to be extremely valuable in clearing up the mystery

surrounding the issues of Medicare and Medicaid and has helped many of our seniors save time and money. Our staff helps 230+ people during the Medicare Open Enrollment period each fall. We also provide Part D/LIS and Medicare Savings Program assistance to help with costs of prescriptions and Medicare premiums. We make regular social media posts, draft articles and place advertisements in the area's largest newspaper, The Joplin Globe each month, and conduct interviews with the local print and televised media outlets in our area. Staff also visit senior living complexes in the planning and service area, taking this service to meet seniors where they are.

One of our most valuable outreach resources is our senior centers and meal sites and their staff. Materials and information are provided to the older adults during the congregate meal program and to our homebound meal recipients. For many years, the most visible form of outreach for AAAX has been our magazine, which is distributed throughout the four counties. The magazine is called Better Living and is distributed on the first Thursday of each month inside the Joplin Globe newspaper, which has a circulation of 25,000. The agency also distributes approximately 5,000 additional copies to senior centers, long-term care facilities, and drop-off locations, including Northpark Mall and both Freeman and Mercy Hospitals in Joplin. The magazine contains information of interest to seniors and family members. Several of the agency directors and some of our elected officials write a monthly column in the paper. The monthly menu is presented, as well as, the calendar of events at each of our senior centers. Staff also regularly appear on local television shows (Good Morning Four States, Living Well, news) and A.M. radio shows.

The agency's Resource Director and the four other employees in the Resource Department provide outreach about supportive and family caregiving programs through their contacts with service providers, businesses, and the Chamber of Commerce organizations in several of our communities. They and other agency Directors make presentations to groups (for profit businesses, nonprofit organizations, faith-based groups) to get our message out to the public. They also coordinate our access to the area media, including television, radio, and newspapers. This team also keeps the agency's website and Facebook page up to date. This department also created an Alzheimer's Support Group, the first in this area in many years. They help with applications for Medicaid, SNAP benefits, LIHEAP application assistance and much more.

The agency partners with the Senior Medicare Patrol (SMP) program to provide fraud and scam information, Medicare and Medicaid information, and assistance to seniors, and to provide training opportunities to volunteers and other partner organizations.

The CEO sits on various boards in the community. She joined One Joplin, a collection of nonprofits such as Catholic Charities, Economic Security, Joplin Habitat for Humanity, Salvation Army, Missouri Foundation for Health, and others, and is active on their Housing and Poverty Committee. Sharing our mission and learning of other agencies in the area is vital to the cooperation that must exist to better serve our community. One Joplin developed a tenant and landlord rights class that is offered to older adults. Also, a member of the Joplin Rotary Board of Directors and the Empower Missouri Board of Directors, the CEO continually provides information about the services offered.

The CEO also routinely speaks at city council meetings across the 4-county planning and service area. By informing local elected officials of services available to their constituents, she continually provides information for large and small communities.

Outreach is a primary responsibility of our senior centers and meal sites. The centers are well known and utilized by the residents in the communities we serve. Older adults who come to the centers complete a nutritional risk assessment each year. Seniors self-report income and if the center staff notes that the individual

is below the poverty level, they will suggest ways that our agency can help them. The centers receive support and assistance from businesses and the media regarding senior needs and issues. Outreach and fundraising activities through special events for seniors are held several times a year in the community. Outside experts, as well as central office staff, give presentations of interest to our senior clients at the centers.

Older individuals with severe disabilities are defined as those who have a severe, chronic disability that is attributable to mental or physical impairment or a combination of both. This definition includes individuals who require substantial support to perform major life activities. The system of intake currently in place and that the ten area agencies on aging in Missouri use (AgingIS) does not differentiate “severe” disability from self-reported health status of our clients. The AAAs are working with AgingIS to capture the data going forward so that accurate data will be available in future years. However, for public information and education, AAAX promotes our services, which will positively impact those with severe disabilities, although we do not specifically isolate this condition. We advertise, promote, and offer services such as personal care services (helping with daily activities like bathing, dressing, and eating), home delivered meals (nutritious meals delivered to those unable to prepare their own food), transportation services (rides to medical appointments, grocery stores, and other essential destinations), respite care (temporary relief for primary caregivers), home modification (making homes more accessible, such as installing ramps or grab bars), and information and referral services (connecting individuals to appropriate resources and services).

Older individuals (and their caretakers) with Alzheimer's and related disorders are targeted by outreach efforts to provide similar services as those with severe disabilities above. The outreach efforts include social media posts, discussions about the topic on local television shows and talk radio. AAAX also hosts a support group (headed by an individual from the Alzheimer's Association) for those with these diagnoses as well as their caregivers. Training programs have been hosted through platforms such as TCare in the past. AAAX actively researches potential webinars, blogs, and other online resources to help those caregivers learn about their loved one's diagnosis.

Older adults who are at risk for institutional placement are another population we try to serve. Upon any request for AAAX services, an intake process takes place. This may include an assessment that determines a score based on answers to questions about Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs). These questions determine if a client is “frail,” one of the determinants of being “at risk” for institutional placement. For example, one ADL question is whether a person is independent when bathing or has a minimal, moderate, or maximum risk bathing. DHSS has determined that any individual with a score of 2 or higher is considered frail and at risk of entering some type of care facility. Because AAAX’s mission is to delay institutionalization of older adults, we provide a host of services to assist the older adult living at home. Our outreach efforts include falls prevention education, home modification, in home services such as personal care, respite for caregivers, homemaker services, nutrition services, and many others.

Older individuals and the caretakers of such individuals residing in rural areas are also a focus of the agency’s outreach and public education activities. In addition to the above outreach activities, our homebound residing in rural areas receive not only meals but also extra groceries – a grant-funded program started in April of 2020 – since many cannot regularly make a trip “to town” to provide for themselves. When available through generous donations to the agency, pet food and adult incontinence aids are also delivered to homebound clients. Our meal packages also include printed materials such as our Better Living magazine and Fraud Fact information. Nutrition education is also printed and distributed by our delivery drivers.

Recently, AAAX expanded nutrition services into rural areas of the planning and service area. We recognized that older adults could not travel regularly to visit the nearest senior center to access the meals and other services available. Those not qualified for home delivered meals had no options. AAAX leadership determined

that if they could not get to a senior center then the senior center must “come to them.” Catered meal sites were developed in rural Barton, rural Newton, and rural McDonald Counties in the last two years. These include Golden City, Granby, Diamond, Goodman, Pineville, Anderson, Lanagan, and Jane. Once per week, nutrition staff serve a hot, nutritious lunch, prepared at the nearest senior center, to participants in these underserved areas. While on site, information and assistance, recreation, education, health promotion, and vaccination services are offered. Meeting the social needs of these older adults cannot be understated in these small towns as most of our rural older adults have the lowest income, highest food insecurity, are isolated geographically, have the highest housing instability, and suffer untreated chronic conditions as their access to medical and social care is limited. In the first quarter of fiscal year 2025, we served 254 unduplicated older adults in these rural areas.

Older individuals and the caretakers of such individuals with greatest social and economic needs are primary focuses of the agency’s outreach and public education activities. In addition to the above activities, which target rural and low-income individuals, AAAX pays close attention to the demographic data it collects. The majority of AAAX planning and service areas are rural in nature, which is a defining characteristic of greatest social need. Reports on our clients’ information collected at the time of intake for services heavily suggest that our homebound clients have lower incomes than those clients who come into our senior centers and meal sites. For example, in FY25 (July 1, 2024 to June 30, 2025), roughly 61.5% of those receiving home delivered meals self-reported an income at or below the Federal Poverty Level of \$15,650 (indeed, some of these clients’ annual reassessments took place in calendar year 2024 when the poverty level was even lower at \$15,060). Overall, 66.3% of homebound meal recipients lived outside the City of Joplin – the only area within AAAX whose population just barely merits an urban designation. With racial diversity being considered a factor of greatest social need, AAAX uses US Census Data to direct its outreach efforts. US Census data for the 4-county planning and service area suggests that the estimated minority populations for Barton, Jasper, Newton, and McDonald Counties in Missouri:

1. **Barton County:** The non-Hispanic minority population is relatively small. The largest non-Hispanic minority groups are Black or African American (0.8%), American Indian and Alaska Native (1.6%), and Asian (0.7%).
2. **Jasper County:** The non-Hispanic minority population includes Black or African American (1.82%), and Asian (1%).
3. **Newton County:** The non-Hispanic minority population includes Black or African American (1.2%), American Indian and Alaska Native (2.7%), and Asian (1.7%)
4. **McDonald County:** The non-Hispanic minority population includes Black or African American (2.1%), American Indian and Alaska Native (3.1%), and Asian (1.8%)

In FY2025, of the 5,626 clients the Area Agency on Aging, Region X served, over 3.5% clients were minorities showing that AAAX outreach activities towards underserved populations is successful and exceeds the US Census estimates for this group.

The table below summarizes those served by AAAX in the vulnerable populations defined in this section. Please see notes below the table.

Population	FY2025 # Reached	Change from FY2024 (+/-)	% Difference between SFY2024 and SFY2025
Unduplicated Persons	5,626	+400	+7.65%
Units of Service	506,630	+11,895	+2.4%
Older Rural Adults	3,729	+333	+9.81%
Older Adults with GEN Below Fed Poverty Level*	1,934	+199	+11.47%

Older Adults with GSN	4,066	+491	13.73%
Older Adults with Severe Disabilities*	NCC	NCC	NCC
Older Adults with Limited English Proficiency	39	+1	+2.6%
Older Adults with Alzheimer's or related Dementias	2	-6	-66%
Older Adults at Risk for Institutional Placement*	1,311	-32	-2.38%
Older Adult Survivors of the Holocaust*	NCC	NCC	NCC
Caregivers age 18+ of Older Adults*	0	-3	-100%
Older Adult Caregivers of Children*	0	0	0%
Older Adult Caregivers of Adults with Disabilities*	2	+1	+100%
Caregivers of any age for persons with Alzheimer's and Related Dementias *	10	+1	+10%

***Notes:**

- NCC denotes “**Not Currently Collected**.” The system of intake currently in place and that the ten area agencies on aging in Missouri use (AgingIS) does not collect information related to Holocaust survivors nor does it differentiate “severe” disability from self-reported health status of our clients. The AAAs are working with AgingIS to capture the data going forward so that accurate data will be available in future years.
- At -Risk for Institutional Placement data contains data about individuals who live alone, are assessed as “frail” (2 or more ADLs score on assessment) and who live in rural areas of the counties served.
- The fiscal year for this chart ran July 1, 2024 – June 30, 2025. Risk assessments are conducted annually for each client and income is self-reported. Simply, clients are asked about their income and if they refuse to give it, an individual is asked if their income is at or below the Federal Poverty Level at the time of assessment. **Federal Poverty Level (FPL) changes each calendar year** thus individuals screened between July 1, 2024-December 31, 2024, were based on a FPL of \$15,060 whereas those screened January 1, 2025-June 30, 2025, were based on a FPL of \$15,650.
- Recently, Missouri added the four categories of Caregivers as well since serving all four populations is required under the final rule. In the table, information is listed for Caregivers consisting of:
 1. Caregivers 18+ of Older Adults
 2. Older Adult Caregivers of Children
 3. Older Adult Caregivers of Adults with Disabilities
 4. Caregivers of any age for persons with Alzheimer's and related Dementias

While the data given is accurate for those clients served, it is noteworthy that outreach specific to any of these four categories individually is not necessarily done. Future public information efforts will specifically mention these categories rather than simply Family Caregiver programs.

Attachment J – Annual Information and Assistance Referral Report

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

Semi-annually, AAAX updates and distributes our Senior Resource Guide. The most recent update of the information was in October 2025. Copies of this booklet, both in English and in Spanish, are available at each of our senior centers and meal sites as well as at our central office. AAAX also provides copies for many of our community partners who may also reach seniors aged 60 and up. These community partners include Salvation Army, Catholic Charities, Freeman Hospital, Mercy Hospital, St. Paul's, Economic Security Corp, Joplin Habitat for Humanity, Access Community Clinic, United Way, city and county governments, and many more. A digital copy is available for reference or download on our website at <https://aaaregionx.org/senior-resources> . In addition to the availability of the guide, there is a list of “helpful links” on the website.

In FY2025, the Area Agency on Aging, Region X took almost 9,100 Information and Assistance telephone calls from older adults, their caregivers, and visited with seniors personally when over 400 walked into our Central Office. Many more are helped one-on-one at each of our senior centers and meal sites. AAAX often refers clients to the appropriate community organizations that have resources to help individuals with their specific needs if they cannot be met by our agency. The above-mentioned Senior Resource Guide provides a comprehensive list of these agencies by category/need.

AAAX also receives hundreds of calls from friends and relatives, outside entities, and professionals who are seeking resources for their own clients. Since AAAX works so closely with other service organizations in the region, they know who to call when seeking resources for their older clients and/or their caregivers. In FY2025, we took 885 calls from other agencies and healthcare professionals, 990 calls from relatives, and 1,003 calls from entities such as Chambers of Commerce, city employees looking for help for constituents, etc. These types of calls can be summarized by the following few examples:

- “Kathy” from “Traditions” Healthcare called and said “Mary” her client needs some nutrition services, can we provide? How does it work?
- Granddaughter “Jane” called to inquire about home delivered meals for her grandparents.
- “Sandy,” a City of Liberal employee at city hall called to ask if VITA, the Volunteer Income Tax Assistance group, has started helping people with income tax and can we set up a day in Liberal to help their older adults. She has space available in City Hall.
- Dr. “Doe’s” office called. Her patient is terribly upset because the \$300 owed on the account will take all of her savings. Are there any programs to help offset patients’ medical expenses?
- “Susan” called and asked if we have a food pantry.

In all the above examples, help and resources were given.

- “Mary” was assessed for homebound meals and received services. Additionally, we were able to provide several months of dog food, thanks to a donation of bags of food, for her beloved little dog.
- “Jane” provided contact info for her grandparents. Although only grandpa qualified for the home delivered meals, we were able to also provide for grandma as his caregiver. Grandma was also set up with respite services through the Family Caregiver program and some in-home help through our supportive services program.
- “Sandy” at city hall collaborated with us to set a date, publicized the event locally, and AAAX staff went with VITA for the tax prep day – this resulted in 6 new clients for other AAAX services.

- Dr. “Doe’s” patient visited with the Resource Specialist and, through the MIPPA program, got some help with her Medicare plan and prescription costs. Although this did not yield much in dollars, AAAX Resource staff looked for other ways to help. We set up Dr. “Doe’s” patient with LIHEAP and SNAP applications to save her some additional dollars so her medical bills were not so crushing to her budget.
- “Susan” was given information about local food pantries. AAAX staff then asked “Susan” if she had or was interested in applying for SNAP benefits. We helped her with this application as well as applying for Medicaid, LIHEAP, and other local assistance programs (United Way’s Critical Needs Program and faith-based programs in the area).

Sometimes, tracking the effectiveness of the referrals is hard since help may be rendered for services that were not asked for. For example, an older adult calling because they can’t pay their utility bills may not qualify for utility assistance through Economic Security Corp. However, the Area Agency on Aging, Region X may find that they are paying too much for Part D premiums and can save the senior money, hence freeing up precious dollars for payment of utilities. If the caller seeks other help and is referred BY Economic Security Corp to another agency, we lose the result.

Since we do have the above issue with tracking effectiveness, we follow up on what we can. The following are three examples of the results of follow-up efforts:

1. In FY2024, we helped numerous seniors with transportation related issues. One older woman needed transportation to a pharmacy to get a vaccination, which we arranged (thanks to the ADVC grant). We called her back a few days later to inform that there was another vaccination clinic being held at the Joplin Senior Center and to see if she got to her original appointment. After talking with her, we learned that she did not have a firm commitment from a friend to take her to her next physician’s appointment the following week. We were able to secure transportation for her through St. Paul’s church to make that doctor visit.
2. A gentleman came into the office in July 2025 requesting help paying his bills. His wife had died 6 days before, and he was terrified of not being able to afford his house, medications, etc. He could not even afford to cremate his wife, so she was still at a funeral home. During the appointment, we discovered he qualified for SNAP benefits, Extra Help through Social Security, Medicare Savings Program through Dept of Social Services, and Medicaid. We helped him complete all of those applications. He also qualified for LIHEAP utility assistance, so he was referred to Economic Security Corp to get assistance with that. The AAAX also found an organization in Joplin to help pay the \$1,200 needed to cremate his wife, so he only had to pay about 40% of that cost. Setting him up on the programs mentioned above allowed him to afford that cost for his wife, and will help him pay for his shelter expenses, medications, and other costs that arise going forward.
3. Sometimes the follow up crosses fiscal years. In FY22, we helped a woman through the Medicare Savings Program. We saw her again in FY23 and FY24 for the same service. This year, FY25, when she had to renew, she did not send in the paperwork on time, so she and her husband got denied. They get less than \$1800 a month between them so Medicare premiums coming out really put them in a bad spot. We finally got all the paperwork through; we reached someone at Family Support in Joplin (which is difficult), and they were approved for the program beginning this month. It was a 45 day+ process to get everything through.

The myriad of calls we get is so widely ranging that our Resource staff needs to research many topics to successfully aid older adults with their issues. From lawn care to home modification, fraud to taxes, rental disputes to legal aid, the asks never stop coming.

The following are some specific examples of the types of services and agencies to which our seniors were referred:

- Medicare counselling, Medicaid, and LIS/MSP applications
- Tax help: AAAX partners with both VITA (Volunteer Income Tax Assistance) and Economic Security Corp to provide tax preparation and property tax rebate filing help.
- Medical Supplies (including incontinence aids): AAAX has a small cache of donated items that we provide upon request. For all others, Independent Living Centers and the Medical Loan Closet are the contacts.

- Durable Medical Equipment: The agency has a small cache of donated items that we provide upon request. For all others, the local nonprofit called the Medical Loan Closet is the contact.
- Low Income/Senior Housing: Jasper County Housing Authority, Economic Security Corp, Harry S. Truman Community Development Corporation, City of Joplin.
- Lawn Care: Watered Gardens, Joplin Habitat for Humanity, St. Paul's, Catholic Charities. In addition, the agency keeps a small list of local businesses that regularly volunteer to help in specific neighborhoods
- Transportation: OATS, TATS, Carthage Police Department, CARS (Community Action Ride Service) St. Paul's, Logisticare, MAPS
- Healthcare: Access Family Health, Community Clinic of Southwest Missouri, DFS, County Health Departments, City of Joplin Health Department
- Housing/Rental Assistance: Catholic Charities, St. Vincent De Paul Society, Salvation Army, Economic Security, Joplin Area Ministerial Alliance (JAMA).
- Nutrition Services: AAAX. Homebound individuals also receive extra groceries with their delivered meals.
- Legal Aid: Legal Aid of Western Missouri
- Home repair: Joplin Habitat for Humanity's Critical Home Repair Program
- Home modification/wheelchair ramps: Joplin Habitat for Humanity, numerous faith-based organizations in the 4-county area, AAAX.
- Technology related issues: Joplin NALA Read, AAAX, Stronghold Data, S&S Computers, MSSU students
- Haul off large appliances, tires: Region M Solid Waste Management, numerous city recycling centers, faith-based organizations
- HVAC help: many local businesses
- End-of-life options: Solace House of the Ozarks, Home Instead, Charlotte's Angels, Visiting Angels
- Flu, Shingles, and COVID shot clinics: the agency partners with local pharmacies and community clinics throughout the district, local Health Departments, Community Clinic of Southwest Missouri.
- In home care: the agency has numerous options to give callers if they do not qualify for the programs under our Family Caregiver program.
- Free or low-cost wigs: City Pointe Beauty Academy, numerous cancer support nonprofits in the area.

There are several areas of service where AAAX clients or callers encounter an unmet need from our agency. One of them is ongoing financial assistance with dental services/dentures. We get hundreds of calls for this service. However, the issue goes beyond affordability. There is a shortage of dentists in southwest Missouri. The entire region faces challenges due to limited access to oral health care. For example, Access Family Care clinics in southwestern Missouri state the next available non-emergency dental appointment is more than 7 months out. Less than 30% of Missouri dentists accept Medicaid.

To develop a resource for older adults, AAAX has met with the new KCU College of Dental Medicine (CDM) in Joplin. This school had its inaugural class start in July 2023. The CDM houses an Oral Health Center where students experience firsthand learning by providing dental services to patients under the supervision of dental faculty. CDM faculty will soon begin offering care to patients who lack access to oral health care. AAAX met with the Dean of the College and expressed our need for older adults. The Dean, as it turns out, is a geriatric dentist by practice and shares the concern of older adults' dental health. We will continue to work with CDM as they move forward with the opening of the Oral Health Center. No firm date has been announced.

Another unmet need that AAAX encounters is with hearing aids. AAAX CEO has met with two Lions Clubs to discuss the issue. The Lion's Club is a resource AAAX uses for eyeglasses. However, the Carl Junction Lions Club now will consider (and indeed has funded at least four) hearing aids for older adults whose income or circumstances will not allow them to obtain them otherwise.

A third common unmet need is home repair. In Jasper and Newton Counties, AAAX has partnered with the Joplin Habitat for Humanity's Critical Home Repair program. Five older adults that we have referred to Joplin Habitat have been accepted into the program and have had their homes repaired up to a \$35,000 total cost. While this program is successful, Joplin Habitat's range for their grant only covers Jasper and Newton Counties. This leaves Barton and McDonald uncovered in AAAX planning and service area. Without adequate funding for larger home repairs, we cannot help residents pay contractor rates. While we canvass the areas for faith-based and other charitable-minded for-profit businesses to help out, there is no constant resource for this service.

The fourth most common unmet need is pet food, pet care, and supplies. AAAX constantly asks the community via its Facebook page for donations of pet food for our isolated older adults. While we happily distribute every item we receive, the donations never meet the needs of our older adults with beloved pets. Heartland (the makers of Blue Buffalo dog food) has a factory in Joplin. We used to receive 800 lbs of dog food each month from them. However, this ceased when new management came in and AAAX has not been able to find another regular resource for this. Outreach to other area pet food manufacturers (in Arkansas and in Oklahoma) yielded success with thousands of pounds of dog food donated to the agency and distributed to our clients. Partnering with the local Joplin Eagles Ladies Auxiliary also brought us 6,000 lbs of pet food. While we strive for regular service with this pet help, the need can only be met when we are successful in obtaining donated food.

Lastly, assistance with adult incontinence aids is a frequently requested need that is often unmet. While the agency partners with other community-based organizations and for-profit in-home care businesses and hospice agencies to obtain these items, it is hard to meet the needs of so many older adults who ask. Partly because sizing is important (think 250 lb 6' tall older man and 90 lb 5' tall older woman and all sizes and genders in between), it is often hard to obtain the correct aids to meet the specific need.

AAAX strives to develop resources, either by referral or in-house, so that we can limit the instances where older adult needs are unmet.

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 (DMH) 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.

Firstly, AAAX and DMH coordinate to provide comprehensive mental health services, including prevention, education, evaluation, intervention, treatment, and rehabilitation. Through referrals, we work together to ensure that individuals and families can access the help they need through community-based programs. AAAX is in a current contract with the Department of Mental Health, Division of Developmental Disabilities, to provide home delivered meals to those individuals DMH refers to the agency. Additionally, AAAX helps to distribute information about these services and assists individuals in navigating the system to find appropriate care.

In terms of addressing disability needs, AAAX collaborates with DHSS to ensure that older adults and individuals with disabilities receive the necessary support. This includes providing information and assistance to help individuals access available programs and services within the agency's planning and service area. AAAX also offers case management services, which involve assessing the needs of older individuals, developing, and implementing service plans, and coordinating resources to meet those needs. These efforts help to ensure that individuals receive comprehensive care tailored to their specific circumstances.

Furthermore, AAAX offers a range of support services such as respite care, support groups, and education. These services are designed to support both the individuals in need and their caregivers, providing relief and ensuring that all parties have access to the resources they require.

Regarding behavioral and mental health resources found locally, AAAX works with ARC of the Ozarks, Ozark Center, and other local providers. Ozark Center regularly speaks to our seniors as well as our staff. AAAX management personnel received training/certificates from Ozark Center including Active Listening; Trauma-Informed Care; Question, Persuade, Refer (QPR); and Mental Health First Aid. The staff training has been invaluable as it provides resources that staff can access when needed. The training also provides a base when dealing with clients – agency staff knows when to refer and have an established partnership with a resource where they can receive help.

DMH employees have attended Missouri Association of Area Agency on Aging (ma4) meetings and have provided informational materials for the distribution in the agencies' planning and service areas.

However, the agency's greatest behavioral/mental health success has been the Adult Protective Services Unit in Joplin to help those with mental health needs. This DHSS division unceasingly provides support, intervention, and guidance when we need it.

At AAAX senior centers and central office, literature is posted that includes suicide hotline information, outreach flyers from the Veterans Administration (VA) system, and mental health information provided. Senior Center administrators also coordinate with guest speakers to inform older adults.

The OAA requires that the AAA work in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate.

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

The Area Agency on Aging, Region X works closely with the Department of Health and Senior Services (DHSS) to raise public awareness about elder abuse, neglect, and exploitation. Together, we launch public awareness campaigns to educate the community about the signs of elder abuse and how to report it. These campaigns often include distributing informational materials and engaging in media outreach. World Elder Abuse Awareness Day (WEADD) is one such event in which AAAX collaborates with DHSS.

In addition to public campaigns, AAAX provides training programs for staff, volunteers, professionals, and caregivers. These programs are designed to help law enforcement, healthcare providers, and social workers recognize and respond to elder abuse effectively. AAAX also plays a crucial role in distributing resources and information, such as posters and business cards with the hotline number, provided by DHSS to older adults and their caregivers, ensuring they know where to seek help.

To remove barriers to education, prevention, investigation, and treatment of abuse, neglect, and exploitation, AAAX offers various educational programs. These programs empower older adults and caregivers by informing them about their rights and the resources available to them, helping them recognize and report abuse. AAAX regularly informs about financial exploitation and educates older adults about fraud and scams. By promoting social engagement and reducing isolation through services like meal programs, transportation, and social activities, the agency helps prevent situations where abuse might occur.

AAAX also supports the investigation process by providing information and assistance to Adult Protective Services (APS) and other investigative bodies. As mandated reporters, AAAX staff submits information to APS unit. For victims of abuse, AAAX offers support services such as counseling, legal assistance, and emergency shelters, helping to mitigate the effects of abuse and providing a safe environment for recovery.

Through these coordinated efforts, AAAX and DHSS aim to create a safer environment for older adults, ensuring they receive the care and respect they deserve.

The OAA requires the AAA to the extent feasible, to coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

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

The Area Agency on Aging, Region X works closely with Missouri Assistive Technology (MoAT) to help older adults access and use assistive technology, enhancing their quality of life. This collaboration involves several key initiatives.

Firstly, AAAX refers older adults to MoAT programs that provide assistive technology devices and services. These programs include the Show Me Loans program, which offers low-interest loans for purchasing assistive technology devices, hearing aids, home access modifications, and vehicle access. Additionally, MoAT's Telecommunication Access Program (TAP) provides adaptive equipment for phone and internet use, ensuring that individuals with disabilities can stay connected.

AAAX also helps older adults navigate the various funding options available through MoAT. This includes assistance with applications for programs like the Assistive Technology Reimbursement Program, which helps cover the cost of devices for students with disabilities, and the Reutilization Program, which provides gently used assistive technology and durable medical equipment at little or no cost.

Moreover, AAAX offers demonstrations of a few MoAT items, allowing older adults to see, touch, and try different assistive technology devices before making a purchase. This hands-on approach helps individuals make informed decisions about the technology that best meets their needs.

Through these coordinated efforts, AAAX and MoAT ensure that older adults in Missouri have access to the assistive technology they need to live more independently and safely.

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;

The Older Americans Act (OAA) mandate all Area Agencies on Aging to develop and implement a comprehensive, coordinated system for providing long-term care in home and community-based settings. Area Agency on Aging, Region X will meet this mandate for each specified item:

Collaboration and Coordination

AAAX collaborates with local public and private agencies and organizations responsible for administering long-term care programs, benefits, and services. This includes regular consultations and coordinated activities to ensure a seamless delivery of services. People with disabilities and those chronically ill can access transportation by using MAPS Para-transport services to assist these individuals. In addition, we contract with the Carthage Police Department, which runs an older adult taxi service in that city. Other contracted transportation options that support our disabled senior population include TATS, OATS, and the coordination of volunteers who assist those who need help getting to appointments, pharmacies, post offices, banks, etc. The agency contracts with St. Paul's in Joplin. St. Paul's provides grocery shopping and delivery to seniors in need. Additionally, St. Paul's offers some transportation to/from doctor appointments and kidney dialysis and can further coordinate services to assist disabled seniors. This includes help with home modification like wheelchair ramps, minor repairs, and more.

Economic Security Corporation (ESC) is another partner to whom we send seniors for help. Energy assistance, senior housing, and low-income housing, both with ADA access, weatherization, home modification, and other services support this population. Other contracted vendors, and the Independent Living Center, help older adults age in place by providing medical supplies, in-home services like personal care, homemaking, respite, etc.

AAAX often refers seniors to Community Support Services of Missouri as well. This agency offers an array of supportive programs for children and adults with developmental disabilities, those with special health and medical needs, and in-home assistive services for individuals of all ages throughout the AAAX planning and service area.

Other agencies we constantly work with are the Department of Family Services for Blind Pension support and the Joplin Association for the Blind. The Carl Junction Lion's Club has provided support for seniors in need of vision services, eyeglasses, and hearing aids.

By working together, all entities can share resources, expertise, and information to better serve older individuals and their family caregivers.

Conducting Analyses and Making Recommendations

AAAX conducts thorough analyses of the local long-term care system to identify areas for improvement. Based on these analyses, AAAX makes strategic recommendations to modify the system to better respond to the needs and preferences of older individuals and their family caregivers. This includes facilitating the provision of long-term care in home and community-based settings and targeting services to older individuals at risk for institutional placement. Examples of targeted services include home delivered, nutritious meals to older adults who are homebound, ensuring they receive proper nutrition; in-home services such as personal care, homemaker services, and chore assistance, helping older adults with daily activities and maintaining their homes; transportation to medical appointments, grocery stores, and other essential destinations, enabling older adults to remain mobile and independent; and, health promotion programs that focus on physical activity, chronic disease management, and fall prevention to help older adults maintain their health and well-being. Family Caregiver services offered through AAAX provide resources and respite care for family caregivers, helping them manage the demands of caregiving while maintaining their own health. These services are focused on the caregiver, reducing burn-out and thus preventing premature institutionalization. Referral services are also used. The AAAX Senior Resource Guide lists agencies who can provide services for the best and desired outcomes for the older adult. AAAX works closely with the organizations listed in the guide as well as stays abreast of options for long-term care through community contacts and the Ombudsman program.

Implementing Evidence-Based Programs

AAAX implements evidence-based programs such as Chronic Disease Self-Management Education, Aging Mastery, Medication Management, and Bingocize through its own services or through service providers. These programs are designed to assist older individuals and their family caregivers in learning about and making behavioral changes that reduce the risk of injury, disease, and disability. These programs aim to enhance the overall well-being of older adults, by promoting healthy behaviors and preventive measures.

Providing Information and Education

AAAX ensures the availability and distribution of information related to long-term care through various channels, including public education campaigns, Aging and Disability Resource Centers, and AAAX itself. This information covers the need to plan in advance for long-term care and the full range of available public and private long-term care programs, options, service providers, and resources. AAAX makes this information accessible in print, on our website (<https://aaaregionx.org/services>), on social media with original posts or shared posts from ma4, ACL, USAging, or other AAAs, by inviting speakers to address older adults at our senior centers, and one-on-one discussions with knowledgeable staff. AAAX helps older adults, and their caregivers, make informed decisions about their care.

AAAX aims to create a comprehensive, coordinated system that is responsive to the needs and preferences of older individuals and their caregivers, ensuring they receive the support and services they need to live independently and with dignity.

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.

The Area Agency on Aging, Region X ensures that its case management services meet the requirements set forth by the Older Americans Act (OAA) through several key strategies.

AAAX avoids duplication of services. We ensure that our case management services do not duplicate those provided through other federal, state, and local programs. This is achieved by conducting thorough assessments of available services and maintaining close communication with other service providers. By understanding the availability of existing services, AAAX can fill gaps rather than overlapping with other programs.

AAAX coordinates its services with other federal, state, and local programs to provide a seamless experience for older adults. This involves regular meetings and information sharing with agencies such as Medicaid, Medicare, local hospitals, nonprofits, and local health departments. AAAX can ensure that older adults receive comprehensive care without redundancy by aligning its efforts.

AAAX ensures that case management services are provided by public agencies or nonprofit private agencies and uses referrals to these agencies. This allows that each older individual seeking services has a list of similar service providers within the area, empowering individuals to make informed choices about their care.

The list of service providers is included in our Resource Guide. This booklet of information, available in both English and Spanish, is given to all older adults seeking case management services. If the request is done over the phone or through our website or Facebook Messenger page, we direct them to our website to find this Resource Guide. As of January 2026, we have identified Economic Security Corporation as the only nonprofit agency offering services outside of managed health or mental health care to older adults in all four counties in AAAX planning and service area. In this way, we ensure that clients seeking case management services have choice in the agencies they work with for this service.

Case managers at AAAX act as agents for the individuals receiving services, not as promoters for the agency providing the services. This means that their primary responsibility is to advocate for the needs and preferences of the older adults they serve, ensuring that their best interests are always the priority.

For areas classified as rural, AAAX can obtain waivers for certain requirements, such as providing a list of similar service providers. This flexibility ensures that older adults in rural areas still receive necessary case management services, even if the same level of choice and documentation is not feasible.

It is our intention that by implementing these strategies, AAAX can ensure that its case management services are effective, coordinated, and responsive to the needs of older adults in southwest Missouri.

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.

Area Agency on Aging, Region X ensures compliance with the OAA Final Rule by establishing procedures for coordination with entities conducting various federal or federally assisted programs for older individuals. The following is how AAAX meets this mandate for each relevant entity:

Title I of the Workforce Innovation and Opportunity Act

AAAX collaborates with local workforce development boards, such as the Missouri Job Center and the Senior Community Service Employment Program (SCSEP) to provide employment and training services for older adults. This includes helping to coordinate job placement and skills training to enhance employability.

Title II of the Domestic Volunteer Service Act of 1973

AAAX participates in programs like Give 5 to promote volunteer opportunities for older adults, fostering community engagement and leveraging their skills and experience. Additionally, AAAX CEO and staff coordinate with southwest Missouri's nonprofit community to better learn what volunteer opportunities are available and applicable to the needs of the older adults served.

Titles XVI, XVIII, XIX, and XX of the Social Security Act

AAAX works with and refers older adults to Social Security Administration offices to ensure older adults receive benefits such as Supplemental Security Income (SSI), Medicare, Medicaid, and social services. This coordination helps streamline access to healthcare and financial support.

Sections 231 and 232 of the National Housing Act

AAAX collaborates with housing authorities to facilitate access to federally insured loans for housing and healthcare facilities, ensuring older adults have safe and affordable living options. Additionally, AAAX contracts with private owners of income-based senior housing to provide service enriched programming as required by the owners through the Missouri Housing Development Corp.

The United States Housing Act of 1937

AAAX works with local public housing agencies to provide up-to-date affordable housing information for low-income older adults, helping them maintain independence in community settings.

Section 202 of the Housing Act of 1959

AAAX coordinates with non-profit organizations to develop supportive housing for the elderly, ensuring access to affordable housing with services that promote aging in place. AAAX CEO is the co-chair of the Housing and Poverty Committee of One Joplin, a nonprofit organization consisting of numerous area organizations coming together to affect change.

Title I of the Housing and Community Development Act of 1974

AAAX is a trusted source for information to local governments to utilize Community Development Block Grants (CDBG) for projects that benefit older adults, such as home modifications and community centers.

Title I of the Higher Education Act of 1965 and the Adult Education and Family Literacy Act

AAAX keeps informed of the local educational institutions (MSSU, Crowder College, Joplin NALA Read, etc.) who provide lifelong learning opportunities and literacy programs for older adults and refers older adults to these institutions in hopes of enhancing their skills and knowledge.

Sections 3, 9, and 16 of the Urban Mass Transportation Act of 1964

AAAX heavily advocates for older adults to the City of Joplin leadership who disbanded the only local transit system, the Sunshine Lamp Trolley. AAAX wants to ensure City of Joplin older adults have access to reliable and affordable transportation options, facilitating mobility and independence. As of this area plan for FY2026, the City of Joplin has not reinstated its transit system. Options are few in southwest Missouri. However, AAAX funds Older Adult Transit System (OATS) which serves the four-county area, Truman Area Transportation System (TATS) which serves older adults in Lamar, Carthage City Taxi which serves older adults in Carthage, and supports Economic Security's Community Action Ride Service (CARS) program which is a volunteer ride-based initiative.

The Public Health Service Act

AAAX coordinates with public health departments, local pharmacies, community clinics, and the Freeman and Mercy Health Systems to provide preventive health services such as screening and vaccinations, and education, promoting wellness and disease prevention among older adults.

The Low-Income Home Energy Assistance Act of 1981

AAAX assists older adults in applying for energy assistance programs such as LIHEAP offered by Economic Security Corporation to help with heating and cooling costs, ensuring their homes remain safe and comfortable. AAAX also refers older adults to other faith-based and charity organizations when LIHEAP funds are depleted. AAAX CEO sits on Liberty Utilities Project Help Board of Directors to ensure the equitable distribution of funds collected by Liberty Utilities to older adults in need.

Part A of the Energy Conservation in Existing Buildings Act of 1976

AAAX refers older adults to the weatherization programs offered by Economic Security Corp to improve the energy efficiency of older adults' homes, reducing utility costs and enhancing comfort. AAAX also educates older adults on weatherization.

The Community Services Block Grant Act

AAAX collaborates with Economic Security Corporation to provide a range of services, including nutrition, health, and supportive services, to low-income older adults.

Demographic Statistics and Analysis Programs by the Bureau of the Census

AAAX uses demographic data to identify the needs of older adults in the region and to plan and allocate resources effectively. AAAX also uses Census data to advocate to local, county, state, and federal elected officials.

Furthermore, in 2019-2020, AAAX CEO facilitated collaborative partnerships and efforts in Joplin to coordinate targeted outreach in hard-to-count and traditionally undercounted populations by establishing hubs and other community sites to help provide information and assistance to older adults to facilitate census participation. AAAX participated in focus team and partnership discussions to coordinate targeted outreach to older adults. AAAX helped develop innovative methods to reach this population. AAAX acted as a hub site and participated in other community sites to help provide information and assistance to older adults. Working

directly with US Census representatives, AAAX provided secure digital access at its senior centers so older adults could respond to the 2020 Census.

Parts II and III of Title 38, United States Code

AAAX refers its clients to the Department of Veterans Affairs to ensure older veterans receive the benefits and services they are entitled to, including healthcare and support services. Locally, AAAX partners with its Joplin VA Clinic to fill service gaps such as home delivered meals, transportation options, and more.

The Rehabilitation Act of 1973

Currently, AAAX does not have a formal way to coordinate with vocational rehabilitation services in southwest Missouri to assist older adults with disabilities in achieving employment and independence. In Joplin, vocational rehabilitation services are provided by the Missouri Division of Vocational Rehabilitation. AAAX does make referrals to this agency when appropriate.

The Developmental Disabilities Assistance and Bill of Rights Act of 2000

AAAX collaborates with developmental disability organizations to provide services and support for older adults with developmental disabilities. AAAX works closely with Joplin Workshops and Innovative Technologies, two sheltered workshops in the area. Information about AAAX programs, such as Family Caregiver programs and nutrition services, is shared with the Workshops' executive director and staff.

The Edward Byrne Memorial State and Local Law Enforcement Assistance Programs

AAAX partners with local law enforcement to enhance the safety and security of older adults, including programs to prevent elder abuse and exploitation. Regularly, Officer Lacey Baxter with the Joplin Police Department presents a "Senior Safety" session to congregate diners at the Joplin Senior Center. Also, each year AAAX hosts a "Scamboree" bringing local law enforcement and other entities together to provide information about fraud and scams. Furthermore, local law enforcement works closely with the MO Adult Protective Service unit and AAAX to ensure older adult safety.

Sections 4 and 5 of the Assistive Technology Act of 1998

AAAX works with and refers clients to Missouri Assistive Technology to provide older adults with access to devices and services that enhance their independence and quality of life.

Section 393D of the Public Health Service Act

AAAX collaborates with public health initiatives focused on senior safety, including fall prevention and injury reduction programs. Vaccination education and assistance in accessing vaccinations is also provided through partnerships with local health departments and community clinics. This includes in-home vaccination services.

By establishing these coordination procedures, AAAX ensures that older adults in Southwest Missouri receive comprehensive, integrated services that address their diverse needs and support their ability to live independently in their communities.

Attachment L – Fiscal

Match

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

AAA Response:

Area Agency on Aging, Region X confirms that no match dollars are from means tested programs. AAAX does not offer such income-based qualifications, rather it prioritizes participants who self-report income at or below the federal poverty level.

Contributions that are NOT program income (when an older adult chooses to contribute monetarily for the services they receive) are used for match including non-monetary resources such as donated goods, services, or volunteer time that would otherwise need to be paid for. AAAX uses several methods to assign the value including Goodwill Donation Value guide, Salvation Army Price Guide for used items, retail value of new items by internet search (Walmart.com), and any other appropriate and generally accepted source for like items.

Volunteer time value comes from [Value of Volunteer Time Report | Independent Sector Resources](#). Independent Sector Resources' annual calculation of the value of volunteer time is widely used and accepted by nonprofits and government agencies for internal accounting and reporting purposes.

AAAX does not own any of its senior center buildings or their properties. Each of the owners of the locations (the Cities of: Carthage, Webb City, Carl Junction, Joplin, and Neosho; and the Barton County Senior Center Board.) has a zero-cost use agreement with the agency. The value of the donated building and utilities is calculated based on the square footage of the location. This estimated value is extremely conservative and is provided by a reputable realtor in the Joplin area.

Other sources of matching funds are from monetary donations, grants, philanthropic trusts, and fundraising.

Cash received at nutrition sites is carefully accounted for, with contributions for services (program income) being documented apart from donations that may be received.

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:

Fiscal monitoring of its contracted service providers occurs each month. When the contracted service provider submits its invoice, it includes a report of donations received by the service provider. The budget is reviewed to ensure that the service provider has not reached any maximum amounts. Annually, each service provider is monitored by a combination of on-site visits and requests for digital documents about their policies and procedures. Should AAAX discover any non-compliance issues, it works with the service provider to remedy the issue, if possible, and when no remedy is sufficient, AAAX will cancel a contract.

Allocation Methodology

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

AAA Response:

AAAX budgets are revised at least semi-annually based on the Allotment Table issued by the state. Each program is looked at, funding needs by program are assessed, and then the Fiscal Director, various Program Directors, and the CEO review available funding to create a spend plan for the funding. For contracted services, providers are given a maximum per year, which may be updated periodically based on changes in the Allotment Table. Since AAAX provides most services directly (except transportation, in-home, etc.), it does not allocate funding per senior center, rather, it creates a budget for all nutrition services.

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:

The budget process is the same used in the above Allocation process. Significant changes expected are a noticeable increase in wages and fringe benefits with the passage of the increase to minimum wage. Additionally, the steep rise in the cost of food will result in significant changes to nutrition costs.

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	85,577.69	247,136.31	64,399.00	503,742.00	806,420.00	20,330.00	141,549.00			6,923.00	1,876,077.00
MEHTAP		76,950.00									76,950.00
Medicaid-HDM					687,075.00						687,075.00
Medicaid-Other											
Program Income				252,975.00	38,750.00	8,200.00					299,925.00
Interest Income	2,700.00										2,700.00
Other-DHSS Match		239,760.52	27,401.00	42,576.51	102,505.22						412,243.25
Other-Non-DHSS Match											

Attachment N – Definitions and Approved Services

Area Plan Definitions, including approved services for SFY2027 can be found in box.com in the [+Master Files 2027 Area Plans Appendices](#) folder.

Attachment O – Public Comments

The Area Agency on Aging, Region X (AAAX) will follow a structured process to put its Area Plan out for public comment:

AAAX will issue public notices to inform stakeholders and the general public about the availability of draft area plans and related documents for review and comment. These notices will be posted on the AAAX website <https://aaaregionx.org/public-comment-page> and may also be distributed through other channels such as email lists and social media.

1. The public is given 30 days to review the draft plan, and/or amendments to the plan, and submit comments.
2. Comments can be submitted through various methods, including the online form on the website, email, and by mail. The public notice will provide detailed instructions on how to submit comments.
3. In some cases, AAAX may hold public hearings or meetings to gather oral comments and facilitate discussion. These events will also be announced in public notices
4. After the comment period ends, AAAX reviews all submitted comments and may revise the draft plan based on the feedback received.

Pre-Approved Direct Services Waiver

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

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

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

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

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

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

- | | |
|---------------------------|---|
| Health and Wellness | Friendly visiting/Telephone Reassurance |
| Tax Assistance | Assistive Technology |
| Nutrition Education | Minor Home Repair |
| Emergency Response System | Medical/Incontinence Supplies |
| Durable Medical Equipment | Consumable Supplies Emergency |
| Response | Advocacy |
| Recreation | Interpretation |
| Support Groups | |

General Waiver Requests

AAAX FY2025
Lanigan, MO Meal site

Area Agency on Aging, Region X V.3 General Waiver Request

- A. Cite Regulation: 19 CSR 15-7010(5)(D)
19 CSR 15-010(6)(C)
19 CSR 15-010(7)
19 CSR 15-4.245 (5)(B)
19 CSR 15-4.245(10)(F)
19 CSR 15-4.245(10)(J)
19 CSR 15-4.245(12)(C)(1-5)

B. Regulation Language (in order of above):

1. Fire inspections shall be conducted annually at all centers by state or local fire authorities. Documentation of the inspector's report, recommendations, and corrections of any deficiencies shall be maintained at the area agency on aging and center offices
2. Written instructions posted conspicuously which include the 911 emergency telephone number, if available, or other local emergency telephone numbers, such as those of physicians, ambulances, hospital emergency rooms, and local civil defense or disaster offices if the 911 number is not available in the community.
3. Caterers and centers in which food is prepared, served, or both, shall be maintained in a safe and sanitary manner and shall be in compliance with all applicable state, county, or city health codes. Each location at which food is prepared shall be inspected annually by state or local health authorities. Each location at which prepared food is received from another source shall be inspected annually by state or local health authorities. Documentation of the inspector's report, recommendations, and corrections of any deficiencies shall be kept at both the area agency on aging and center offices.
4. Specific equipment required for all centers serving meals is as follows: 1. A home-style or commercial range; 2. A home-style or commercial refrigerator; 3. A handwashing sink; 4. A three- (3-) vat sink or other acceptable method for dishwashing.
5. Dishes and utensils washed in water temperatures of less than one hundred fifty degrees Fahrenheit (150°F) and rinsed at less than one hundred eighty-degree Fahrenheit (180°F) shall be chemically sanitized. When single-tank, stationery-rack, and door-type machine using chemicals for sanitizing are used, the wash water shall not be less than one hundred twenty degrees Fahrenheit (120°F) and rinse water not less than seventy-five degrees Fahrenheit (75°F). If the dishwashing machine uses hot water for sanitizing, the wash water shall be at least one hundred fifty degrees Fahrenheit (150°F) and the final rinse at least one hundred-eighty degrees Fahrenheit (180°F). A test kit or other device that accurately measures the parts per million concentrations of the solutions shall be provided
6. Methods of insect and rodent control shall be used on a regularly scheduled basis
7. 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; 3. A variety of supportive services; 4. An information area with a bulletin board, display rack, or other method of posting information which is easily accessible and well-lighted. Notices should be attractive, easy to read, and placed within eye level

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 shall request a waiver if unable to comply with a specific division requirement. The request shall be in writing, shall be signed by the chairperson of the governing body, shall state the requirement for which a waiver is requested and shall include supportive documentation that explains why the requirement cannot be met, a description of the area agency's proposed alternative for meeting the requirement and an explanation of why the proposed alternative is most applicable for the area agency's situation.

For each of the above numbered rules, the following is proposed:

Area Agency on Aging, Region X
V.3 General Waiver Request

1. Area Agency on Aging, Region X will inspect the meal sites for working smoke detectors, and current tagged fire extinguishers. Should any/all be in nonworking condition, we will replace with working/current ones.
2. We will regularly train on emergency procedures (fire/tornado) and include what to do in case of an emergency and provide instruction on calling 911.
3. We will have local Health Department (McDonald County or other) review our procedures for our weekly lunch service, check temperatures, etc. The community center as a whole that we are serving in will not be a part of this inspection.
4. We will not be cooking on site. A dishwasher is available.
5. Home-type dishwasher (not commercial) is being used for dishes. Agency provides dishwasher pods that have a sanitizing agent.
6. No rodent/pest control at this site. We serve one day per week. No food is left on premises.
7. Meal site is 1x per week. Hot meal is served. Supportive services and resources are available but not left on site. Agency staff will bring information each week and lay out on a table prior to serving lunch.

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.

Region X intends to add another catered meal program site in Lanigan, MO to better serve the rural population of rural McDonald County, MO. A congregate lunch will be served on Thursdays from 11:30 to 12:30 at the Lanigan location. Currently, Region X has catered meal sites in Pineville, MO; Anderson, MO; Goodman, MO; Golden City, MO; and, Granby, MO.

The meals for the new location will be prepared at our Neosho Senior Center in Neosho, MO and transported to the site to be served immediately upon receipt. The meals follow the preapproved menu and are the same meal that is being served in all Region X brick and mortar senior centers on that day. The meal meets the minimum nutrition standards. Meals are served and eaten at the site, in a congregate setting, to provide social interaction. Education, health and wellness, recreation, and information & assistance services are also provided throughout the 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.

Region X has many rural areas in its 4-county region and 6 senior centers to cover all 4 counties. Rural seniors who are not deemed homebound find it difficult to travel to the senior center regardless of where it is located. OATS serves some of the rural areas but not all and not every day of the week. McDonald County is one such rural county. McDonald County has about 23,300 residents yet its largest city, Noel, is under 2,000 people. With the population so scattered, seniors would have to drive 30 miles or more to get to the closest senior center.

This geographic scenario takes place all through Region X PSA. In an attempt to reduce social isolation of our more rural seniors, we will meet them where they are as much as possible. Overcoming transportation barriers is too costly to serve the rural areas. The catered meal program is cost effective (the food is prepared at the closest senior center with their lunch offering), has very little overhead since it is primarily volunteer driven, and fills the needs of our most vulnerable and isolated seniors.

Region X's intention is to "bring the senior center to the senior" if they cannot get to the brick-and-mortar senior center. This program is mainly volunteer driven – it has only one Region X paid staff. All volunteers being utilized have been trained in proper food handling (ServeSafe), educated on ANE and HIPPA issues, and handling of cash contributions.

Area Agency on Aging, Region X
V.3 General Waiver Request

Pans of hot food are prepared at the Neosho Senior Center in Neosho, MO. The temperature is recorded, the pans are put into a Cambro for hot transit. The temperature is taken again when the food is being served at the satellite location. Trained volunteers are provided with serving utensils and training to ensure portion size is correct.

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

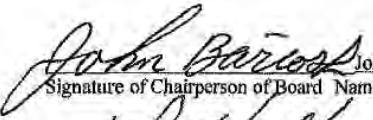
Waiver Period Requested

State Fiscal Year

Life of the Plan

Other (Specify) _____

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


John Bartosh
Signature of Chairperson of Board Name of Chairperson of Board

11/12/24
Date


Jennifer Shotwell
Signature of AAA Director Name of AAA Director

10/3/24
Date

Determination of State Unit on Aging:

Waiver Period Approved

State Fiscal Year

Life of the Plan

Other (Specify) _____


Mindy Ulrich
Signature of Chief, Senior Programs


Mindy Ulrich
Bureau Chief, Senior Programs

11/13/24
Date


Jacob Rulkeberg
Signature of Director, DSDS


Jacob Rulkeberg
Signature of DSDS Director

11/14/24
Date

Waiver Denied

Waiver Denial Reason:

Area Agency on Aging, Region X
V.3 General Waiver Request

AAAAX FY2025

- A. Cite Regulation: 19 CSR 15-7010(5)(D)
19 CSR 15-010(6)(C)
19 CSR 15-010(7)
19 CSR 15-4.245 (5)(B)
19 CSR 15-4.245(10)(F)
19 CSR 15-4.245(10)(J)
19 CSR 15-4.245(12)(C)(1-5)

B. Regulation Language (in order of above):

1. Fire inspections shall be conducted annually at all centers by state or local fire authorities. Documentation of the inspector's report, recommendations, and corrections of any deficiencies shall be maintained at the area agency on aging and center offices
2. Written instructions posted conspicuously which include the 911 emergency telephone number, if available, or other local emergency telephone numbers, such as those of physicians, ambulances, hospital emergency rooms, and local civil defense or disaster offices if the 911 number is not available in the community.
3. Caterers and centers in which food is prepared, served, or both, shall be maintained in a safe and sanitary manner and shall be in compliance with all applicable state, county, or city health codes. Each location at which food is prepared shall be inspected annually by state or local health authorities. Each location at which prepared food is received from another source shall be inspected annually by state or local health authorities. Documentation of the inspector's report, recommendations, and corrections of any deficiencies shall be kept at both the area agency on aging and center offices.
4. Specific equipment required for all centers serving meals is as follows: 1. A home-style or commercial range; 2. A home-style or commercial refrigerator; 3. A handwashing sink; 4. A three- (3-) vat sink or other acceptable method for dishwashing.
5. Dishes and utensils washed in water temperatures of less than one hundred fifty degrees Fahrenheit (150°F) and rinsed at less than one hundred eighty-degree Fahrenheit (180°F) shall be chemically sanitized. When single-tank, stationery-rack, and door-type machine using chemicals for sanitizing are used, the wash water shall not be less than one hundred twenty degrees Fahrenheit (120°F) and rinse water not less than seventy-five degrees Fahrenheit (75°F). If the dishwashing machine uses hot water for sanitizing, the wash water shall be at least one hundred fifty degrees Fahrenheit (150°F) and the final rinse at least one hundred-eighty degrees Fahrenheit (180°F). A test kit or other device that accurately measures the parts per million concentrations of the solutions shall be provided
6. Methods of insect and rodent control shall be used on a regularly scheduled basis
7. 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; 3. A variety of supportive services; 4. An information area with a bulletin board, display rack, or other method of posting information which is easily accessible and well-lighted. Notices should be attractive, easy to read, and placed within eye level

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 shall request a waiver if unable to comply with a specific division requirement. The request shall be in writing, shall be signed by the chairperson of the governing body, shall state the requirement for which a waiver is requested and shall include supportive documentation that explains why the requirement cannot be met, a description of the area agency's proposed alternative for meeting the requirement and an explanation of why the proposed alternative is most applicable for the area agency's situation.

For each of the above numbered rules, the following is proposed:

Area Agency on Aging, Region X
V.3 General Waiver Request

1. Area Agency on Aging, Region X will inspect the meal sites for working smoke detectors, and current tagged fire extinguishers. Should any/all be in nonworking condition, we will replace with working/current ones.
2. We will regularly train on emergency procedures (fire/tornado) and include what to do in case of an emergency and provide instruction on calling 911.
3. We will have local Health Department (McDonald County) review our procedures for our weekly lunch service, check temperatures, etc. The community center as a whole that we are serving in will not be a part of this inspection.
4. We will not be cooking on site. A dishwasher is available.
5. Home-type dishwasher (not commercial) is being used for dishes. Agency provides dishwasher pods that have a sanitizing agent.
6. No rodent/pest control at this site. We serve one day per week. No food is left on premises.
7. Meal site is 1x per week. Hot meal is served. Supportive services and resources are available but not left on site. Agency staff will bring information each week and lay out on a table prior to serving lunch.

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.

Region X intends to add another catered meal program site in Goodman, MO to better serve the rural population of McDonald County, MO. A congregate lunch will be served on Mondays from 11:30 to 12:30 at the Goodman location. Currently, Region X has catered meal sites in Pineville, MO; Anderson, MO; and, Granby, MO.

The meals for the new location will be prepared at our Neosho Senior Center in Neosho, MO and transported to the site to be served immediately upon receipt. The meals follow the preapproved menu and are the same meal that is being served in all Region X brick and mortar senior centers on that day. The meal meets the minimum nutrition standards. Meals are served and eaten at the site, in a congregate setting, to provide social interaction. Education, health and wellness, recreation, and information & assistance services are also provided throughout the 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.

Region X has many rural areas in its 4-county region and 6 senior centers to cover all 4 counties. Rural seniors who are not deemed homebound find it difficult to travel to the senior center regardless of where it is located. OATS serves some of the rural areas but not all and not every day of the week. McDonald County is one such rural county. McDonald County has about 22,000 residents yet its largest city, Noel, is under 2,000 people. With the population so scattered, seniors would have to drive 30 miles or more to get to the closest senior center.

This geographic scenario takes place all through Region X PSA. In an attempt to reduce social isolation of our more rural seniors, we will meet them where they are as much as possible. Overcoming transportation barriers is too costly to serve the rural areas. The catered meal program is cost effective (the food is prepared at the closest senior center with their lunch offering), has very little overhead since it is primarily volunteer driven, and fills the needs of our most vulnerable and isolated seniors.

Region X's intention is to "bring the senior center to the senior" if they cannot get to the brick-and-mortar senior center. This program is mainly volunteer driven – it has only one Region X paid staff. All volunteers being utilized have been trained in proper food handling (ServeSafe), educated on ANE and HIPPA issues, and handling of cash contributions.

Area Agency on Aging, Region X
V.3 General Waiver Request

- A. Cite Regulation: 19 CSR 15-7010(5)(D)
19 CSR 15-010(6)(C)
19 CSR 15-010(7)
19 CSR 15-4.245 (5)(B)
19 CSR 15-4.245(10)(F)
19 CSR 15-4.245(10)(J)
19 CSR 15-4.245(12)(C)(1-5)

B. Regulation Language (in order of above):

1. Fire inspections shall be conducted annually at all centers by state or local fire authorities. Documentation of the inspector's report, recommendations, and corrections of any deficiencies shall be maintained at the area agency on aging and center offices
2. Written instructions posted conspicuously which include the 911 emergency telephone number, if available, or other local emergency telephone numbers, such as those of physicians, ambulances, hospital emergency rooms, and local civil defense or disaster offices if the 911 number is not available in the community.
3. Caterers and centers in which food is prepared, served, or both, shall be maintained in a safe and sanitary manner and shall be in compliance with all applicable state, county, or city health codes. Each location at which food is prepared shall be inspected annually by state or local health authorities. Each location at which prepared food is received from another source shall be inspected annually by state or local health authorities. Documentation of the inspector's report, recommendations, and corrections of any deficiencies shall be kept at both the area agency on aging and center offices.
4. Specific equipment required for all centers serving meals is as follows: 1. A home-style or commercial range; 2. A home-style or commercial refrigerator; 3. A handwashing sink; 4. A three- (3-) vat sink or other acceptable method for dishwashing.
5. Dishes and utensils washed in water temperatures of less than one hundred fifty degrees Fahrenheit (150°F) and rinsed at less than one hundred eighty-degree Fahrenheit (180°F) shall be chemically sanitized. When single-tank, stationery-rack, and door-type machine using chemicals for sanitizing are used, the wash water shall not be less than one hundred twenty degrees Fahrenheit (120°F) and rinse water not less than seventy-five degrees Fahrenheit (75°F). If the dishwashing machine uses hot water for sanitizing, the wash water shall be at least one hundred fifty degrees Fahrenheit (150°F) and the final rinse at least one hundred-eighty degrees Fahrenheit (180°F). A test kit or other device that accurately measures the parts per million concentrations of the solutions shall be provided
6. Methods of insect and rodent control shall be used on a regularly scheduled basis
7. 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; 3. A variety of supportive services; 4. An information area with a bulletin board, display rack, or other method of posting information which is easily accessible and well-lighted. Notices should be attractive, easy to read, and placed within eye level

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 shall request a waiver if unable to comply with a specific division requirement. The request shall be in writing, shall be signed by the chairperson of the governing body, shall state the requirement for which a waiver is requested and shall include supportive documentation that explains why the requirement cannot be met, a description of the area agency's proposed alternative for meeting the requirement and an explanation of why the proposed alternative is most applicable for the area agency's situation.

For each of the above numbered rules, the following is proposed:

**Area Agency on Aging, Region X
V.3 General Waiver Request**

1. Area Agency on Aging, Region X will inspect the meal sites for working smoke detectors, and current tagged fire extinguishers. Should any/all be in nonworking condition, we will replace with working/current ones.
2. We will regularly train on emergency procedures (fire/tornado) and include what to do in case of an emergency and provide instruction on calling 911.
3. We will have local Health Departments review our procedures for our weekly lunch service, check temperatures, etc. The community center, city building, or church as a whole that we are serving in will not be a part of this inspection.
4. We will not be cooking on site. A dishwasher is available.
5. Home-type dishwasher (not commercial) is being used for dishes. Agency provides dishwasher pods that have a sanitizing agent.
6. No rodent/pest control at this site. We serve one day per week for one hour. No food is left on premises.
7. Meal site is 1x per week. Hot meal is served. Supportive services and resources are available but not left on site. Agency staff will bring information each week and lay out on a table prior to serving lunch.

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.

Region X intends to add catered meal program sites in Barton, Jasper, and Newton Counties to better serve the rural population of those counties. A congregate lunch will be served one day per week from 11:30 to 12:30 at these locations. Currently, Region X has catered meal sites in Pineville, MO; Anderson, MO; Goodman, MO; Jane, MO; Lanagan, MO; Golden City, MO; and, Granby, MO. Other underserved communities are Liberal in Barton County, City of Jasper in Jasper County, and Diamond and Seneca in Newton County.

The meals for the new locations will be prepared at either our Neosho Senior Center in Neosho, MO or at Barton County Senior Center in Lamar, MO and transported to the site to be served immediately upon receipt. The meals follow the preapproved menu and are the same meal that is being served in all AAAX brick and mortar senior centers on that day. The meal meets the minimum nutritional standards. Meals are served and eaten at the site, in a congregate setting, to provide social interaction. Education, health and wellness, recreation, and information & assistance services are also provided throughout the 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.

AAAX has many rural areas in its 4-county region and 6 senior centers to cover all 4 counties. Rural seniors who are not deemed homebound find it difficult to travel to the senior center regardless of where it is located. OATS serves some of the rural areas but not all and not every day of the week. Newton County is one such rural county as well as Barton County and Northern rural Jasper. In each of these counties, there is one small population center (Neosho and Lamar respectively). With the population so scattered across hundreds of square miles, older adults would have to drive 30 miles or more to get to the closest senior center.

This geographic scenario takes place all through AAAX PSA. To reduce social isolation of our more rural seniors, we will meet them where they are as much as possible. Overcoming transportation barriers is too costly to serve the rural areas. The catered meal program is cost effective (the food is prepared at the closest senior center with their lunch offering), has very little overhead since it is primarily volunteer driven, and fills the needs of our most vulnerable and isolated seniors.

AAAX's intention is to "bring the senior center to the senior" if they cannot get to the brick-and-mortar senior center. This program is mainly volunteer driven – it has only one AAAX paid staff per county. All volunteers being utilized have been trained in proper food handling (ServeSafe), educated on ANE and HIPPA issues, and handling of cash contributions.

Area Agency on Aging, Region X
General Waiver Request
V.3

- A. Cite Regulation: 19 CSR 15-7010(5)
 19 CSR 15-010(7)
 19 CSR 15-010(6)
 19 CSR 15-7.060(14)

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. Caterers and centers in which food is prepared, served, or both, shall be maintained in a safe and sanitary manner and shall be in compliance with all applicable state, county, or local health codes.
3. Equipment requirements
4. 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 shall request a waiver if unable to comply with a specific division requirement. The request shall be in writing, shall be signed by the chairperson of the governing body, shall state the requirement for which a waiver is requested and shall include supportive documentation that explains why the requirement cannot be met, a description of the area agency's proposed alternative for meeting the requirement and an explanation of why the proposed alternative is most applicable for the area agency'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.

Region X has a catered meal program site in Pineville, MO; Anderson, MO; and, Granby, MO. A congregate lunch will be served on Tuesdays, Wednesdays, and Thursdays, respectively, at each location.

The catered meal program is a congregate meal program currently being offered in Pineville, MO; Anderson, MO; and, Granby, MO. The meals are prepared at our Neosho Senior Center in Neosho, MO and are transported to the site to be served immediately upon receipt. The meals follow the preapproved menu and are the same meal that is being served in all Region X brick and mortar senior centers on that day. The meal meets the minimum nutrition standards. Meals are served and eaten at the site, in a congregate setting, to provide social interaction. Education, health and wellness, recreation, and information & assistance services are also provided throughout the 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.

Region X has many rural areas in its 4-county region and 6 senior centers to cover all 4 counties. Rural seniors who are not deemed homebound find it difficult to travel to the senior center regardless of where it is located. OATS serves some of the rural areas but not all and not every day of the week. McDonald County is one such rural county. McDonald County has about 22,000 residents yet its largest city, Noel, is under 2,000 people. With the population so scattered, seniors would have to drive 30 miles or more to get to the closest senior center.

This geographic scenario takes place all through Region X PSA. In an attempt to reduce social isolation of our more rural seniors, we will meet them where they are as much as possible. Overcoming transportation barriers is too costly to serve the rural areas. The catered meal program is cost effective (the food is prepared at the closest senior center with their lunch offering), has very little overhead since it is volunteer driven, and fills the

December 2021

Area Agency on Aging, Region X
V.5 General Waiver Request

needs of our most vulnerable and isolated seniors. Should this pilot program be successful, Region X will replicate it in other, more rural towns across its PSA.

Region X's intention is to "bring the senior center to the senior" if they cannot get to the brick-and-mortar senior center. This program is mainly volunteer driven – it has only one Region X paid staff. All volunteers being utilized have been trained in proper food handling (ServeSafe), educated on ANE issues, and handling of cash contributions.

Pans of hot food are prepared at the Neosho Senior Center. The temperature is recorded, the pans are put into a Cambro for hot transit. The temperature is taken again when the food is being served at the satellite location. Trained volunteers are provided with serving utensils and training to ensure portion size is correct.

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

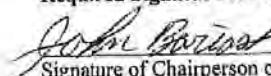
Waiver Period Requested

State Fiscal Year

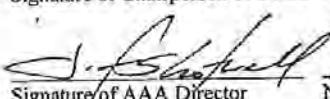
Life of the Plan

Other (Specify) _____

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

 John Bartosh
 Signature of Chairperson of Board Name of Chairperson of Board

6/11/24
 Date

 Jennifer Shotwell
 Signature of AAA Director Name of AAA Director

6/12/24
 Date

Determination of State Unit on Aging:

Waiver Period Approved

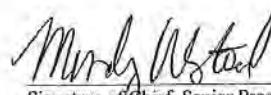
State Fiscal Year

Life of the Plan

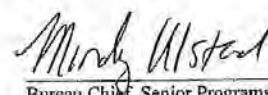
Other (Specify) _____

December 2021

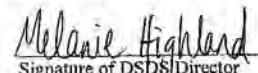
Area Agency on Aging, Region X
V.5 General Waiver Request


Signature of Chief, Senior Programs


Signature of Director, DSDS


Signature of Bureau Chief, Senior Programs

6/17/24
Date


Signature of DSDS Director

6/18/24
Date

Waiver Denied

Waiver Denial Reason:

December 2021

Area Agency on Aging, Region X
V.3 General Waiver Request

AAAAX FY2025

- A. Cite Regulation: 19 CSR 15-7010(5)(D)
19 CSR 15-010(6)(C)
19 CSR 15-010(7)
19 CSR 15-4.245 (5)(B)
19 CSR 15-4.245(10)(F)
19 CSR 15-4.245(10)(J)
19 CSR 15-4.245(12)(C)(1-5)

B. Regulation Language (in order of above):

1. Fire inspections shall be conducted annually at all centers by state or local fire authorities. Documentation of the inspector's report, recommendations, and corrections of any deficiencies shall be maintained at the area agency on aging and center offices
2. Written instructions posted conspicuously which include the 911 emergency telephone number, if available, or other local emergency telephone numbers, such as those of physicians, ambulances, hospital emergency rooms, and local civil defense or disaster offices if the 911 number is not available in the community.
3. Caterers and centers in which food is prepared, served, or both, shall be maintained in a safe and sanitary manner and shall be in compliance with all applicable state, county, or city health codes. Each location at which food is prepared shall be inspected annually by state or local health authorities. Each location at which prepared food is received from another source shall be inspected annually by state or local health authorities. Documentation of the inspector's report, recommendations, and corrections of any deficiencies shall be kept at both the area agency on aging and center offices.
4. Specific equipment required for all centers serving meals is as follows: 1. A home-style or commercial range; 2. A home-style or commercial refrigerator; 3. A handwashing sink; 4. A three- (3-) vat sink or other acceptable method for dishwashing.
5. Dishes and utensils washed in water temperatures of less than one hundred fifty degrees Fahrenheit (150°F) and rinsed at less than one hundred eighty-degree Fahrenheit (180°F) shall be chemically sanitized. When single-tank, stationery-rack, and door-type machine using chemicals for sanitizing are used, the wash water shall not be less than one hundred twenty degrees Fahrenheit (120°F) and rinse water not less than seventy-five degrees Fahrenheit (75°F). If the dishwashing machine uses hot water for sanitizing, the wash water shall be at least one hundred fifty degrees Fahrenheit (150°F) and the final rinse at least one hundred-eighty degrees Fahrenheit (180°F). A test kit or other device that accurately measures the parts per million concentrations of the solutions shall be provided
6. Methods of insect and rodent control shall be used on a regularly scheduled basis
7. 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; 3. A variety of supportive services; 4. An information area with a bulletin board, display rack, or other method of posting information which is easily accessible and well-lighted. Notices should be attractive, easy to read, and placed within eye level

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 shall request a waiver if unable to comply with a specific division requirement. The request shall be in writing, shall be signed by the chairperson of the governing body, shall state the requirement for which a waiver is requested and shall include supportive documentation that explains why the requirement cannot be met, a description of the area agency's proposed alternative for meeting the requirement and an explanation of why the proposed alternative is most applicable for the area agency's situation.

For each of the above numbered rules, the following is proposed:

Area Agency on Aging, Region X
V.3 General Waiver Request

1. Area Agency on Aging, Region X will inspect the meal sites for working smoke detectors, and current tagged fire extinguishers. Should any/all be in nonworking condition, we will replace with working/current ones.
2. We will regularly train on emergency procedures (fire/tornado) and include what to do in case of an emergency and provide instruction on calling 911. *Barton County*
3. We will have local Health Department (*McDonald County*) review our procedures for our weekly lunch service, check temperatures, etc. The community center as a whole that we are serving in will not be a part of this inspection.
4. We will not be cooking on site. A dishwasher is available.
5. Home-type dishwasher (not commercial) is being used for dishes. Agency provides dishwasher pods that have a sanitizing agent.
6. No rodent/pest control at this site. We serve one day per week. No food is left on premises.
7. Meal site is 1x per week. Hot meal is served. Supportive services and resources are available but not left on site. Agency staff will bring information each week and lay out on a table prior to serving lunch.

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.

Region X intends to add another catered meal program site in Golden City, MO to better serve the rural population of rural Barton County, MO. A congregate lunch will be served on Tuesdays from 11:30 to 12:30 at the Golden City location. Currently, Region X has catered meal sites in Pineville, MO; Anderson, MO; Goodman, MO; and, Granby, MO.

The meals for the new location will be prepared at our Barton County Senior Center in Lamar, MO and transported to the site to be served immediately upon receipt. The meals follow the preapproved menu and are the same meal that is being served in all Region X brick and mortar senior centers on that day. The meal meets the minimum nutrition standards. Meals are served and eaten at the site, in a congregate setting, to provide social interaction. Education, health and wellness, recreation, and information & assistance services are also provided throughout the 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.

Region X has many rural areas in its 4-county region and 6 senior centers to cover all 4 counties. Rural seniors who are not deemed homebound find it difficult to travel to the senior center regardless of where it is located. OATS serves some of the rural areas but not all and not every day of the week. Barton County is one such rural county. Barton County has about 11,600 residents yet its largest city, Lamar, is under 4,500 people. With the population so scattered, seniors would have to drive 30 miles or more to get to the closest senior center.

This geographic scenario takes place all through Region X PSA. In an attempt to reduce social isolation of our more rural seniors, we will meet them where they are as much as possible. Overcoming transportation barriers is too costly to serve the rural areas. The catered meal program is cost effective (the food is prepared at the closest senior center with their lunch offering), has very little overhead since it is primarily volunteer driven, and fills the needs of our most vulnerable and isolated seniors.

Region X's intention is to "bring the senior center to the senior" if they cannot get to the brick-and-mortar senior center. This program is mainly volunteer driven – it has only one Region X paid staff. All volunteers being utilized have been trained in proper food handling (ServeSafe), educated on ANE and HIPPA issues, and handling of cash contributions.

Pans of hot food are prepared at the Barton County Senior Center in Lamar. The temperature is recorded, the pans are put into a Cambro for hot transit. The temperature is taken again when the food is being served at the

Area Agency on Aging, Region X
V.3 General Waiver Request

satellite location. Trained volunteers are provided with serving utensils and training to ensure portion size is correct.

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:


 John Bartosh
 Signature of Chairperson of Board Name of Chairperson of Board

8/13/24
 Date


 Jennifer Shotwell
 Signature of AAA Director Name of AAA Director

8/13/24
 Date

Determination of State Unit on Aging:

Waiver Period Approved

State Fiscal Year

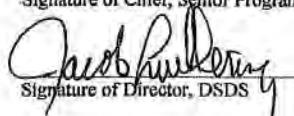
Life of the Plan

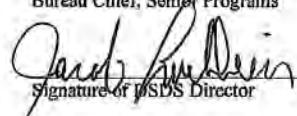
Other (Specify) _____


 Mandy Ulstrup
 Signature of Chief, Senior Programs


 Mandy Ulstrup
 Bureau Chief, Senior Programs

8/26/24
 Date


 Jacob P. Kuehne
 Signature of Director, DSDS


 Jacob P. Kuehne
 Signature of DSDS Director

8/26/24
 Date

Waiver Denied

Waiver Denial Reason:

Area Agency on Aging, Region X
V.3 General Waiver Request

- A. Cite Regulation: 19 CSR 15-7010(5)(D)
19 CSR 15-010(6)(C)
19 CSR 15-010(7)
19 CSR 15-4.245 (5)(B)
19 CSR 15-4.245(10)(F)
19 CSR 15-4.245(10)(J)
19 CSR 15-4.245(12)(C)(1-5)

B. Regulation Language (in order of above):

1. Fire inspections shall be conducted annually at all centers by state or local fire authorities. Documentation of the inspector's report, recommendations, and corrections of any deficiencies shall be maintained at the area agency on aging and center offices
2. Written instructions posted conspicuously which include the 911 emergency telephone number, if available, or other local emergency telephone numbers, such as those of physicians, ambulances, hospital emergency rooms, and local civil defense or disaster offices if the 911 number is not available in the community.
3. Caterers and centers in which food is prepared, served, or both, shall be maintained in a safe and sanitary manner and shall be in compliance with all applicable state, county, or city health codes. Each location at which food is prepared shall be inspected annually by state or local health authorities. Each location at which prepared food is received from another source shall be inspected annually by state or local health authorities. Documentation of the inspector's report, recommendations, and corrections of any deficiencies shall be kept at both the area agency on aging and center offices.
4. Specific equipment required for all centers serving meals is as follows: 1. A home-style or commercial range; 2. A home-style or commercial refrigerator; 3. A handwashing sink; 4. A three- (3-) vat sink or other acceptable method for dishwashing.
5. Dishes and utensils washed in water temperatures of less than one hundred fifty degrees Fahrenheit (150°F) and rinsed at less than one hundred eighty-degree Fahrenheit (180°F) shall be chemically sanitized. When single-tank, stationery-rack, and door-type machine using chemicals for sanitizing are used, the wash water shall not be less than one hundred twenty degrees Fahrenheit (120°F) and rinse water not less than seventy-five degrees Fahrenheit (75°F). If the dishwashing machine uses hot water for sanitizing, the wash water shall be at least one hundred fifty degrees Fahrenheit (150°F) and the final rinse at least one hundred-eighty degrees Fahrenheit (180°F). A test kit or other device that accurately measures the parts per million concentrations of the solutions shall be provided
6. Methods of insect and rodent control shall be used on a regularly scheduled basis
7. 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; 3. A variety of supportive services; 4. An information area with a bulletin board, display rack, or other method of posting information which is easily accessible and well-lighted. Notices should be attractive, easy to read, and placed within eye level

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 shall request a waiver if unable to comply with a specific division requirement. The request shall be in writing, shall be signed by the chairperson of the governing body, shall state the requirement for which a waiver is requested and shall include supportive documentation that explains why the requirement cannot be met, a description of the area agency's proposed alternative for meeting the requirement and an explanation of why the proposed alternative is most applicable for the area agency's situation.

For each of the above numbered rules, the following is proposed:

Area Agency on Aging, Region X
V.3 General Waiver Request

1. Area Agency on Aging, Region X will inspect the meal sites for working smoke detectors, and current tagged fire extinguishers. Should any/all be in nonworking condition, we will replace with working/current ones.
2. We will regularly train on emergency procedures (fire/tornado) and include what to do in case of an emergency and provide instruction on calling 911.
3. We will have local Health Department (McDonald County or other) review our procedures for our weekly lunch service, check temperatures, etc. The community center as a whole that we are serving in will not be a part of this inspection.
4. We will not be cooking on site. A dishwasher is available.
5. Home-type dishwasher (not commercial) is being used for dishes. Agency provides dishwasher pods that have a sanitizing agent.
6. No rodent/pest control at this site. We serve one day per week. No food is left on premises.
7. Meal site is 1x per week. Hot meal is served. Supportive services and resources are available but not left on site. Agency staff will bring information each week and lay out on a table prior to serving lunch.

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.

Region X intends to add another catered meal program site in Jane, MO to better serve the rural population of rural McDonald County, MO. A congregate lunch will be served on Fridays from 11:30 to 12:30 at the Jane location. Currently, Region X has catered meal sites in Pineville, MO; Anderson, MO; Goodman, MO; Golden City, MO; and, Granby, MO.

The meals for the new location will be prepared at our Neosho Senior Center in Neosho, MO and transported to the site to be served immediately upon receipt. The meals follow the preapproved menu and are the same meal that is being served in all Region X brick and mortar senior centers on that day. The meal meets the minimum nutrition standards. Meals are served and eaten at the site, in a congregate setting, to provide social interaction. Education, health and wellness, recreation, and information & assistance services are also provided throughout the 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.

Region X has many rural areas in its 4-county region and 6 senior centers to cover all 4 counties. Rural seniors who are not deemed homebound find it difficult to travel to the senior center regardless of where it is located. OATS serves some of the rural areas but not all and not every day of the week. McDonald County is one such rural county. McDonald County has about 23,300 residents yet its largest city, Noel, is under 2,000 people. With the population so scattered, seniors would have to drive 30 miles or more to get to the closest senior center.

This geographic scenario takes place all through Region X PSA. In an attempt to reduce social isolation of our more rural seniors, we will meet them where they are as much as possible. Overcoming transportation barriers is too costly to serve the rural areas. The catered meal program is cost effective (the food is prepared at the closest senior center with their lunch offering), has very little overhead since it is primarily volunteer driven, and fills the needs of our most vulnerable and isolated seniors.

Region X's intention is to "bring the senior center to the senior" if they cannot get to the brick-and-mortar senior center. This program is mainly volunteer driven – it has only one Region X paid staff. All volunteers being utilized have been trained in proper food handling (ServeSafe), educated on ANE and HIPPA issues, and handling of cash contributions.

Area Agency on Aging, Region X
V.3 General Waiver Request

Pans of hot food are prepared at the Neosho Senior Center in Neosho, MO. The temperature is recorded, the pans are put into a Cambro for hot transit. The temperature is taken again when the food is being served at the satellite location. Trained volunteers are provided with serving utensils and training to ensure portion size is correct.

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

Waiver Period Requested

State Fiscal Year

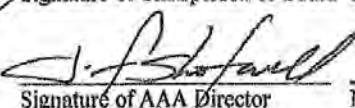
Life of the Plan

Other (Specify) _____

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

 John Bartosh
Signature of Chairperson of Board Name of Chairperson of Board

11/12/24
Date

 Jennifer Shotwell
Signature of AAA Director Name of AAA Director

10/3/24
Date

Determination of State Unit on Aging:

Waiver Period Approved

State Fiscal Year

Life of the Plan

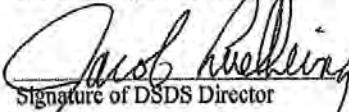
Other (Specify) _____

 Mandy Winters
Signature of Chief, Senior Programs

 Mandy Winters
Bureau Chief, Senior Programs

11/13/24
Date

 Jacob Ruchting
Signature of Director, DSDS

 Jacob Ruchting
Signature of DSDS Director

11/14/24
Date

Waiver Denied

Waiver Denial Reason:



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

Area Agency on Aging, Region X 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 AAAs 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	<u>Added and 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	<u>Additional Requirements</u>	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	<u>Additional Requirements</u>	See additional information below and updates in	2.1 Area Plans

PROMOTING HEALTH AND SAFETY

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

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

19 CSR 15-4.100 Area Agency on Aging Governing Body

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

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

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

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

- 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 **wavied** 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 **wavied**. 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 **wavied**. (now, all AAAs must have their area plans reviewed and approved by the governing board):

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

19 CSR 15-4.170 Area Agency on Aging Fiscal Management

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

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

In addition, the AAAs shall ensure the following:

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

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

Program income shall be—

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

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

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

The following sections are being removed and are therefore waived:

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

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

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

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

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

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

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

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

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

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

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

19 CSR 15-4.180 Area Agency on Aging Advocacy Responsibility

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

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

This section will be **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, **evidence-based services** provided by the division, and other providers of 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, and/or older adults residing in rural areas. A description of the methods and procedures used to assure that services are provided to these populations outlined above with respect to the delivery with the greatest economic and social need including low-income minority shall be included in the area plan.**
- (7) **The area agency on aging shall provide adequate and effective opportunities for older adults and caregivers to express their views on policy development and program implementation.**
- (8) **The area agency on aging shall develop and implement organized ongoing outreach activities to older adults and caregivers, particularly those residing in rural areas and those with greatest economic or social need and inform them of services that are available. Area agency on aging outreach activities shall be coordinated with the outreach activities required of each service provider within the PSA.**
- (11) **The area agency on aging shall assure that older adults and caregivers residing in the PSA have reasonably convenient access to information and assistance systems.**

19 CSR 15-210 Area Agency on Aging Grievance Procedures

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

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

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

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

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

19 CSR 15-4.230 Multipurpose Senior Center

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

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

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

19 CSR 15-4.260 Outreach Services

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

19 CSR 15-4.270 Legal Assistance

The following will be waived:

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

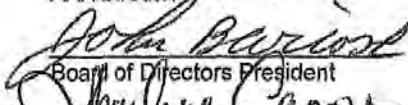
In place of this, the AAA should ensure they comply with 45 CFR 1321.93(a) and the Missouri SUA and AAA Policies and Procedures when selecting a Legal Service Provider.

AAA Signatures


AAA Director

12/10/24

Date


Board of Directors President

12/10/24

Date


Chair of Advisory Council

12/12/24

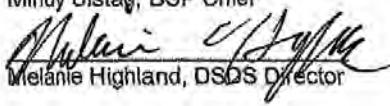
Date

SUA Signatures


Mindy Ulstad, BSP Chief

12/12/24

Date


Melanie Highland, DSOS Director

12/12/24

Date

Conflict of Interest Forms

1. Board Member COI Screening (from Board Governance Policy)
2. Advisory Council COI Screening
3. AAAX Staff COI Screening
4. Organizational COI Screening
5. Volunteer COI Screening

1. Conflict of Interest Policy

Conflict of Interest Policy for the Board of Directors, CEO, and Fiscal and Program Directors

The purpose of this policy is to ensure that the decisions and actions of the Board of Directors of the Area Agency on Aging (AAA), and its CEO and departmental directors, are made in the best interests of the organization and its stakeholders, free from any undue influence or bias resulting from personal interests. All Board members will receive training on conflict of interest policies and procedures upon appointment and annually thereafter.

A **Conflict of Interest** is defined as a situation where a board member, CEO, and/or Fiscal and Program Directors' personal, financial, or other interests could potentially interfere with their duty to act in the best interests of the AAA.

Disclosure of Interests

Board members, Fiscal and Program Directors, and the CEO must disclose any personal, financial, or other interests that could potentially result in a conflict of interest.

Disclosures should be made in writing and submitted to the Chair of the Board.

Remedies for Conflicts of Interest

If a conflict of interest is identified, the Board of Directors will take immediate action to address the issue. This may include:

- Requiring the Board member to divest the conflicting interest.
- Requiring the Board member to recuse themselves from related discussions and decisions.
- Sign and submit Remedy for Conflict of Interest form.

In cases where the conflict cannot be adequately mitigated, the Board member may be asked to resign from their position.

Abstention from Decision-Making

Board members with a conflict of interest must abstain from participating in discussions and voting on matters related to the conflict. The minutes of the meeting should reflect the disclosure and the members' abstention.

Annual Statements

Each board member must annually sign a statement affirming that they have read and understood this policy and agree to comply with it. The statement should also disclose any potential conflicts of interest.

Review and Monitoring

The Board will review disclosures of conflicts of interest and determine appropriate actions to manage or resolve them. The Board will periodically review this policy and update it as necessary to ensure its effectiveness.

Prohibited Activities

- Board members must not accept gifts, favors, or compensation from any individual or organization that could influence their decisions or actions on behalf of the AAA.
- Board members must not use their position for personal gain or to benefit family members or associates.
- Board members, employees, and agents are prohibited from having a financial interest in any contract, subcontract, or other arrangement related to Title III programs and must not have conflicts between

- private interests and the official responsibilities of the State Unit on Aging's implementation of Title III programs
- Soliciting or accepting gratuities, favors, or anything of monetary value from contractors, grantees, or subrecipients is strictly prohibited, except in cases where the financial interest is not substantial.
 - Have 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

Confidentiality

Information disclosed by board members regarding conflicts of interest will be treated as confidential and shared only with individuals who need to know to address the conflict.

Enforcement

Violations of this policy may result in disciplinary action, up to and including removal from the Board, or termination of employment.

Statutory Reference

This policy is in accordance with **45 CFR 1321.67**, which requires Area Agencies on Aging to have policies and procedures to manage conflicts of interest.

Acknowledgment

Each board member must sign an acknowledgment form indicating they have received, read, and understood this policy.

Acknowledgment Form

I, _____, have received, read, and understood the Conflict of Interest Policy for the Board of Directors of the Area Agency on Aging. I agree to comply with the policy and disclose any potential conflicts of interest.

Signature: _____

Date: _____

Area Agency on Aging
Conflict of Interest Screening for Advisory Council Members
Individual Conflict of Interest

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

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

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

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

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

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

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

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

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

Employee Name

Signature

Date

AAA Designee

Signature

Date

Area Agency on Aging
Conflict of Interest Screening for Employees Involved with the Older Americans Act Programs
Individual Conflict of Interest

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

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

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

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

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

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

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

- I certify that I have read and understand this COI form and have no conflicts.
- I certify that I have read and understood this COI form and have notified the AAA Director of any potentially perceived or actual conflict of interest.

Employee Name

Signature

Date

AAA Designee

Signature

Date

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

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

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

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

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

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

- I certify that I have read and understand this COI form and our agency has no conflicts.
- I certify that I have read and understood this COI form and have notified the AAA Director of any potentially perceived or actual conflict of interest.

Employee Name

Signature

Date

AAA Director Name

Signature

Date

Area Agency on Aging
Conflict of Interest Screening for Volunteers Involved with the Older Americans Act Programs
Individual Conflict of Interest

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

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

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

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

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

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

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

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

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

Employee Name _____ Signature _____ Date _____

AAA Designee _____ Signature _____ Date _____