



Supporting the journey.

AREA PLAN 2026

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Content of the Area Plan

Executive Summary

As Americans continue to redefine what it means to be “aging,” ***Aging Ahead*** is committed to reimagining our purpose and role in that landscape, challenging ourselves and our partners to evolve with intention and innovation.

Aging Ahead is one of ten area agencies on aging (AAAs) in Missouri providing services to four counties: St. Louis, Franklin, St. Charles, and Jefferson.

Our Mission: Supporting individuals through the journey of aging.

Our Vision: For all individuals to have opportunities to age with honor and dignity.

Responding to an aging nation:

- Over the next two decades, the proportion of the U.S. population over age 60 will dramatically increase as the baby boomers reach this milestone.
- By 2030, more than 70 million Americans will be 65 and older, twice the number in 2000. Currently, among those 65 and older, 1 in 4 live alone and nearly 9 million face the threat of hunger.
- As this demographic shift occurs, there will be an unprecedented increase in the need and demand for fiscal, health, and social support to ensure a sound quality of life for millions of older Americans.

Role of ***Aging Ahead***:

- Assess community needs and develop and fund programs that respond to those needs.
- Educate and provide direct assistance to consumers about available community resources for long-term services and support.
- Serve as portals to care by assessing multiple service needs, determining eligibility, authorizing or purchasing services, and monitoring the appropriateness and cost effectiveness of services.
- Demonstrate responsible fiscal stewardship by maximizing the use of public and private funding to serve as many consumers as possible.

Focus on Social Determinants of Health:

For over 50 years, ***Aging Ahead*** has provided programs and services that address aspects of older adults’ lives that play a critical role in their overall well-being. These social determinants of health (SDOH) are the economic and social conditions that influence individual and group differences in health status, including:

- Access to housing
- Employment
- Nutritious food
- Community services
- Transportation
- Social support.

Funded primarily by the Older Americans Act (OAA) since 1973, 27 ***Aging Ahead*** senior centers and community locations provide programs, meals, and aging assistance to older adults, their caregivers, and those living with a disability. These critical connections to programs and services help individuals avoid premature or unnecessary institutionalized care.

The plan that follows will outline the goals and priorities that ***Aging Ahead*** will use as a roadmap to guide service delivery in the coming months and years. Community feedback on this plan is necessary and welcome. Comments can be sent to info@agingahead.org.

Context

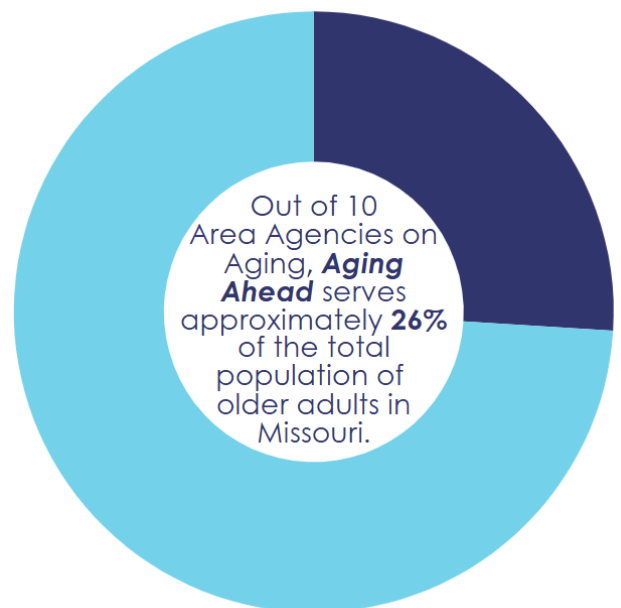
By remaining committed to supporting each journey, the team of staff and volunteers at ***Aging Ahead*** work tirelessly to meet the needs of a rapidly growing aging population to ensure comprehensive and quality delivery of programs and services. Area agencies on aging (AAAs) provide programs and services to address all areas of health for older adults in our communities, ensuring critical connections to the Agency and all we offer.

Aging Ahead is the largest area agency on aging in Missouri, serving 26% of the state's older adult population, supporting individuals aged 60+ in St. Louis, St. Charles, Franklin, and Jefferson counties. Based on Interstate Funding Formula data, ***Aging Ahead's*** service area includes.

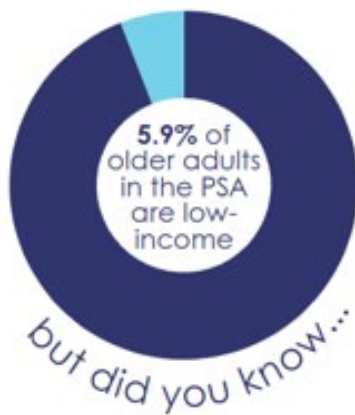
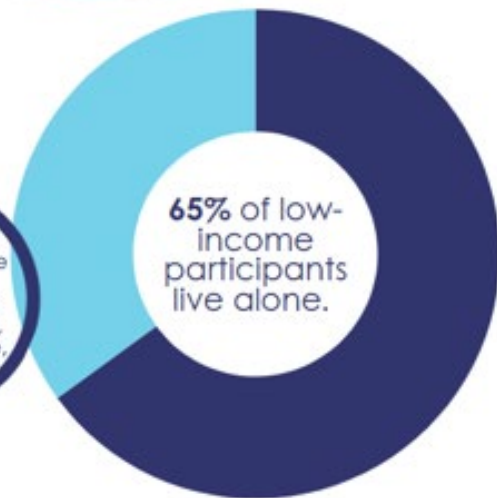
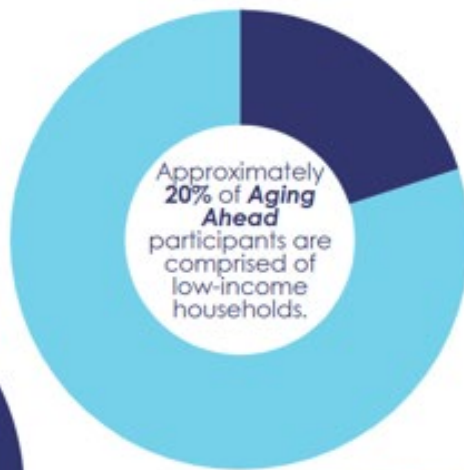
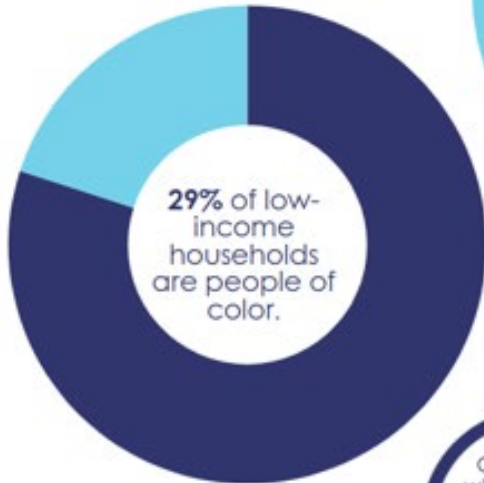
- 24,275 low-income older adults, of which 7,070 are minorities
- 29,873 rural older individuals, of which 1,132 are low-income
- 108,040 older adults living with a physical disability, of which 10,140 are low-income
- 4,705 older adults with Limited English Proficiency (LEP).

Area Demographics & Population Trends

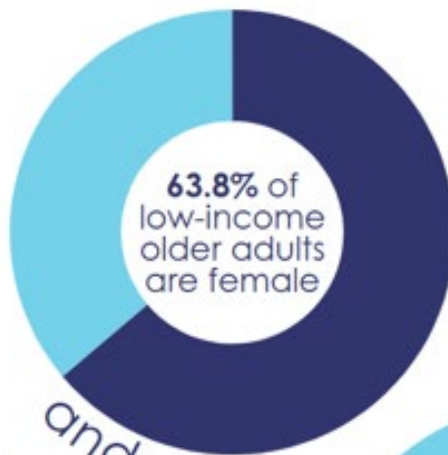
Approximately 20% of ***Aging Ahead*** participants are comprised of low-income households, and 29% of low-income households are people of color, while 65% of low-income participants live alone. Older adults who live alone are at a higher risk of mental illness, injury, disease, social isolation, and death.



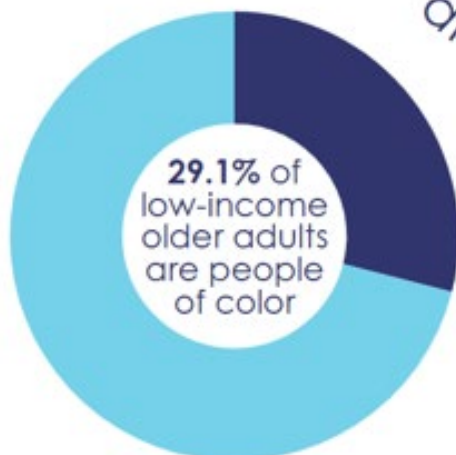
Aging Ahead Participants...



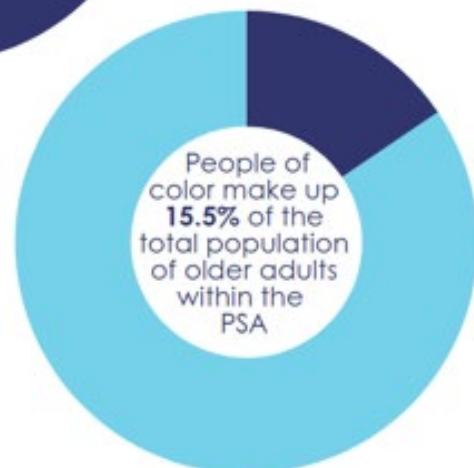
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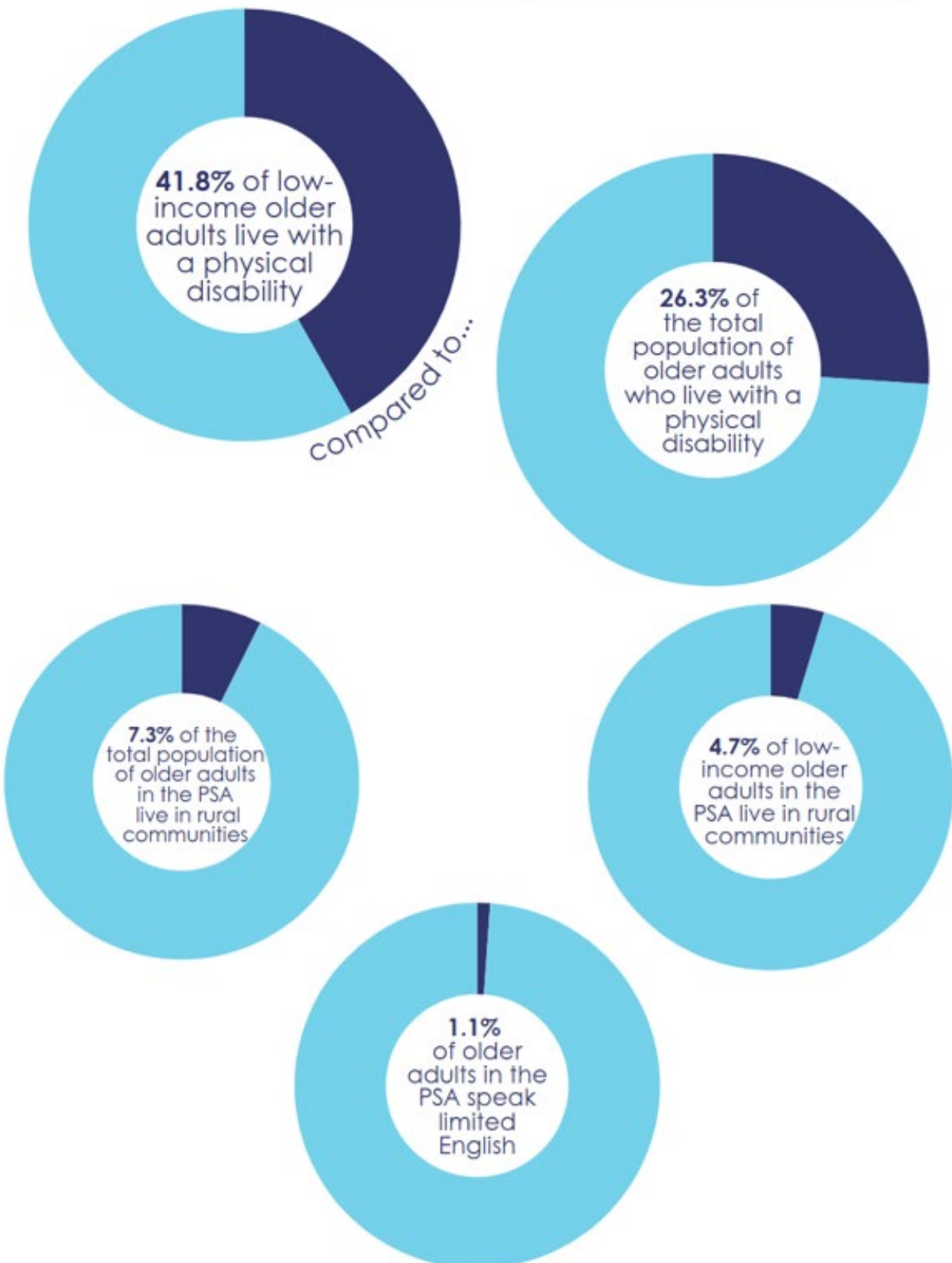


even though...



Our Planning and Service Area (PSA)

Our Planning and Service Area (PSA)



Addressing Service Gaps

Sources of identified gaps in services include information the Agency has collected through focus groups facilitated by the Advisory Council, client requests for services the Agency is not able to provide, and knowledge of current community resources.

The Advisory Council is an active volunteer group that monitors the needs of the Planning and Service Area (PSA) to ensure agency staff are aware of gaps in services. The Advisory Council routinely attends agency locations and speaks with clients to hear feedback and has historically conducted annual focus groups to obtain client feedback on many issues, including areas of remaining need and gaps in services.

As clients call in for services, the Agency is able to track the services provided through the client management system used (Aging IS). If a client requests a service that we cannot provide, or a community referral for the needed service is not available, there is a checkbox to denote this in Aging IS. Staff are then able to monitor the unmet needs to make an appropriate referral if/when a service becomes available. In addition, as the Agency is involved with several local coalitions and works collaboratively with many agencies, staff are aware of available resources and any limits to local support.

The most commonly reported areas of remaining need discussed in focus groups conducted by the Advisory Council in FY24 are as follows: transportation, socialization, technology assistance, home modification, in-home services, friendly visiting, affordable housing, and financial assistance. While *Aging Ahead* does provide some of these services, there are insufficient resources to fully meet the needs in the PSA. *Aging Ahead* has specific goals in place to address many of these areas of remaining need (see pages 17 – 35).

Need Prioritization

In order to fully assess the needs in the PSA, a strategically developed system of survey and assessment data is collected, examined, and then operationalized.

Clients can provide confidential and/or anonymous feedback at all locations where the Agency conducts programs by submitting comments into a suggestion box. Surveys are also available online on the Agency's website, which is fully translated into 25 languages. Clients are formally surveyed at least once every plan year by the Advisory Council to assess areas of remaining need, provide suggestions on how to best deliver services, and gauge awareness of Agency services. Client feedback is used as part of the overall program evaluation and prioritization process.

Prioritization of need is also determined by service requests of callers. While the OAA authorizes several services that may be provided, the Agency focuses on services most requested by clients when determining which authorized services to provide.

Moving forward, the Agency will be using a technology platform (Cumulus) that will allow for prioritization of services based on the following demographic categories: low-income, low-income minority, rural, living with a disability, Limited English Proficiency, at risk for institutional placement, and other greatest economic and greatest social need factors. The

platform will use assessment scores based on data collected to determine priority status, which will then ensure the Agency is providing services to individuals with the greatest need first.

In addition to our traditional community-based focus groups and United Way data, *Aging Ahead* has, for the first time, engaged a consultant to complete a comprehensive needs assessment of our service area in an effort to fully understand the scope and specificity of the underserved target populations we aim to serve as well as the specific barriers that may exist in each community.

Investing in a community assessment of this magnitude allows *Aging Ahead* to tailor methods of outreach, specific messaging, and target service delivery in a much more effective manner. It also provides opportunities to target partnership efforts to leverage those entities in the community that are already trusted providers to many of those who are underserved.

Aging Ahead collects demographic information for clients served to ensure the Agency is reaching individuals with greatest need. Data collected is stored in a secure database and includes age, race, ethnicity, low-income status, sexual orientation, gender identity, and zip code, as well as factors assessing nutrition risk, social isolation, depression, activities of daily living (ADLs), and instrumental activities of daily living (IADLs). Data is used to report to the state on individuals served, assess unmet needs, identify underserved communities, and establish service priorities.

In addition, the Agency relies on technology to require that standardized workflows and alerts are generated for staff, ensuring each client's needs are addressed in a consistent and timely manner. Technology also prioritizes clients based on an established set of factors that ensure individuals with the greatest social and economic need receive services as soon as possible.

Comprehensive & Coordinated Plan

Aging Ahead works collaboratively with several social service providers in the PSA and establishes partnerships in areas where individuals with the greatest need reside. The center in Ferguson is housed in the City's Community Center, which is centrally located in north county. The Ferguson center serves home delivered meals to the majority of the north St. Louis County service area including Florissant, Berkeley, Jennings, and others where the county data indicates a higher-than-average low-income minority demographic. The Agency's enhanced home delivered meal assessment conducted for all these individuals ensures that they are screened for benefits programs and relevant community resources.

In addition, several new north community program locations continue to allow the Agency to reach individuals through community partner locations in areas where individuals may not attend the senior center. Agency staff representatives currently serve on several task forces that focus on the unmet needs of the older adults in the north county region, including the Older Adult Commission of St. Louis County.

Aging Ahead served 1,314 low-income minority older adults during Fiscal Year 24 (FY24) through all services (unduplicated count). For this population, 66,820 meals were provided, and 10,936 units of all other services were provided. The average unit cost per meal for FY24 is \$10.69 for a congregate meal and \$16.50 for a home delivered meal. The average unit cost for all other services (i.e. Information & Assistance, contracted services including Family Caregiver, in-home, adult day, transportation, etc.) is \$36.65.

Total funds expended on meals for low-income minority clients in FY24 = \$773,679; total funds expended on all other services for low-income minority clients in FY24 = \$400,870.

Aging Ahead provides services and programs for all the zip codes in the four-county area including those that are rural. Per the 2020 US Census, the highest percentage of the rural population in the PSA is in Franklin County at 55%. 34% of the population in Jefferson County resides in rural areas, while 5% in St. Charles County and 1% in St. Louis County residing in designated rural areas.

In an effort to reach rural adults, ***Aging Ahead*** is expanding programming to community sites, like libraries and community colleges in Jefferson and Franklin County that will allow education and nutrition services to be provided outside of the traditional senior center setting. ***Aging Ahead*** applies for, and routinely receives annual funding from the Franklin County United Way to address specific service and funding gaps there.

The ***Aging Ahead*** nutrition program continues to serve both hot and frozen home delivered meals in hard-to-reach rural areas and where volunteers are not available. In FY24, approximately 133,143 meals were provided to 1,414 unduplicated clients; 97,844 of these meals were delivered to 681 unduplicated clients in rural areas from the St. Clair, Union, Washington, and Sullivan senior centers. Also, in FY24, approximately 8,561 other services including Disease Prevention Health Promotion (DPHP), Transportation, Case Management, Family Caregiver Support Program (FCSP), and Information and Assistance (I&A) were provided to 824 unduplicated persons in rural areas.

Aging Ahead has access to Optimal Phone Interpreters, which provides 24/7 telephone translation services. ***Aging Ahead*** has access to Google Translation services for written translations via computers and smart phones. Should an in-person interpretation service be needed, ***Aging Ahead*** contracts with two local organizations (International Institute and Monarch Immigration Services) to provide this service.

Aging Ahead tracks and reports interactions with Limited English Proficiency (LEP) individuals for specific grants such as Benefits Enrollment and will be expanding that to OAA services with the transition to a new standardized intake and assessment in the coming months. In FY24, all services including DPHP, Transportation, Case Management, FCSP, Nutrition, and I&A were provided to 31 unduplicated LEP persons. In FY24, the average cost of providing interpretation and/or translation services equals \$100/hour. No clients requested translation services during FY24.

AgingIS tracks English as a primary language, with all others being counted as LEP clients. AgingIS is currently not able to pull individual service units to determine the total amount of funds spent on these services.

While the Agency has provided services to individuals at risk for institutional placement, there is no tracking mechanism currently in place to report numbers of older adults served. The standardized intake the Agency will be implementing in the near future will begin tracking this number. A client is considered at-risk for institutional placement if they need assistance with two or more ADLs.

Agency demographic information, formal Community Needs Assessments conducted by area hospitals, Census data, and partnering agency's feedback are all used to determine how and where Agency services are provided. As the Advisory Council is very involved in the local community, they regularly provide guidance on where services should be focused and population trends to be aware of when considering services.

There continue to be several factors that contribute to the challenges of reaching older, low-income, minority individuals in our service area. Primary among these are: 1) a lack of budgeted funds for traditional advertising, 2) some lack of trust from minority individuals because of experience with institutional inequities, and 3) mismatched expectations resulting from cultural differences and understanding.

Reaching individuals is often a challenge because of the fear and mistrust that can sometimes come with language challenges. Cultural stigma can also exist and is often difficult to tease out in specific non-English-speaking cultures.

In addition to some of the things mentioned above, many practical access barriers exist in rural areas such as limited transportation and technology, as well as isolation from neighbors and community-based activities.

Aging Ahead will continue to seek out and leverage existing, trusted sources in the community for partnership, such as faith-based leaders, ethnic media, and cultural groups. The Agency will continue to seek input on all outreach materials to ensure inclusion and cultural sensitivity.

Aging Ahead has developed a wide-ranging partnership with the International Institute of St. Louis to be housed in our South County Senior Center. The International Institute of St. Louis will be able to use the space for their growing need for older adult immigrant population activities and will provide ongoing cultural training to ***Aging Ahead*** staff and volunteers. Among other things, we rely on them to advise us on best practices around outreach and service delivery for LEP communities.

Aging Ahead staff and Advisory Council members remain actively engaged in community coalitions and task forces, primarily those focusing on transportation and technology access to ensure a presence in communities with the greatest need. The Agency also continues to promote and provide support for the Friendly Caller program that matches volunteers with isolated older adults via the telephone.

In addition to relying on older adults as volunteers to comprise both Silver Haired Legislature and the Advisory Council, ***Aging Ahead*** has historically supported the employment of older adults within the Agency, as demonstrated by 38% of its current workforce being over the age of 60. The Agency will continue serving as a Senior Community Service Employment Program (SCSEP) site to support workforce availability. Currently, the Agency has SCSEP participants working from six locations and supports expansion as additional participants express interest.

FY 2026 plans for services in the PSA and their respective funding allocations are below:

Current Year Funding	Admin.	Supportive Services	Ombudsman	Congregate Nutrition	Home-Delivered Nutrition	Disease Prevention Health Promotion	Family Caregiver	Special Programs	Unbudgeted	Set Aside for Next Year	Total
DHSS Allotment	\$390,000	\$ 1,219,629	\$ 95,442	\$ 2,103,590	\$ 2,198,759	\$ 75,200	\$ 343,127	\$ -	\$ -	\$ 1,675,976	\$ 8,101,723
MEHTAP	\$ 17,120	\$ 553,534	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 570,654
Medicaid-HDM	\$ -	\$ -	\$ -	\$ -	\$ 3,400,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,400,000
Program Income	\$ -	\$ 5,000	\$ -	\$ 286,550	\$ 234,450	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 526,000
Interest Income	\$ 32,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 32,500
DHSS Match - SSGD	\$ 77,649	\$ 1,962,067	\$ 79,558	\$ 361,493	\$ 1,447,341	\$ 24,800	\$ 361,141	\$ 250,000	\$ 834,332	\$ -	\$ 5,398,381
DSHH Match - Other	\$ 30,000	\$ 27,500	\$ -	\$ 275,000	\$ 275,000	\$ -	\$ 12,500	\$ -	\$ -	\$ -	\$ 620,000
Non- DHSS Match	\$ 7,500	\$ 40,000	\$ -	\$ 25,000	\$ 375,000	\$ -	\$ -	\$ 1,217,523	\$ -	\$ -	\$ 1,665,023
DHSS Carryover	\$ -	\$ -	\$ -	\$ 575,702	\$ 1,477,200	\$ -	\$ 309,889	\$ -	\$ -	\$ -	\$ 2,362,791
	\$554,768	\$3,807,730	\$ 175,000	\$3,627,335	\$9,407,750	\$ 100,000	\$1,026,657	\$ 1,467,523	\$ 834,332	\$ 1,675,976	\$22,677,072

Aging Ahead provides services as outlined in the OAA that fall into the following categories: supportive, nutrition, DPHP, and FCSP. All services may be offered directly through the Agency, through a contracted provider, and in some cases, offered by the Agency and by a contracted provider.

Supportive services include I&A, case management, Benefits Enrollment, Options Consulting, transportation, friendly visiting, homemaker/chore in-home services, personal care in-home services, public education, nutrition education and nutrition counseling, non-evidence-based health promotion (health screenings), legal services, ombudsman, and many others.

The Agency provides nutrition services through sites that are self-operated as well as contracted locations. Congregate meals, home-delivered meals, and carryout meals all meeting Title IIIC requirements are available to clients throughout the PSA. Clients are directed to the center closest to their home address for services but may attend any location in the PSA.

The Agency currently relies on contracted providers to offer Evidence-Based Programs (EBPs) that improve the overall health of an older adult. All the EBPs offered by ***Aging Ahead*** have been approved as a Highest Level Evidenced-Based (HLEB) Program by the Administration for Community Living (ACL).

The FCSP offered by ***Aging Ahead*** includes I&A, Information Services, case management and Options Consulting, assessment and care planning, respite services, home modification, durable medical equipment, nutritional supplements, incontinence products, legal services, caregiver training and support groups, and grandparent education. In addition, evidence-based programs (EBPs) that focus on caregivers are offered including Aging Mastery Program and Chronic Disease Self-Management Program (CDSMP).

Services funded through Senior Services Growth & Development Fund include single supply bank, single home modification, some nutrition and transportation costs, and other services as funding allows. The single supply bank includes incontinence products, durable medical equipment, and nutritional supplements for individuals not eligible for Family Caregiver services.

The Agency currently offers one self-directed program. The Adult Day Reimbursement Services (ADSR) program was established in FY24 to provide options for older adults who are able to pay for the cost of services, to have a portion reimbursed. The ADSR program reimburses clients (with receipts showing the number of hours) for up to two eight-hour days at the same rate paid to Adult Day providers. Clients enrolled in the ADSR program may attend any licensed adult day provider in the agency's service area. While this is currently the only self-directed program offered, ***Aging Ahead*** will continue to evaluate other services that may benefit clients through a self-directed model.

Services are evaluated annually to ensure compliance with OAA and other regulations (see Quality Assurance Process for more details). The evaluation methods include a compilation of client and community feedback, a review of data showing changes in client assessment scores to determine if additional services are needed, and a variance report showing how funds were allocated by service. All the information reviewed helps the Agency determine if changes are necessary to better meet the needs of the community.

Current Service Coverage Charts

This section provides an overview of how ***Aging Ahead*** predicts services will be utilized during FY26. The numbers provided below are based on actual units provided and people served in FY24 and FY25 to-date. The data includes a slight increase to account for growth during FY26. The first number represents the projected number of individuals to be served, followed by the proposed number of units. The data will be displayed as the number of individuals/number of units provided. For example, if the Agency anticipates providing 3,300 people with 3,875 units of I &A for St. Louis County, it will be displayed as 3,300/3,875. The undefined category is for the Agency to apply units as needed based on service requests.

Undefined: units to be applied where needed

Supportive Services (Title III B Funded)	St. Louis County	St. Charles County	Jefferson County	Franklin County	Undefined
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Information and Assistance/Referral	3,300/3,875	3,300/3,875	1,100/3,875	1,100/3,875	
Transportation	3,554/6,087	2,218/2,712	1,239/4,358	1,053/1,380	
In Home Services:					
Personal Care	18/518	2/46	2/66	2/15	2/66
Homemaker	59/2,128	2/46	11/463	2/15	
Home Modification	29/36	4/4	3/3	1/2	
Adult Day Care	14/1,383	6/523	2/100	1/10	
Telephone Reassurance	6/30	200/800	200/900	200/900	
Friendly Visiting	26/4,192	10/40	10/40	10/40	
Legal Assistance	322/2,562	41/230	36/80	16/80	5/203
Disease Prevention/Health Promotion	20/100	20/100	20/100	20/100	
Recreational Opportunities	61/908	114/2,617	79/953	73/181	40/1189
Case Management	883/833	250/271	597/546	114/106	12/15
Interpretation	3/15	1/5	1/5	1/5	
Nutrition Education	30/4	30/4	30/4	30/4	
Nutrition Counseling	5/10	5/10	5/10	5/10	
Ombudsman Services*					
Other Services:					
Elder Abuse Prevention	10/20	10/20	10/20	10/20	10/20
Public Education	88/4	88/4	88/4	88/4	
Volunteer Coordination	25/10	25/10	25/10	25/10	5/5
Consumable Supplies	250/250		250/250	250/250	
Socialization	60/720	60/720	60/720	60/720	

*Ombudsman: 11,642 units for the Planning & Service Area (PSA). County-level data is not available.

Nutrition (Title III C Funded)	St. Louis County	St. Charles County	Jefferson County	Franklin County	Undefined
Congregate Meals	1,271/83,412	850/28,240	225/8,078	753/35,684	148/5,349
Home Delivered Meals	3,499/529,576	1,101/125,393	721/94,853	834/130,470	60/7,394
Carry Out Meals	22/142	22/421	2/210	24/219	2/4

Highest Level Evidence Based Disease Prevention Health Promotion Programs (Title III D Funded)	St. Louis County	St. Charles County	Jefferson County	Franklin County	Undefined
A Matter of Balance	75/772	18/234	28/318	4/40	
Aging Mastery Program	21/210	8/80	8/80	8/80	
Chronic Disease Self-Management	8/48	8/48	8/48	8/48	
Chronic Pain Self Management	8/48	8/48	8/48	8/48	
Diabetes Self-Management	8/48	8/48	8/48	8/48	
Tai Chi for Arthritis	31/656	57/1,156	8/273	42/1,092	
Walk With Ease	8/48	8/48	8/48	8/48	
Wellness Recovery Action Plan	8/48	8/48	8/48	8/48	

Family Caregiver Support (Title III E Funded)	St. Louis County	St. Charles County	Jefferson County	Franklin County	Undefined
Aging Mastery	8/64	8/64	8/64	8/64	
Assessment & Care Planning	8/24	8/24	8/24	8/24	
CDSME	8/64	8/64	8/64	8/64	
Case Management	237/525	56/55	189/244	46/48	7/4
Grandparent Education	8/24	8/24	8/24	8/24	

Information Services	100/4	100/4	100/4	100/4	
Information and Assistance	244/332	30/30	107/142	39/51	734/775
Interpreter	5/10	3/6	2/4	2/4	10/20
Legal	5/39	5/8	2/1	2/1	
Respite Care					
In-Home Respite	38/4,388	10/716	13/1,705	1/96	1/109
Supplemental Services					
Home Modification	10/13	1/1	20/34	3/5	
Medical/incontinence Supplies	38/43	9/10	62/172	22/57	1/2
Nutritional Supplies	39/44	8/10	53/170	19/175	2/2
Durable Medical Equipment	11/11	3/5	27/66	11/27	1/1
Support Groups	6/36	2/12	2/12	2/12	
Training	20/4	20/4	20/4	20/4	

Non- OAA Funded Programs	St. Louis County	St. Charles County	Jefferson County	Franklin County	Undefined
Advocacy	50/5	50/5	50/5	50/5	
Benefits Enrollment Center Assistance	138/168	26/40	136/181	93/121	
Dementia Friends	25/2	25/2	25/2	25/2	
Durable Medical Equipment	24/24	2/5	2/6	7/17	
Home Modification	4/11	4/11	3/11	3/11	
Home Safety Assessments	5/5	4/4	3/3	3/3	
Meals For Individuals w/ Disabilities	20/300	20/300	10/150	10/150	
Missouri Connections for Health (MO SHIP)	88/2	88/2	88/2	88/2	
Nutritional Supplements	2/6	2/6	2/6	2/6	
Incontinence Supplies	4/20	4/20	3/17	3/17	
Senior Farmers Market Nutrition Program*	50/50	50/50			
Senior Medicare Patrol**					
Utility Assistance Program	20/20	15/15	15/15	15/15	
Veterans Directed Care	172/2,771	44/695	26/563	14/360	

*A partnering agency (MU Extension) provides SFMNP in Jefferson and Franklin County.

**Aging Ahead contracts with Care Connection to provide SMP education and outreach. Individual county-level data does not exist for this program.

Quality Assurance Process

Aging Ahead collects demographic information for clients served to ensure the Agency is reaching individuals with greatest need. Data collected is stored in a secure database and includes age, race, ethnicity, low-income status, sexual orientation, gender identity, zip code, factors assessing for nutrition risk, social isolation, depression, ADLs, and IADLs. Data is used to report to the state on individuals served, assess unmet needs, identify underserved communities, and establish service priorities.

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soon as possible (This is also utilized in the event a waitlist for services is needed.).

Clients can provide confidential and/or anonymous feedback at all locations where the Agency conducts programs by submitting comments into a suggestion box. Surveys are also available online on the Agency's website. Clients are formally surveyed at least once every plan year to assess areas of remaining need, provide suggestions on how to best deliver services, and assess awareness of the Agency's services. Client feedback is used as part of the overall program evaluation process.

The Agency conducts a variety of assessments upon intake and again at either six- or 12-month intervals. The assessment results are reviewed to measure clients' change over time (i.e. nutrition risk assessment, ADLs) to help determine other services from which the client may benefit.

In addition, ***Aging Ahead*** has a rigorous monitoring process for each service offered. Agency staff and the state monitor for compliance at least annually, with program and fiscal monitoring occurring internally on a quarterly basis. Monitoring is conducted to ensure compliance with federal, state, and local guidelines, review provider budgets and evaluate service unit usage.

Client complaints and/or incidents are addressed as soon as possible, with a thorough review of the situation. Aging Ahead also has a formal grievance procedure available to clients and the community (see policy 02.005 below).

POLICY AND PROCEDURES

TITLE: GRIEVANCE PROCEDURES

APPROVED BY: BOARD OF DIRECTORS

PROCEDURE NUMBER: 02.005
EFFECTIVE DATE: 11/19/15
SUPERCEDES: 2/15/90

I. POLICY

A. AUTHORITY

Code of State Regulations (19 CSR 15-4.210)

B. POLICY STATEMENT

The area agency shall establish written grievance procedures that provide the opportunity to appear before the governing body to the following:

1. Individuals who wish to resolve areas of conflict regarding delivery of services;
2. Service provider applicants whose application to provide services is denied; and

3. Service providers whose subgrant or contract is terminated or not renewed.

II. PROCEDURE

A. PURPOSE

State regulations require area agencies to establish written grievance procedures.

B. APPLICABILITY

This policy applies to the agency, providers, and all potential providers.

C. REQUIREMENTS

A local unit of government, a subcontractor, a public or private Agency or organization or individual may appeal an action of ***Aging Ahead*** Board of Directors.

The petitioner may file a written notice of appeal with the president of the Board within ten (10) working days of the Board action about which he complains.

The written notice of appeal shall identify the Board action that constitutes grounds for appeal. The appeal shall contain a one page summary of the position of the petitioner's case (not to exceed ten pages in length) and accompanied by all relevant exhibits. The President of the Board will cause the notice of appeal and all relevant documents to be forwarded immediately to the Board members.

At a regular or special called meeting of the Board, an oral hearing shall be granted to the petitioner. A minimum of thirty (30) minutes will be allowed the petitioner to present his position. The maximum time allowed will be established by the Board and will be dependent upon the complexity of the case.

The Secretary of the Board will inform the petitioner, in writing, of the Board's decision on the appeal within ten (10) working days of the Board's decision, including notice of right to appeal to the Missouri Department of Health and Senior Services.

A copy of the notice of appeal and the Board's decision will be forwarded to the Missouri Department of Health and Senior Services.

Members of the public may submit a request by emailing info@agingahead.org, calling 636-207-0847 or coming to the Aging Ahead office located at 14535 Manchester Rd., Manchester, MO 63011 to receive copies of minutes for the Board of Directors, Advisory Council, Foundation Board or Silver Haired Legislature.

While there is no set schedule for policy updates/revisions, the Agency reviews policies as needed. Any necessary revisions are presented to the Board of Directors for review and approval and is reflected in the corresponding meeting minutes.

Goals, Objectives, Strategies, and Activities

The goals listed below include those outlined in the State Plan on Aging as well as the Agency's corresponding goals and outcomes.

Goal: All Missourians can age safely, in a way that promotes health and dignity, in the setting of their choice.	
Outcome 1: Increase the number of Missourians who can safely choose to age in place	
By September 30, 2027, the State of Missouri will implement specific strategies to increase access to assistive technology for older Missourians.	<p>1.1: By September 2024, DHSS will arrange a presentation from MoAT for the ten AAAs. The presentation will include resources available for older adults.</p> <p>1.2: By September 2025, each AAA will have a referral process to help participants obtain assistive technology from MoAT.</p> <p>1.3: By September 2026, each AAA will provide at least three instances of community education about home modification and assistive technology services available in its PSA.</p>
AAA Objective: 1. Increase access to assistive technology for older adults.	AAA Strategy: 1. Participate in a DHSS sponsored presentation from MO Assistive Technology (MoAT), which will share resources available for older adults. Completed 09/2024. 2. Implement referral process to help older adults obtain assistive technology from MoAT. By 09/2025 3. Provide at least three instances of community education about home modification and assistive technology services available in its PSA. By 09/2026
By September 30, 2027, the State of Missouri will implement specific strategies to decrease the impact of falls on older Missourians.	1.4: By September 2025, DHSS will arrange a presentation from Missouri LTSS for the ten AAAs. The presentation will focus on the connection between falls and TBI. The presentation will also provide information for regional service

	<p>coordinators who can screen for fall related TBI.</p> <p>1.5: By September 2025, each AAA will offer at least one evidence-based fall prevention program in its PSA.</p> <p>1.6: By September 2026, each AAA will compile a list of local resources available in its PSA for home modifications.</p> <p>1.7: By September 2027, DHSS will arrange a presentation from an ACL grant recipient related to fall prevention for the ten AAAs.</p>
<p>AAA Objective:</p> <p>1. Decrease the impact of falls on older Missourians.</p>	<p>AAA Strategy:</p> <ol style="list-style-type: none"> 1. Participate in DHSS sponsored presentation from MO LTSS, that will focus on the connection between falls and TBI, and will provide screening resources for the PSA. By 09/2025 2. Offer evidence-based fall prevention program in PSA. One annually, beginning 09/2025 3. Compile a list of local resources available to PSA for home modifications. By 09/2026 4. Participate in a DHSS and ACL grant recipient sponsored presentation related to falls prevention. By 09/2027
<p>By September 30, 2027, the State of Missouri will implement specific strategies to decrease the impact of chronic diseases and disabilities on older Missourians.</p>	<p>1.8: By September 2027, DHSS will arrange a presentation from an ACL grant recipient related to chronic disease self-management for the ten AAAs.</p> <p>1.9: By September 2025, each AAA will have a referral process for community-based organizations and the Bureau of HIV, STD, and Hepatitis in DHSS to better serve older adults living with HIV/AIDS.</p> <p>1.10: By September 2026, DHSS will provide training to the ten AAAs about three evidence-based disease prevention</p>

	and health promotion programs that have demonstrated efficacy in populations living with HIV/AIDS.
AAA Objective 1. Decrease the impact of chronic diseases and disabilities on older Missourians.	AAA Strategy 1. Participate in a DHSS and ACL grant recipient sponsored presentation related to chronic disease self-management. By 09/2027 2. Establish a referral process for CBOs and the Bureau of HIV, STD, and Hepatitis within DHSS to better serve older adults living with HIV/AIDS. By 09/2025 3. Participate in a DHSS sponsored training about three evidence-based disease prevention and health programs that have demonstrated efficacy in populations living with HIV/AIDS. By 09/2026

By September 30, 2027, the State of Missouri will implement specific strategies to improve home and community-based services for older Missourians and adults with disabilities.	1.11: By September 2024, DSDS will fully implement a new Nursing Facility Level of Care eligibility model for HCBS to ensure access to care for Missourians most in need of HCBS in the least restrictive community setting for as long as safely possible. 1.12: By September 2025, HCBS will develop an online learning management system to allow for quality and timely training of new provider reassessors. 1.13: By September 2025, HCBS will develop a value-based payment-enhanced training model that ensures the direct care workforce has the skills and knowledge needed to support better health outcomes for participants.
AAA Objective 1. Implement strategies to improve home and community-based services for older Missourians and adults with disabilities.	AAA Strategy 1. Share information with clients on the new eligibility model for HCBS to ensure access to care for older adults needing this level of services. Completed 09/2024

Outcome 2: Improve services and supports to caregivers	
By September 30, 2027, the State of Missouri will implement specific strategies to increase education about caregiving.	<p>2.1: By September 2024, DHSS and the ten AAAs will work with Alzheimer's Association and other partners to disseminate information for family caregivers to assist with early identification and access to services and supports (NSSFC Goal 1).</p> <p>2.2: By September 2025, each AAA will have a policy to provide dementia training (such as Dementia Friends certification) to all AAA staff who directly interact with service recipients within the employee's first year of employment (NSSFC Goal 2).</p> <p>2.3: By September 2025, DHSS will provide the ten AAAs with resources available through the National Technical Assistance Center on Grandfamilies and Kinship Families (NSSFC Goal 5).</p>
AAA Objective 1. Increase education about caregiving.	AAA Strategy 1. Disseminate information for family caregivers to assist with early identification and access to services and supports. Completed 09/2024 2. Enact a policy to provide dementia training for all staff who directly interact with service recipients in an employees' first year of employment. By 09/2025 3. Disseminate information on resources available to families through the National Technical Assistance Center on Grandfamilies and Kinship Families. By 09/2025
By September 30, 2027, the State of Missouri will implement specific strategies to increase the quality and quantity of caregiver services available in Missouri, including services to kinship caregiver families.	<p>2.4: By September 2024, DHSS will provide training to the ten AAAs about at least three evidence-based family caregiver support programs that are effective across the country (NSSFC Goals 5).</p> <p>2.5: By September 2024, DHSS will apply for the Building Our Largest Dementia (BOLD) Public Health Programs to</p>

	<p>Address Alzheimer's Diseases and Related Dementias grant (NSSFC Goal 3 and 4).</p> <p>2.6: By September 2026, each AAA will increase caregiving service units by 5%. Increase will be from caregiving service units provided in FFY2024 (NSSFC Goal 3).</p>
<p>AAA Objective</p> <p>1. Increase the quality of caregiver services within the PSA, including services to kinship caregiver families.</p>	<p>AAA Strategy</p> <p>1. Participate in DHSS sponsored training on evidence-based family caregiver support programs. Completed 09/2024</p> <p>2. Utilize kinship family resources provided by DHSS in targeted outreach. Annually</p> <p>3. Increase caregiver-related service delivery. 5% by 09/2025</p>

Outcome 3: Improve access to services and programs	
<p>By September 30, 2027, the State of Missouri will implement specific strategies to provide programs and services through additional platforms.</p>	<p>3.1: By September 2025, each AAA will offer at least one program that participants can access from their homes (via mail, online, or telephone). This will be a program started on or after October 1, 2023, or an existing program that was not previously available from participants' homes.</p> <p>3.2: By September 2025, each AAA will offer I&A through at least one additional platform beyond telephone and walk-ins.</p>
<p>AAA Objective</p> <p>1. Implement strategies to provide programs and services through additional platforms.</p>	<p>AAA Strategy</p> <p>1. Offer at least one program that participants can access from their homes. Completed 11/2023</p> <p>2. Offer I&A through at least one additional platform beyond telephone and walk-ins. By 09/2025</p>
<p>By September 30, 2027, the State of Missouri will implement specific strategies to increase awareness of programs and services available in Missouri.</p>	<p>3.3: By September 2024, DHSS will arrange a presentation by Missouri Inclusive Housing for the ten AAAs. This presentation will focus on expiring low-income housing tax credits and affordable housing options available in Missouri.</p>

	<p>3.4: By September 2025, each AAA will provide at least three instances of community education about transportation resources in its PSA.</p> <p>3.5: By September 2025, each AAA will ensure that it has I&A resources that include information related to dental services, denture repair and replacement, vision testing and eyeglasses, hearing testing and hearing aids, affordable housing, and financial assistance with bills.</p>
<p>AAA Objective</p> <p>1. Implement specific strategies to increase awareness of programs and services available in Missouri.</p>	<p>AAA Strategy</p> <ol style="list-style-type: none"> 1. Participate in MO Inclusive Housing presentation, focusing on expiring low-income housing tax credits and affordable housing options available in Missouri. Completed 09/2024 2. Provide at least three instances of community education and transportation resources in its PSA. By 09/2025 3. Ensure that I&A resources include information related to dental services, denture repair and replacement, vision testing and eyeglasses, hearing testing and hearing aids, affordable housing, and financial assistance with bills. By 09/2025
<p>By September 30, 2027, the State of Missouri will implement specific strategies to improve the quality of follow-up to participant needs.</p>	<p>3.6: By September 2026, each AAA will have a procedure outlining how it determines which interventions and service referrals require follow-up.</p> <p>3.7: By September 2026, each AAA will have a procedure outlining which critical assessment indicators from the standardized intake form will trigger an automated internal referral.</p> <p>3.8: By September 2027, each AAA will have an automated internal referral process for designated critical</p>

	assessment indicators from the standardized intake form.
AAA Objective 1. Implement specific strategies to improve the quality of follow-up to participant needs.	AAA Strategy 1. Develop a procedure outlining how to determine which interventions and service referrals require follow-up. By 09/2026 2. Develop a procedure outlining which critical assessment indicators from the standardized intake trigger an automated internal referral. By 09/2026 3. Develop an automated internal referral process for designated critical assessment indicators from the standardized intake form. By 09/2027
By September 30, 2027, the State of Missouri will implement specific strategies to improve mobility management in Missouri.	3.9: By September 2024, DHSS will provide training and resources to the ten AAAs regarding transportation options. 3.10: By September 2025, DHSS will arrange a presentation by MO Rides for the ten AAAs. This presentation will focus on mobility management in Missouri. 3.11: By September 2026, DHSS will arrange a presentation by Missouri Rural Health Association (MRHA) for the ten AAAs. This presentation will focus on the mobility management curriculum available through MRHA. 3.12: By September 2027, DHSS will oversee a transportation group to address the transportation needs of older adults in Missouri. The ten AAAs will be invited to participate in this group.
AAA Objective 1. Implement strategies to improve mobility management in Missouri.	AAA Strategy 1. Participate in DHSS sponsored training to obtain resources for clients on transportation options. Completed 09/2024 2. Participate in presentation by MO Rides focusing on mobility management. By 09/2025 3. Participate in presentation by MRHA focusing on mobility management

	<p>curriculum offered by MRHA. By 09/2026</p> <p>4. Participate in transportation group to address needs of older adults in Missouri. By 09/2027</p>
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Outcome 4: Improve nutritional health	
<p>By September 30, 2027, the State of Missouri will implement specific strategies to respond more effectively to assessments that show a high risk of poor nutritional status or malnutrition in participants in OAA nutrition programs.</p>	<p>4.1: By November 2024, DHSS and the ten AAAs will create a list of possible interventions and responses to assist participants who are identified as having high nutritional risk.</p> <p>4.2: By September 2025, each AAA will have completed an annual DETERMINE Your Nutritional Health screening for 100% of home-delivered meal participants and 50% of congregate participants.</p> <p>4.3: By September 2026, each AAA will have at least one intervention it can offer to participants who are identified as having a high risk of poor nutritional status or malnutrition. This intervention will be in addition to home-delivered meals and congregate nutrition.</p> <p>4.4: By September 2026, DHSS will arrange for the Office of Dental Health to present to the ten AAAs about dental resources in Missouri to help older adults be better able to consume a healthy diet.</p>
<p>AAA Objective</p> <p>1. Implement specific strategies to respond more effectively to assessments that show a high risk of poor nutritional status or malnutrition in participants in OAA nutrition programs.</p>	<p>AAA Strategy</p> <p>1. Assist in the compilation of a statewide list of possible interventions and responses to assist participants who are identified as having high nutritional risk. By 11/2024</p> <p>2. Complete an annual DETERMINE Your Nutritional Health screening for 100% of home delivered meals participants and</p>

	<p>50% of congregate participants. By 9/2025</p> <p>3. Offer at least one intervention (in addition to home-delivered and congregate meals) to participants identified as having a high risk of poor nutritional status or malnutrition. By 09/2026</p> <p>4. Participate in a DHSS sponsored presentation on dental health resources in MO. COS staff – By 09/2026</p>
<p>By September 30, 2027, the State of Missouri will implement specific strategies to respond to cultural considerations and preferences of participants more effectively.</p>	<p>4.5: By September 2024, the ten AAAs will have a written policy addressing adjusting meals for cultural considerations and preferences.</p> <p>4.6: By September 2026, each AAA will be providing culturally appropriate meals at least once per month in at least one location in its PSA.</p> <p>4.7: By September 2027, each AAA will provide at least three instances of public information about culturally appropriate meals offered in its PSA.</p>
<p>AAA Objective</p> <p>1. Implement specific strategies to respond to cultural considerations and preferences of participants more effectively.</p>	<p>AAA Strategy</p> <p>1. Develop written policy addressing adjusting meals for cultural considerations and preferences. Completed 09/2024</p> <p>2. Provide culturally appropriate meals at least once per month in at least one location in its PSA. By 09/2026</p> <p>3. Provide at least three instances of public information about culturally appropriate meals offered in its PSA. By 09/2027</p>

Outcome 5: Improve financial security	
<p>By September 30, 2027, the State of Missouri will implement specific strategies to inform service providers about programs available to assist older adults seeking employment.</p>	<p>5.1: By September 2025, DHSS will arrange a presentation from SCSEP for the ten AAAs. The presentation will include how to refer participants to SCSEP.</p> <p>5.2: By September 2026, DHSS will arrange a presentation from Missouri's</p>

	<p>American Job Centers for the ten AAAs. The presentation will focus on programs available to help older adults who want to work.</p> <p>5.3: By September 2027, DHSS will arrange a presentation from Missouri Vocational Rehabilitation for the ten AAAs. The presentation will include how to refer participants to Vocational Rehabilitation.</p>
<p>AAA Objective</p> <p>1. Implement specific strategies to inform service providers about programs available to assist older adults seeking employment.</p>	<p>AAA Strategy</p> <p>1. Participate in DHSS sponsored SCSEP presentation, including information on how to refer to SCSEP. By 09/2025</p> <p>2. Participate in DHSS sponsored training from Missouri's American Job Centers, with a focus on programs available to help older adults who want to work. By 09/2026</p> <p>3. Participate in DHSS sponsored training from Missouri Vocational Rehabilitation, which will include information on how to refer participants to Vocational Rehabilitation. By 09/2027</p>
<p>By September 30, 2027, the State of Missouri will implement specific strategies to prepare, publish, and disseminate educational materials dealing with older individuals' health and economic welfare.</p>	<p>5.4: By September 2024, DHSS will publish and disseminate at least one educational video dealing with financial planning for older adults.</p> <p>5.5: By September 2025, each AAA will provide at least three instances of public education about resources to improve the economic welfare of older adults.</p>
<p>AAA Objective</p> <p>1. Implement specific strategies to prepare, publish, and disseminate educational materials dealing with older individuals' health and economic welfare.</p>	<p>AAA Strategy</p> <p>1. Review DHSS disseminated education video addressing financial planning for older adults (COS staff) Completed 09/2024</p> <p>2. Provide at least three instances of public education about resources to improve the economic welfare of older adults. By 09/2025</p>

Outcome 6: Increase services to those with the greatest social need	
<p>By September 30, 2027, the State of Missouri will implement specific strategies to more effectively assess the needs of older adults with the greatest social need.</p>	<p>6.1: By September 2025, each AAA will ensure that its needs assessment tools include data about Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaska Native older individuals, and older lesbian, gay, bisexual, and transgender (LGBT) persons.</p> <p>6.2: By September 2025, DHSS will conduct a statewide needs assessment of older adults, adults with disabilities, and caregivers. This assessment will include data about Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaska Native older individuals, and older lesbian, gay, bisexual, and transgender (LGBT) persons.</p>
<p>AAA Objective</p> <p>1. More effectively assess the needs of older adults with the greatest social need.</p>	<p>AAA Strategy</p> <p>1. Ensure that needs assessment tools include data about Asian American, Black, Hispanic, Native American and Pacific Islander, American Indian and Alaska Native older individuals, as well as older LGBT individuals. By 09/2025</p> <p>2. Produce data regarding the percentage of services provided to OAA priority populations. By 09/2025</p>
<p>By September 30, 2027, the State of Missouri will implement specific strategies to increase services to OAA priority populations.</p>	<p>6.3: By April 2025, DHSS will provide each AAA with baseline data to show the percent of services provided to OAA priority populations in FFY2024.</p> <p>6.4: By April 2026, each AAA will have increased services provided to at least one OAA priority population by at least 5%.</p> <p>6.5: By April 2027, each AAA will have increased services provided to at least</p>

	one additional priority population by at least 5%.
AAA Objective 1. Increase services to OAA priority populations.	AAA Strategy 1. Provide data to show the percentage of services provided to OAA priority populations. By 04/2025 2. Increase services to at least one OAA priority population. 5% increase by 04/2026 3. Increase services to at least one additional OAA priority population. 5% increase by 04/2027
By September 30, 2027, the State of Missouri will implement specific strategies to educate providers about serving LGBT older adults.	6.6: By September 2024, DHSS will arrange training for the ten AAAs about how to gather LGBT demographic information. 6.7: By September 2026, at least one staff member from each AAA will participate in at least two Missouri LGBT Older Adult Alliance statewide meetings annually during FFY2024, FFY2025, and FFY2026.
AAA Objective 1. Educate providers about serving LGBT older adults.	AAA Strategy 1. Participate in a DHSS sponsored training on gathering LGBT demographic information. 90% staff – Completed 9/2024 2. Participate in statewide Missouri LGBT Older Adult Alliance meetings. 25% staff, two annually – By 9/2026.
By September 30, 2027, the State of Missouri will implement specific strategies to increase outreach to older adults with the greatest social need.	6.8: By September 2025, the ten AAAs will create and share a list of public education and outreach tools that can be used to reach older adults with the greatest social need, including Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaska Native older individuals, and older lesbian, gay, bisexual, and transgender (LGBT) persons.

	6.9: By September 2027, each AAA will engage in at least three public education events that target older adults with the greatest social need.
AAA Objective 1. Implement strategies to increase outreach to older adults with the greatest social need.	AAA Strategy 1. Participate in the compilation of public education and outreach tools to reach older adults with the greatest social need. By 09/2025 2. Engage in three public education events within the PSA that target older adults with the greatest social need. One annually by 09/2027

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

	<p>available intervention data as well as solicit feedback from stakeholders to identify areas of resource strength, areas of resource deficiency, and areas of greatest need.</p> <p>7.5: By September 2028, APS will use the information from 7.4 to pursue strategies to increase resources in areas lacking such resources.</p>
<p>AAA Objective</p> <p>1. Implement specific strategies to prevent, detect, assess, intervene, and investigate elder abuse, neglect, and financial exploitation.</p>	<p>AAA Strategy</p> <p>1. Share information on the publicly accessible data dashboards (when available) for stakeholders and the general public to access statistical information on the prevalence of Adult Abuse, Neglect, and Exploitation in Missouri. Date extended to 09/2025</p> <p>2. Share monthly Senior Medicare Patrol Fraud Fact with all congregate and HD clients. Monthly</p> <p>3. Participate in annual training on elder abuse, neglect and financial exploitation - all staff, annually.</p>
<p>By September 30, 2027, the State of Missouri will implement specific strategies to increase the use of MDTs to more effectively address abuse, neglect, and exploitation of vulnerable persons in Missouri.</p>	<p>7.6: By September 2025, the DSDS will support and develop at least 30 MDTs in Missouri to more effectively address the abuse, neglect, and exploitation of vulnerable persons in Missouri.</p> <p>7.7: By September 2026, each AAA will participate in at least one MDT meeting for an MDT providing services in its PSA unless an MDT is not established in its PSA.</p>
<p>AAA Objective</p> <p>1. Implement specific strategies to increase the use of MDTs to more effectively address abuse, neglect, and exploitation of vulnerable persons in Missouri.</p>	<p>AAA Strategy</p> <p>1. Assist DSDS to develop or support existing MDT within PSA to more effectively address the abuse, neglect, and exploitation of vulnerable persons in Missouri. By 09/2025</p> <p>2. Participate in at least one MDT meeting. By 09/2026</p>

<p>By September 30, 2027, the State of Missouri will implement specific strategies to advocate for the rights of those residing in long-term care facilities.</p>	<p>7.8: By September 2025, the LTCOP will conduct at least three educational sessions for Missouri legislators to learn about the Ombudsman Program.</p> <p>7.9: By September 2026, the LTCOP will engage in at least three systems advocacy activities to help improve long-term care.</p> <p>7.10: By September 2027, the LTCOP will recruit and train at least 40 ombudsman volunteers.</p>
<p>AAA Objective</p> <p>1. Implement specific strategies to advocate for the rights of those residing in long-term care facilities.</p>	<p>AAA Strategy</p> <p>1. Support LTCOP educational sessions by encouraging attendance through emails to legislators. By 09/2025</p> <p>2. Support LTCOP systems advocacy activities by sharing information with clients and on social media. By 09/2026</p> <p>3. Refer interested individuals to LTCOP for training opportunities. By 09/2027</p>

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

1. Implement specific strategies to educate Missouri AAAs about frameworks to improve mental well-being.	1. Participate in DHSS sponsored trauma-informed training (center & COS staff). By 09/2025 2. Participate in MHFA, QPR, or similar training for at least one staff member and one staff member in at least two multipurpose senior centers per PSA. Completed 10/2024 (MHFA) 3. Participate in DHSS training about three evidence-based behavioral health programs that are effective across the country. By 09/2025
By September 30, 2027, Missouri AAAs will implement specific strategies to increase participant-directed and person-centered services	8.4: By September 2026, each AAA will offer at least one participant-directed service. 8.5: By September 2027, each AAA will provide at least three instances of public education about events, programs, or services in its PSA that support cultural experiences, activities, or services, including the arts.
AAA Objective 1. Implement specific strategies to increase participant-directed and person-centered services	AAA Strategy 1. Offer at least one participant-directed service. By 09/2026 2. Provide at least three instances of public education about events, programs, or services in the Agency's PSA that support cultural experiences, activities, or services, including the arts. By 09/2027
1. Implement specific strategies to increase education and interventions related to social isolation.	8.6: By September 2024, DHSS will provide training and resources about the prevention, detection, and response to negative health effects associated with social isolation to the ten AAAs. 8.7: By September 2025, each AAA will provide at least three instances of community education about the prevention, detection, and response to negative health effects associated with social isolation.

	<p>8.8: By September 2026, each AAA will offer a program or service that addresses social isolation. This will be a program or service started on or after October 1, 2023, or an existing program offered in a new location or format.</p> <p>8.9: By September 2027, each AAA will provide at least three instances of public information about programs and services it offers to address social isolation. At least one instance will engage at least one priority population.</p>
<p>AAA Objective</p> <p>1. Implement specific strategies to increase education and interventions related to social isolation.</p>	<p>AAA Strategy</p> <p>1. Participate in training and obtain information about resources for the prevention, detection, and responses to negative health effects associated with social isolation. Completed 09/2024</p> <p>2. Provide at least three instances of community education about the prevention, detection, and response to negative health effects associated with social isolation. By 09/2025</p> <p>3. Offer a program or service that addresses social isolation, or an existing program offered in a new location or format. In progress 09/2024 (Virtual Senior Center)</p> <p>4. Provide three instances of public information about programs and services available to address social isolation. One instance will engage a priority population. By 09/2027</p>

Outcome 9: Improve preparedness for future emergencies	
<p>By September 30, 2027, the State of Missouri will implement specific strategies to improve emergency preparedness across the aging network.</p>	<p>9.1: By September 2024, each AAA will review the emergency secession plans in its COOP and update them as needed.</p> <p>9.2: By September 2026, each AAA will provide at least three instances of public education about emergency preparedness.</p>

	9.3: By September 2027, each AAA will provide information about vaccines and vaccine-preventable diseases as part of at least one health promotion program.
AAA Objective 1. Implement specific strategies to improve emergency preparedness within the PSA.	AAA Strategy 1. Review emergency secession plan in COOP and updated per state feedback. Completed 09/2024 2. Provide three instances of public education about emergency preparedness. By 09/2026 3. Provide information about vaccines and vaccine-preventable diseases as part of at least one health promotion program. By 09/2027

Long Range Planning

By 2030, more than 70 million Americans will be 65 and older, twice the number in 2000. Among those 65 and older, 1 in 4 live alone and nearly 9 million face the threat of hunger. The gap is widening between seniors served and those in need due to this rapidly aging population combined with declining public and private resources and rising costs for food, transportation and overall operations.

Based on the recently published 2024 State of Missouri Needs Assessment Survey, the following data will greatly influence *Aging Ahead's* Strategies for Sustainability and Emerging Initiatives. In addition, these data will inform conversations around need that will be prioritized with local elected officials. Specifically, the survey found that:

- 30% of older adults have no will, POA or advanced directive
- 24% report not having enough money to eat balanced meals
- 33% of older adults live alone, and 16% report feeling depressed
- 60% of older adults spend time each week being a caregiver
- 52% need help paying for caregiver services
- 63% need help locating caregiver services
- 52% need some type of respite from caregiver duties
- 29% of older adults have a residence that needs some type of repair, and 56% of those cannot afford to make the repairs necessary for them to remain safely in their home
- Reported transportation barriers include:
 - Not knowing what's available in the community
 - Transportation services don't go where needed
 - Cost of transportation is too high.

Challenges noted by older adult respondents for the last 12 months include:

- 26% say they do not have adequate information on public programs
- 29% say they are not aware of the services available in their community
- 30% say they are not staying physically fit
- 10% have been the victim of fraud or a scam
- 18% report feeling emotionally burdened by caregiving.

Our Current Impact

- To help older adults maintain better health through good nutrition, ***Aging Ahead*** served 1,041,840 meals to 9,313 persons in 2024 at our community locations in St. Louis, St. Charles, Franklin and Jefferson counties.
- ***Aging Ahead*** delivers an average of 3,420 meals daily to homebound adults in 108 different zip codes.
- Our Community Option Specialists assist more than 1,000 individuals each month with aging-related questions about services, caregiving and assistance.
- As a result of our community outreach program, we reached 6,299 people through aging presentations and information tables in 2024.
- During FY24, volunteers donated 35,598 hours of service each month by delivering meals, calling isolated individuals, advocating, greeting participants to various programs and supporting the agency in unmeasurable ways.

Strategies for Sustainability

Aging Ahead's priorities and strategic objectives are aligned with the state of Missouri's Plan on Aging goals for 2024-2027, in order to ensure development and support of a comprehensive community system of services for older persons and their caregivers. The primary objectives of that system address both sustainability and the capacity that will be necessary in the coming years, with a continued focus on the changing demographics and those underserved within the PSA.

Toward that end the following prioritized recommendations are either in place or in the process of development and implementation:

- Expanding virtual programming at senior centers and community partner locations to better address social isolation.
- Expanding home delivered meals services in underserved areas of the agency's service area, utilizing outreach with community partners.
- Continuing to expand the Friendly Caller program and further develop the Friendly Visitor and medical companion programs as additional means to combat isolation.
- Increasing and improving awareness of the importance of participant contributions to support and ultimately expand available services beyond what federal and state funding can provide.
- Increasing the awareness of the importance of community partnerships and focal points and building those critical collaborations through direct outreach via the Agency's Foundation Board and volunteers in the Ambassador program.
- Increasing door-to-door and consumer-directed transportation through community collaboratives with less reliance on traditional, fixed route, group transportation models.
- Increasing evidence-based exercise and informational programs at the senior centers and community locations.

- Remaining a key partner in community coalitions that address older adult abuse, neglect and financial exploitation.
- Establishing a staffing pattern that will devote specific Agency resources to addressing the unique needs of family caregivers.
- Continued training and certification of Agency I&A staff, as well as related community outreach highlighting key community resources.
- Allocating Agency funds to address the need for home care, repair, modification, etc. in order for older adults to remain safely in their home of choice.
- Continuing to fund and provide outreach and community sites for legal services geared specifically to older adults and caregivers.
- Increasing access to technology for isolated homebound individuals and caregivers through partnerships with AT&T and other grant-based opportunities.
- Expanding applications for grants and increasing fundraising efforts to support programs and services.
- Encouraging innovation and replication of area agency on aging (AAA) best practices with a focus on the expansion of existing and evolving community partnerships.
- Intentionally seeking opportunities for culturally diverse initiatives, especially with community partners already successfully operating in that space.

Emerging Initiatives

- ***Aging Ahead*** is currently operating a “Virtual Senior Center” using internet-enabled devices designed specifically for older adults. The success of this program will allow it to be expanded to rural parts of our service area where isolation is a serious issue.
- The Agency’s Board of Directors has newly authorized bylaws that include a Diversity, Equity, Inclusion and Belonging (DEIB) Committee that will assist staff with further developing formal policy and guidance in this area for all stakeholders.
- ***Aging Ahead*** currently offers one self-directed program. The Adult Day Reimbursement Services (ADSR) program was established in FY24 to provide options for older adults who are able to pay for the cost of services, to have a portion reimbursed. The ADSR program reimburses clients (with receipts showing the number of hours) for up to two eight-hour days at the same rate paid to Adult Day providers. Clients enrolled in the ADSR program may attend any licensed adult day provider in the agency’s service area. While this is currently the only self-directed program offered, ***Aging Ahead*** will continue to evaluate other services that may benefit clients through a self-directed model.
- Standardized intake and assessment tools are being developed with new focus areas including behavioral health and housing that will incorporate closed loop referrals to community partner agencies through a secure web-based portal (Cumulus).
- Equitable distribution of existing resources to be achieved through a consistent prioritization rubric incorporated into the new standardized intake.
- ***Aging Ahead*** is participating in leadership for the development of a St. Louis County senior tax levy for a 2026 ballot initiative.
- Continued development of community partnerships to be used as focal point locations in order to provide services and address unmet needs in hard-to-reach areas of the PSA.
- In consultation with the ***Aging Ahead’s*** IT vendor, full cyber recovery will be incorporated into the Agency’s emergency response plan.

- Continue serving as a Senior Community Service Employment Program (SCSEP) site to support workforce availability; currently six locations and will expand to additional locations as appropriate.
- Encourage *Aging Ahead* volunteers to be cross trained through the Ombudsman program to support equitable treatment of older adults in long-term care. Rely on the expertise of volunteers, specifically Foundation Board and Advisory Council members, working with long-term care systems to stay abreast of trends and issues.
- Expand outreach to medical facilities to ensure awareness of agency services.

Recommendations

In order to support the emerging trends noted above, sustained additional funding is needed. Missouri's Digital Equity Plan is focused on increasing broadband access, which will help with technology access, but a renewed Affordable Connectivity program is needed for older adults who cannot afford the utility of internet service.

While the Agency has recently completed DEIB training and will continue to provide this on an annual basis, staff have recognized a need to offer training to participants/clients as well. A state-developed training plan focused on client's awareness of the importance of DEIB would be beneficial and support the Agency's efforts to create inclusive centers.

Alongside volunteers with the Silver Haired Legislature, *Aging Ahead* continues to educate and advocate for policies that support older adults' ability to age with dignity. These efforts include voter education projects, passage of legislation to freeze real estate taxes for seniors and fund the Senior Growth and Development program to fund AAA's ability to respond to emerging needs and raise the asset limit for MO HealthNet. Legislative support for these issues is critical to offset the rising cost of living and limited resources for many older adults.

Attachment A – Verification of Intent

I.1 Area Plan Submittal and Verification of Intent

Aging Ahead
14545 Manchester Rd.
Manchester, MO 63011

Phone: 636-207-0847 e-mail address: info@agingahead.org
Fax: 636-207-1329 Internet address: www.agingahead.org

Lisa Knoll, CEO

Counties Served: St. Louis, St. Charles, Jefferson, Franklin

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.

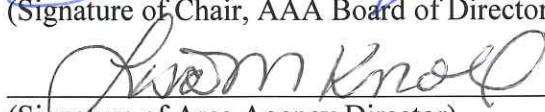
It is understood and agreed by the AAA that: 1) funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with 2 CFR 200- Uniform Administrative Requirements, Cost Principles, and Audit Requirements For Federal Awards, all applicable federal and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

1/23/25
(Date)

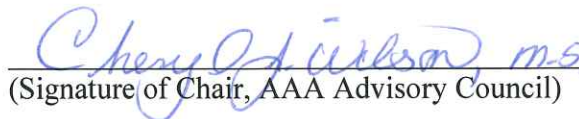

(Signature of Chair, AAA Board of Directors)

1/23/25
(Date)


(Signature of Area Agency Director)

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

01.14.2025
(Date)

 m-s
(Signature of Chair, AAA Advisory Council)

Attachment B – Area Plan Assurances

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

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

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

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

care for vulnerable older individuals. (9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.

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

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

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

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

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

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

residing in rural areas. The AAA will include proposed methods of carrying out the preference in the area plan.

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

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

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

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

Functions (OAA Section 306 and 307)

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

- (a) Provide advocacy on behalf of all older persons within the PSA for which the AAA is responsible.
- (b) Ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
- (c) Serve as the advocate and focal point for older persons within the PSA by monitoring, evaluating and commenting upon all policies, programs, hearings, levies and community actions which will affect older individuals.
- (d) Identify, in coordination with the DHSS, the public and private nonprofit entities involved in the prevention, identification and treatment of the abuse, neglect and exploitation of older individuals and adults with disabilities, and based on such identification, determine the extent to which the need for appropriate services for such individuals is unmet.
- (e) Work in cooperation with agencies, organizations, and individuals participating in activities under the plan.
- (f) Inventory the available public or private resources within the PSA to meet the needs of the older individuals and evaluate the effectiveness of the services in meeting such needs. A listing of resources will be kept up-to-date and be

available through the AAA upon request by individuals and DHSS (19 CSR 15-4.295(6-7)).

- (g) Establish measurable program objectives consistent with State guidance, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement; and include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and include proposed methods to achieve the objectives. (See Appendix II- State Goals and Appendix III- Sample AAA Goals)
- (h) Either through direct service waiver, contract or grant:
 - (1) Facilitate the coordination of community-based, long-term care services designed to retain individuals in their homes, thereby deferring unnecessary, costly institutionalization, and designed to include the development of case management services as a component of the long-term care services;
 - (2) Facilitate involvement of long-term care providers in the coordination of community-based, long-term care services and work to increase community awareness of and involvement in addressing the needs of residents of long-term care facilities;
 - (3) Coordinate priority services, which the area agency is required to expend funds under Title III, Part B of the Older Americans Act (OAA) with activities of community-based organizations established for the benefit of victims of Alzheimer's disease and related neurological disorders with neurological and organic brain dysfunction and the families of such victims;
 - (4) Pool available resources of public and private agencies in order to strengthen or start services for older persons;
 - (5) Provide for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the AAA itself, and other appropriate means) of information relating to— (i) the need to plan in advance for long-term care; and (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources.
- (i) Periodically evaluate the activities carried out under the area plan; evaluations will include the views of older persons participating in such activities and monitoring the performance of contracting agencies and grantees receiving funds under the area plan;
- (j) Area agencies on aging will enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; and will include in any such contract provisions to assure that any recipient of funds under division (a) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (b) attempt to involve

the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis. No legal assistance will be furnished unless the subcontractor administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the subgrantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the PSA in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the AAA makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any contractor selected is the entity best able to provide the particular services. To the extent practicable, the legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than the OAA and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals. The area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

- (k) Where possible, enter into arrangements with organizations providing day care services for children or adults, assistance to older individual caring for relatives who are children, and respite for families to provide opportunities for older persons to aid or assist, on a voluntary or paid basis, in the delivery of such services to children, adults and families;
- (l) If possible, regarding the provision of services under the OAA, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals that:
 - (1) Were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 for fiscal year 1981 and did not lose the designation as a result of failure to comply with such Act; or
 - (2) Came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and
 - (3) Meet the requirements under section 675(c)(3) of the Community Services Block Grant Act.
 - (4) Make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings.
- (m) Provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals,

including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference (OAA Section 305(a)(2)(E)).

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

Outreach will have special emphasis on older individuals:

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

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

- (o) The AAA, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title. Funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.
- (p) Include information detailing how the AAA will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery. (See Appendix IV Emergency Preparedness Examples and Tools)
- (q) Provide a grievance procedure for older individuals who are dissatisfied with or denied services.

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

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

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

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

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

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

The area agency board shall be responsible for all actions of an AAA in its jurisdiction, including, but not limited to, the accountability for funds and compliance with federal and state laws and rules. Such responsibility shall include all geographic areas in which the AAA is designated to operate. Each area agency board shall: (1) Conduct local planning functions for Title III and Title XX, and such other funds as may be available; (2) Develop a local plan for service delivery, subject to review and approval by the division, that complies with federal and state requirements and in accord with locally determined objectives consistent with the state policy on aging; (3) Assess the needs of older individuals within the planning and service delivery area for service for social and health services, and determine what resources are currently available to meet those needs; (4) Assume the responsibility of determining services required to meet the needs of older individuals, assure that such services are provided within the resources available, and determine when such services are no longer needed; (5) Endeavor to coordinate and expand existing resources in order to develop within its PSA a comprehensive and coordinated system for the delivery of social and health services to older individuals; (6) Serve as an advocate within government and within the community at large for the interests of older individuals within its PSA; (7) Make grants to or enter into contracts with any public or private agency for the provision of social or health services not otherwise sufficiently available to older individuals within the planning and service area; (8) Monitor and evaluate the activities of its service

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

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

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

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

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

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

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

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

Public Hearings (19 CSR 15-4.150 Waivers)

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

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

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

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

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

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

(e) [Reserved]

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

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

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

Contributions for Services (OAA Section 315)

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

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

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

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

Training (19 CSR 15-7.010(4))

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

Evaluation (OAA Section 206(a))

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

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

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

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

Public Information (RSMo 610.023: Sunshine Law)

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

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

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

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

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

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

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

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

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

The AAA assures that it will, in coordination with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the AAA with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations.

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

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

Coordination with DHSS/APS Elder Abuse Prevention Services

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

Coordination with Missouri Assistive Technology

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

Coordination of Services for Older Relative Caregivers

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

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

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

Publishing of AAA Contact Information and Accuracy of Information

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

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

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

Area Volunteer Services Coordinator

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

- (a) Encourage and enlist the services of local volunteer groups to provide assistance and services appropriate to the unique needs of older individuals within the PSA;

- (b) Encourage, organize and promote the use of older individuals as volunteers to local communities within the area; and
- (c) Promote the recognition of the contribution made by volunteers to programs administered under the area plan.

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

The AAA assures that it will:

- (a) Maintain the integrity and public purpose of services provided and service providers, under the OAA in all contractual and commercial relationships;
- (b) Disclose to the ACL Assistant for Aging Secretary and DHSS;
 - (1) The identity of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (2) The nature of such contract or such relationship;
- (c) Demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under the OAA by the AAA has not resulted and will not result from such contract or such relationship;
- (d) Demonstrate that the quantity or quality of the services to be provided will be enhanced as a result of such contract or such relationship; and
- (e) On the request of the Administration for Community Living (ACL) Assistant Secretary for Aging or the state, for the purpose of monitoring compliance with the OAA (including conducting an audit), disclose all sources and expenditures of funds the AAA receives or expends to provide services to older individuals.

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

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

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

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

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

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

Title III of the OAA, if applicable, and in coordination with services provided under Title VI. All services under the area plan will be made available to older Native American Indians to the same extent as such services are available to all older individuals.

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

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

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

AAA Contractual Provisions

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

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

276(a) a through (a7)) as supplemented by DOL Regulations (29 CFR Part 5). The AAA will require all service providers to comply with the same.

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

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

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

- (i) Clean Air Act/Clean Water Act/EPA Regulations: The AAA will comply with, and with respect to all contracts, subcontracts, and subgrants in excess of \$100,000, the AAA will require all contractors and service providers to comply with all applicable standards, orders, or requirements issued under section 306 of the Clean Air Act (42 U.S.C. 1857 (h)), section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR Part 15).
- (j) Americans with Disabilities Act Compliance: The AAA will comply with the requirements of the Americans with Disabilities Act of 1990, as amended, and will require compliance by contractors and service providers, as applicable.
- (k) Windsor v. United States: The AAA will comply with and will include in all solicitations and contracts for services the requirement to provide services to married same-sex couples.
- (l) Each AAA assures it will include in each agreement made with a provider of any service under this title, a requirement that such provider will:
 - (1) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with Limited English Proficiency, and older individuals residing in rural areas in the area served by the provider;
 - (2) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with Limited English Proficiency, and older individuals residing in rural area in accordance with their need for such services; and
 - (3) meet specific objectives established by the AAA, for providing services to low-income minority individuals, older individuals with Limited English Proficiency, and older individuals residing in rural areas within the PSA. (OAA Section 306(a)(4))
- (m) Service providers are made aware that persons age 60 or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services. (45 CFR 1321.69(a))
- (n) Bostock v. Clayton County: The AAA will comply with and will include in all solicitations and contracts for services the requirement to ensure employees are protected against discrimination because of their sexual orientation **or** gender identity.

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

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

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

- (5) Includes developed dissemination products that are available to the public.

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

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

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

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

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

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

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

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

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

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

Grievance Procedures (19 CSR 15-4.210)

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

relating to the issues; and (D) Criteria to be used for making a final determination that include: 1. Time limitations for notification of the decision from the date of grievance hearing; 2. Reasons for the final determination and the evidence on which it was based; and 3. Advice of the right to appeal to the division for mediation to service providers who meet the following conditions: A. Application to provide services under an area plan has been denied; or B. Subgrant or contract is terminated or not renewed for reasons other than a determination that the service provider has materially failed to comply with the terms of the subgrant or contract as provided in 45 CFR 75.371-75.375.

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

- (1) If the head of a State agency finds that an AAA has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the AAA available under this subchapter.
- (2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the AAA due process in accordance with procedures established by the State agency.
- (B) At a minimum, such procedures shall include procedures for—
 - (i) providing notice of an action to withhold funds;
 - (ii) providing documentation of the need for such action; and
 - (iii) at the request of the AAA, conducting a public hearing concerning the action.
- (3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this subchapter in the PSA served by the AAA for a period not to exceed 180 days, except as provided in subparagraph (B).
- (B) If the State agency determines that the AAA has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

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

Each AAA shall designate an individual employed by the AAA, or available to such AAA on a full-time basis, whose responsibilities will include— (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

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

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

Senior Service Growth and Development Program Fund (RSMo 192.385)

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

Internal Control Policy

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

Data Collection

The area agency on aging will collect data to determine—

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

Low Income Minority Older Adults

The area agency on aging will—

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

Responsibilities of service providers under State and area plans

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

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

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

1/23/25
(Date)


(Signature of Area Agency Director)

Attachment C – Information Requirements

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

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the plan.

AAA Response:

Aging Ahead is in the process of working with technology partners to implement a standardized intake and assessment tools that will score clients based on need. The technology platform (Cumulus) will ensure equitable distribution of existing resources through a consistent prioritization rubric incorporated into the new standardized intake. This automated process will ensure an objective prioritization that will ensure clients with the greatest needs are served first. In addition to this automated process, strategic methods for each population are noted below.

Low-Income Minority

Aging Ahead prioritizes low-income older adults and low-income minority (LIM) older adults by ensuring there is access to programing in communities where higher concentrations of LIM older adults reside. Extensive outreach continues in north St. Louis County, where the greatest concentration of LIM individuals in the PSA reside (according to 2022 Census data). *Aging Ahead* has targeted and expanded services to this population through enhancements that include several dedicated staff Options Counselor and Community Services Coordinators, as well as through evidence-based programs coordinated and offered in conjunction with community service partners.

In addition, *Aging Ahead* has designated a portion of Senior Services Growth & Development Fund (SSGDF) monies for home modification and repair as this is one of the identified challenges for clients being able to remain in their home. *Aging Ahead* will continue to focus outreach efforts and provide access to programming for areas where low-income and low-income minority individuals reside to prioritize services. Should there be a need to institute a wait list for any Older American Act funded service, low-income and low-income minority older adults will be prioritized over other clients who are not low-income using the automated process described above.

Limited English Proficiency (LEP)

Aging Ahead has access to Optimal Phone Interpreters which provides 24/7 telephone translation services. *Aging Ahead* has access to Google Translation services for written translations via computers and smart phones. Should in-person interpretation services be needed, *Aging Ahead*

contracts with two local organizations (International Institute and Monarch Immigration Services) to provide this service.

Aging Ahead tracks and reports interactions with LEP individuals for specific grants such as Benefits Enrollment Center and will be expanding that to Older Americans Act services with the transition to a new standardized intake and assessment in the coming months.

Aging Ahead will continue to partner with local organizations to ensure LEP clients are prioritized. Should there be a need to institute a wait list for any Older American Act funded service, older adults with Limited English Proficiency will be prioritized over English-speaking clients using the automated process described above.

Rural

Aging Ahead staff will remain actively engaged in community coalitions and task forces, primarily those focusing on access issues in rural areas. The Agency will continue to promote and provide support for its Friendly Caller program that matches volunteers with isolated older adults via the telephone.

Aging Ahead is currently operating a “Virtual Senior Center” using devices with internet. The success of this program will allow it to be expanded to rural parts of the service area where isolation is a serious issue. ***Aging Ahead*** will continue to target rural communities to ensure these clients are prioritized. Should there be a need to institute a wait list for any Older American Act funded service, older adults living in rural areas will be prioritized over clients living in non-rural areas using the automated process outlined above.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

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

AAA Response:

Aging Ahead has emergency operations and continuity of operations plans (COOP) that establish operational procedures to sustain essential business functions if normal operations are not feasible and guides the restoration of full recovery at the primary site. The plans include basic information about the organization and the operational details of how the agency will function

during an emergency. These plans are updated with the DSDS Disaster Response Coordinator annually.

Aging Ahead's central office and self-operated sites conduct drills on a regular basis to test the plans and participate in county-wide tests as appropriate (i.e. emergency warning system tests). Contracted sites are also required to conduct drills on a regular basis; this is reviewed annually in monitoring. Finally, for community locations where ***Aging Ahead*** provides services, staff at these locations adhere to the emergency plans as described by the location (i.e. staff at Edward Jones YMCA follow the emergency plan of the YMCA).

Aging Ahead works closely with the Division of Senior and Disability Services (DSDS) Disaster Response Coordinator to ensure Agency contract information is available and up to date. The Agency provides situational updates to the DSDS Disaster Response Coordinator during emergency and disaster situations and advises of resource needs that are not available and/or exceed current local capacity.

Agency staff participate in disaster planning/coordination with providers and County Emergency Operations Offices. ***Aging Ahead*** coordinates with local organizations and emergency management personnel during state and/or federal drills and exercises when appropriate or able. ***Aging Ahead*** also participates in local Community Organizations Active in Disaster (COAD) groups. For more information, please refer to the attached COOP.



Aging Ahead COOP
Final 2024.pdf

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

AAA Response:

To reach rural adults, ***Aging Ahead*** continues to evaluate programming at community sites, like libraries and community colleges in rural areas of Jefferson and Franklin County that will allow education and nutrition services to be provided outside of the traditional senior center setting, while continuing to support existing senior centers.

The St. Clair Senior Center provides 13% of their meals to the rural communities of Lubbering, Catawissa, Robertsville, and Lonedell. The Union Senior Center delivers 25% of their meals to Villa Ridge, Gerald, Leslie, and Beaufort, all communities that are located in rural Franklin County.

In FY24, approximately 133,113 meals were delivered to 1,414 individuals in rural areas from the St. Clair, Union, and Sullivan senior centers. The average unit cost per meal is \$10.50 for home delivered and \$13.02 for congregate.

In FY24, approximately 8,561 other services including Disease Prevention Health Promotion, Transportation, Case Management, Family Caregiver Support Programs, and Information & Assistance services were provided to 824 unduplicated persons. The average unit cost for all other services is \$42.79.

Total funds expended on meals for clients in rural areas in FY24 = \$1,486,043; total funds expended on all other services for clients in rural areas in FY24 = \$366,382.

In order to meet the needs of rural adults, the Agency relies on community partnerships with established entities in those areas. In 2020, *Aging Ahead* established a partnership with an affordable housing developer in the city of Union in Franklin County, hosting programs and providing access to Community Options & Services twice a month for residents.

Aging Ahead continues a partnership with the Jefferson Franklin Community Action Corporation (JFCAC) to provide intergenerational programming at various locations in Franklin County, as well as access to resources for individuals that may also benefit from services provided by JFCAC. In addition, *Aging Ahead* is currently working with East Central College in Union to establish a new focal point to better serve that community.

While *Aging Ahead* has four self-operated senior centers, the Agency contracts with Tri-County Senior Center in Pacific to support their congregate meal program and provide access to Agency resources. In addition to dedicated senior center staff, the Agency also provides dedicated Community Options & Services staff for each location, with COS staff either working onsite or making visits multiple times a month.

To support the needs of older adults in rural communities, *Aging Ahead* continues to apply for funding from outside entities and rely on volunteer support. *Aging Ahead* routinely receives annual funding from the Franklin County United Way to address specific services and help meet the funding gap and has dedicated volunteer groups to support the home-delivered meal program, telephone reassurance, and center activities.

Section 307(a)(14)

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

describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

AAA Response:

Low-income minority (LIM) individuals

Aging Ahead has targeted and expanded services to this population through enhancements that include several dedicated staff Options Counselor and Community Services Coordinators, as well as through evidence-based programs coordinated and offered in conjunction with

community service partners.

The center in Ferguson serves home delivered meals to the majority of the north St. Louis County service area including Florissant, Berkeley, Jennings, and others where the county data indicates a higher-than-average LIM demographic. The Agency's enhanced home delivered assessment conducted for all these individuals ensures that they are screened for benefits programs and relevant community resources.

In addition, north community program locations continue to allow the Agency to reach individuals in community partner locations that may not frequently attend the senior center.

Agency staff representatives currently serve on several task forces that focus on the unmet needs of the older adults in the north county region.

Limited English Proficiency (LEP)

Aging Ahead utilizes Optimal Phone Interpreters which provides 24/7 telephone translation services. ***Aging Ahead*** has access to Google Translation services for written translations via computers and smart phones. Should an in-person interpretation service be needed, the Agency will contract with two local organizations (International Institute and BIAS) to provide this service.

During FY24, ***Aging Ahead*** partnered with the International Institute to provide space at the South County Senior Center for non-English speaking groups. To date, International Institute has conducted groups for individuals from Ukraine, Afghanistan, and the Democratic Republic of the Congo. For these groups, ***Aging Ahead*** provides a menu aligning with the group's cultural and dietary needs.

Aging Ahead tracks and reports interactions with limited-English proficient individuals for specific grants such as Benefits Enrollment Centers and will be expanding that to Older Americans Act services with the transition to a new standardized intake and assessment in the coming months.

3026(a)(18))

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

AAA Response:

Aging Ahead has historically focused on prioritizing transportation, as this is often identified as an area of unmet need throughout the four counties served. ***Aging Ahead*** will continue to collaborate with community partners, including St. Louis County Older Residents Program (CORP), the Jewish Federation Senior Independent Living Program (SILP), and EZ-MO (a volunteer driver model based in Jefferson County) to coordinate service provision when possible and avoid duplication. ***Aging Ahead*** will continue to prioritize transportation services by

designating a portion of SSGDF monies to support important trips that fall outside of Older American Act approved trips, like providing transportation to vote or the Department of Motor Vehicles to update an identification card.

In FY23, ***Aging Ahead*** began using a rideshare model with On the Go to facilitate trips with ambulatory clients through Lyft and Uber Health. To date, about 55% of all clients registered for the service (361/652 distinct riders) are using On the Go as their transportation provider. The remaining 45% who remain with EMT need some form of assistance when traveling. Offering the ride share model for individuals who can navigate a personal vehicle without assistance has served to reduce the Agency's overall transportation expenditures and provide individuals with a more personalized and timelier ride.

Based on the limited funding available for transportation services, ***Aging Ahead's*** Community Options & Services department works with clients in need of transportation services to ensure clients are aware of other community transportation resources that may benefit them before relying on Older American Act funded transportation services.

Attachment D – Organizational Information

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

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



Attachment D - Org
Information.pdf

Attachment E – Advisory Council Information

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

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

The council shall include individuals and representatives of community organizations from or serving the planning and service area who will help to enhance the leadership role of

the area agency in developing community-based systems of services targeting those in greatest economic need and greatest social need. The advisory council shall be made up of:

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

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

Advisory Council Member Name	Start Date	Membership Criteria Met	Position on Council	Time in Current Position	Email & Phone Number
Cheryl Wilson	April 2017	1, 2, 3, 5, 6	Chair	2 months	Cjwilson.222@gmail.com (314) 283-0943
Jo Wentz	Jan. 2023	1, 6	Vice Chair	2 months	Jwentz51@gmail.com (314) 780-1773
Dave Carr	[prior to 2014]	1, 6	Secretary	2 years 2 months	dcarr@sbcglobal.net (314) 640-4042
Rob Howe	May 2015	1, 5	Member	9.5 years	Robh@AssistedLivingLocators.com (314) 380-3030
Patrick Fontane	1998	1, 6	Member	27 years	pefontane@gmail.com (636) 343-0864
John Mikolay	2021	1, 6	Member	4 years	Johnsmikolay@gmail.com (314) 960-5605
Rebecca Rabbitt	2021	1, 5	Member	4 years	2001rmrp@gmail.com (314) 323-9207
Liz Selk	Jan. 2020	1, 6	Member	5 years	lizselk@aol.com (314) 225-9050
Mary Wesche	Aug 2023	1, 5, 6, 9ii	Member	1.5 years	mwesche803@gmail.com

					(636) 399-6376
Alma Young	[prior to 2014]	1, 6	Member	10+ years	None (314) 521-8394

The ***Aging Ahead*** Advisory Council bylaws state the Council will meet four times a year. However, In FY20, the Advisory Council voted to meet every other month. Meetings are currently held on the second Tuesday of January, March, May, July, September and November at 10am at the ***Aging Ahead*** Central Office located in Manchester, MO.

Addendum I (attached) outlines how members may be elected through a procedure established by ***Aging Ahead*** that involves senior centers within each county. Members may also be appointed by the recommendation of the ***Aging Ahead*** administration and approved by a simple majority of the sitting Advisory Council members at a regularly convened meeting of the Council. Vacancies shall be filled through nomination and approval by the Council.

While there are no official term limits, all members may be limited to two (2) consecutive three-year terms. If for any reason a member should leave the Council, the vacancy will be filled through appointment by the Council.

Advisory Council meeting minutes may be obtained by the general public by calling 636-207-0847, emailing info@agingahead.org or in-person at 14535 Manchester Rd., Manchester, MO 63011.

The Advisory Council provides information, guidance, advice and support to the agency to represent the interests, needs, opinions, and concerns of the older population within the four-county service area. Advisory Council members are active in their communities and aware of the interests and needs of older adults and can help educate the community on the agency and the services provided. Many Advisory Council members regularly attend agency senior centers and community locations. The Advisory Council takes an active role in identifying areas of remaining need, like housing and transportation, and supports the agency in the delivery of programs and services outlined in the area plan. The Advisory Council facilitates the agency's public hearings to obtain feedback from current clients and the community. This is done through surveys of home-delivered clients and focus groups with clients at agency locations. The Advisory Council then makes a recommendation to the Board of Directors to approve the area plan.

ADDENDUM 1

Aging Ahead Policy Statement Procedures for Electing Advisory Council Members at Board Elections

The purpose of this policy is to establish the method by which Board and Advisory Council members are elected. This policy is effective for terms beginning on or after August 16, 2012.

1. The Board of Directors shall designate a day in August on which regular election will be held. Special election dates will be designated as needed to fill vacancies.
2. Solicitation for candidates for elections shall be issued by press release and posted at Aging Ahead senior centers in the county for which the election is being held. Notices must include deadline for filing intent to be a candidate.
3. Nominations are made when the candidates filed a signed “Declaration for Candidacy and Nominating Petition” form which can be picked up at a publicized, designated location in the county or online from the Aging Ahead website. The signed statement can be left at the location or mailed directly to Aging Ahead.
4. The Board of Directors shall designate a minimum of one (1) polling location per county or District. At least one of the polling locations will be open for voting six hours at a minimum unless waived in the annual area plan. The polling locations must be accessible to persons with disabilities. An Aging Ahead representative will be available by phone or in person at the polling locations to assist with the election.
5. The time and date of the election must be advertised in a county newspaper at least seven (7) days prior to the election and posted in all Aging Ahead senior centers.
6. Aging Ahead will print and distribute the official ballot. Candidate names shall be listed alphabetically.
7. Residents of the county who are 60 years of age or older are eligible to vote. Voters must sign a registry at the polling location in order to receive an official ballot. The voter will be given privacy to mark the ballot and then will be asked to place the marked ballot in the ballot box. No absentee ballots are accepted.
8. Aging Ahead will designate three (3) persons to count the votes and verify the results. (NOTE: These individuals cannot be candidates). This requirement for counting the votes will be waived if the County Clerk agrees to count the votes and notarize the results.
9. Election results, ballots, register, and other affidavits will be submitted to Aging Ahead central office. All documents shall be kept for a minimum of three years.

10. A candidate will have thirty (30) days to contest the results of an election. An appeal must be filed within thirty (30) days with the Board President.

Attachment F – Area Agency Board of Directors Information

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

AGING AHEAD BOARD MEMBERS

	<u>Date Elected/ Appt.</u>	<u>Date Re-elected Appointed</u>	<u>Term Expires</u>
<u>St. Louis County (6CE, 3E, 1CAC)</u>			
Kristin Walters (CE)	2023	2026	2029
Maria Acosta-Garcia (CAC)	2024	2025	2028 <i>Completing Previous Term</i>
Jesse C. Swanigan (CE), <i>Secretary</i>	2023	2026	2029
Barbara Mercadante (E)	2024	2027	2030
Lori Goldberg (CE)	2023	2026	2029
Paul Springer (CE), <i>At-Large Exec. Member</i>	2023	2023	2026 <i>Completing Previous Term</i>
Sherrill Wayland (CE), <i>President</i>	2019	2022	2025
Tom Eysell (CE), <i>Treasurer</i>	2023	2026	2029
(2) Vacant Positions (E)			
<u>St. Charles County (1CE, 1CAC, 1E)</u>			
Paula Walton (E)	2024	2027	2030
(1) Vacant Position (CE)	2024	2027	2030
(1) Vacant Position (CAC)	2025	2028	2031
<u>Franklin County (1CE, 1CAC, 1E)</u>			
William Zastrow (CC)	2023	2026	2029 <i>Completing Previous Term</i>
Diana Hayes (CAC)	2023	2026	2029
Patricia Bowers (E)	2024	2027	2030
<u>Jefferson County (1CE, 1CAC, 1E)</u>			
Jewel Kelly (CAC)	2022	2025	2028
Gary Cronin (E), <i>2nd Vice President</i>	2023	2026	2029
Amy Kausler (CE), <i>1st Vice President</i>	2021	2024	2027
<u>Board Appointed/Other</u>			
Flora Fazio (B), <i>At-Large Exec. Member</i>	2022	2025	2028
Allen Serfas (AA)	2019		n/a
(2) Vacant Positions (B)			

<u>E</u>	<u>Elected</u>	<u>CAC</u>	<u>Community Action Corp. Appointment</u>
CC	County Commission Appointment	B	Board Appointed **
CE	County Executive Appointment	AA	Aging Ahead Foundation Appointment*

* As Needed (no county residence required)

**Board Appointed (no county residence required)

~ Elected position to complete the term of his/her successor

Revised: December 2024

The *Aging Ahead* Board of Directors bylaws state the Board will meet bi-monthly with an annual meeting in October. Meetings are currently held on the fourth Thursday of every other month at 9:30am at the *Aging Ahead* Central Office located in Manchester, MO. The Executive Committee of the Board meets on the months the full Board does not meet (full Board in January, Executive Committee in February).

The bylaws (attached) outline how members may be elected through a procedure established by Aging Ahead that involves elections at senior centers within each county. Members may also be appointed by the County Executive and one member appointed by the Aging Ahead Foundation Board.

All members are limited to two (2) consecutive three-year terms. Any vacancy occurring among the elected members prior to a regular election shall be filled by a special election. Any vacancy occurring among appointed members shall be filled by the original selecting entity.

The Board of Directors vote on officers every October at the annual meeting. For FY 25, the President will be serving a second term; the first Vice President previously served as second Vice President; the second Vice President is new to the position this year; the treasurer is serving a second year; the secretary is serving his first term as an officer.

Board meeting minutes may be obtained by the general public by calling 636-207-0847, emailing info@agingahead.org or in-person at 14535 Manchester Rd., Manchester, MO 63011.

The Board of Directors enhances Agency leadership by promoting its work in the community and ensuring other service providers are aware of the expertise offered by the area agency on aging network.

The Board of Directors receives monthly updates on Agency operations and progress on goals noted in the area plan. Similarly, the Board of Directors approves any significant programmatic or budgetary changes prior to implementation.

The Board of Directors relies on current Agency intake and assessment procedures to determine the needs of eligible people in the PSA, including existing assessments and a standardized statewide assessment. The Board of Directors relies on program and operations staff to utilize best practices to design and implement solutions based on identified needs, and track outcomes of the solutions implemented.

The Board of Directors supports Agency staff in responding to the community regarding how and where services are provided and the long-range planning for the service area.



Aging Ahead Board
Bylaws.pdf

Attachment G – Data

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

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

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

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

- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of **limited English-speaking ability** in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

Based on Interstate Funding Formula data, *Aging Ahead's* service area includes

- 24,275 low-income older adults, of which 7,070 are minorities
- 29,873 rural older individuals, of which 1,132 are low-income
- 108,040 older adults living with a physical disability, of which 10,140 are low-income
- 4,705 older adults with Limited English Proficiency (LEP).

Low-Income Minority (LIM)

Aging Ahead served 1,314 LIM clients during FY24 through all the services (unduplicated count). For LIM clients, the total number of meals provided was 66,820 and all other services totaled 977 units. The average unit cost per meal for FY24 is \$10.69 for home delivered and \$16.05 for congregate. The average unit cost for all other services (i.e. Information & Assistance, contracted services including Family Caregiver Support Program, in-home, adult day, etc.) is \$36.65.

Total funds expended on meals for LIM clients in FY24 = \$773,679; total funds expended on all other services for LIM clients for FY24 = \$400,869.

There continue to be several factors that contribute to barriers to service and reaching older, low-income, minority individuals in our service area. Primary among these are: 1) a lack of budgeted funds for traditional advertising, 2) some lack of trust from minority individuals because of experience with institutional inequities, and 3) mismatched expectations resulting from cultural differences and understanding.

Extensive outreach continues in north St. Louis County, where the greatest concentration of LIM individuals in the PSA reside. ***Aging Ahead*** has targeted and expanded services to this population through enhancements that include several dedicated staff Options Counselor and Community Services Coordinators, as well as through evidence-based programs coordinated and offered in conjunction with community service partners.

The center in Ferguson serves home delivered meals to the majority of the north St. Louis County service area including Florissant, Berkeley, Jennings, and others where the county data indicates a higher-than-average LIM demographic. The Agency's enhanced HD assessment conducted for all these individuals ensures that they are screened for benefits programs and relevant community resources.

In addition, several new north community program locations continue to allow the Agency to reach individuals in community partner locations that may not frequent the senior center. Agency staff representatives currently sit on several task forces that focus on the unmet needs of the older adults in the north county region, including the Older Adult Commission for St. Louis County.

Additional outreach efforts include working with trusted sources in the community for partnerships, such as faith-based leaders, ethnic media, and cultural groups. The Agency will continue to seek input on all outreach materials to ensure inclusion and cultural sensitivity.

Limited English Proficiency (LEP)

In FY24, all services including Disease Prevention Health Promotion, Transportation, Case Management, Family Caregiver Support Programs, and Information & Assistance services were provided to 31 unduplicated LEP older adults.

In FY24 the average cost of providing language interpretation and/or translation services in-person or over the phone = \$100/hour. The cost for translating Agency brochures varies. No clients requested translation services during FY24. During FY24 and FY25 to date, ***Aging Ahead*** has spent \$350 to have Agency materials translated into the following languages: Kinyarwanda, Swahili and Arabic, Spanish, Ukrainian, Dari and Pashto.

Aging Ahead tracks and reports interactions with LEP individuals for specific grants such as Benefits Enrollment Center and will be expanding that to Older Americans Act services with the transition to a new standardized intake and assessment in the coming months. The client management system (Aging IS) tracks English as a primary language, with all others being tracked as LEP clients.

Aging Ahead has access to Optimal Phone Interpreters, which provides 24/7 telephone translation services. ***Aging Ahead*** has access to Google Translation services for written translations via computers and smart phones. Should in-person interpretation services be needed, ***Aging Ahead*** contracts with two local organizations to provide this service – International Institute and Monarch Immigration Services (formerly Bilingual International Assistant Services or BIAS).

Reaching LEP individuals is often a challenge because of the fear and mistrust that can sometimes come with language challenges. Cultural stigma can also exist and is often difficult to tease out in specific non-English-speaking cultures. To address these barriers to service, the International Institute conducted a two-hour training for ***Aging Ahead*** staff during FY24 to help address cultural competence when working with non-English speaking clients. ***Aging Ahead*** continues to provide mandatory training for all staff on Diversity, Equity, Inclusion, and Belonging (DEIB) on an annual basis through a learning management system. Staff providing supportive services are encouraged to attend other training courses focused on cultural competency as opportunities become available.

Aging Ahead will continue to rely on the partnership with International Institute to develop a cultural hub in our South County Senior Center. International Institute will be able to use the space for their growing need for older adult immigrant population activities and will provide ongoing cultural training to ***Aging Ahead*** staff and volunteers. Among other things, the Agency will rely on them to advise on best practices around outreach and service delivery for LEP communities.

Rural

Aging Ahead continues to provide both hot and frozen home delivered meals in hard-to-reach rural areas and where volunteers are not available. In FY24, approximately 133,113 meals were delivered to 1,414 individuals in rural areas from the St. Clair, Union, and Sullivan senior centers. The average unit cost per meal is \$10.50 for home delivered and \$13.02 for congregate.

In FY24, approximately 8,561 other services including Disease Prevention Health Promotion, Transportation, Case Management, Family Caregiver Support Programs, and Information & Assistance services were provided to 824 unduplicated persons. The average unit cost for all other services is \$42.79.

Total funds expended on meals for clients in rural areas in FY24 = \$1,486,043; total funds expended on all other services for clients in rural areas in FY24 = \$366,382.

In addition to some of those things mentioned above, many practical access barriers exist in rural areas such as limited transportation and technology, as well as isolation from neighbors and community-based activities. Resources also tend to be scarcer in rural communities, which is why ***Aging Ahead*** participates in Senior Resource Team (SRT) meetings in Franklin County. The Agency is also a member of Community Organizations Active in Disaster (COAD) to ensure older adults in rural areas have access to information and resources during emergencies.

Aging Ahead staff and Advisory Council members will remain actively engaged in community coalitions and task forces, primarily those focusing on transportation and technology access. The Agency will also continue to promote and provide support for the Friendly Caller program that matches volunteers with isolated older adults via the telephone.

Aging Ahead is currently operating a Virtual Senior Center using devices with internet capabilities. The success of this program will allow it to be expanded to rural parts of the service area where isolation is a serious issue.

In addition to the specific outreach measures noted above, ***Aging Ahead*** recently engaged a consultant to complete a comprehensive needs assessment of the service area in an effort to fully understand the scope and specificity of the underserved target populations, as well as the specific barriers that may exist in each community.

Investing in a community assessment of this magnitude will allow ***Aging Ahead*** to tailor methods of outreach, specific messaging, and target service delivery in a much more effective manner. It will also provide opportunities to target our partnership efforts to leverage those entities in the community that are already trusted providers to many of those that are underserved.

The ***Aging Ahead*** Board of Directors has newly authorized in its bylaws a Diversity, Equity, Inclusion and Belonging (DEIB) Committee that will assist Agency staff with further developing formal policy and guidance in this area for all stakeholders. The Agency has implemented mandatory training requirements on topics including diversity and inclusion, cultural competence and asking inclusive intake questions to support efforts in reaching individuals with greatest need.

Attachment H – Senior Centers and Focal Points

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

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

Senior Center Name	Type of Center (F, M, S, O)	County	Address	Phone Number	Days/Hours of Operation	Direct or Contracted Service (D/C)	Congregate Meals (C)/Home Delivered Meals (H) Carry Out (CO)	Bilingual Staff (Y/N)	Services Provided
Aftton Senior Center	M	St. Louis	8520 Mackenzie Rd Aftton, MO 63123	314-544-5100	M-F, 7am - 3pm	Direct	C/HD/CO	N	recreational activities; bingo, exercise classes, crafts, holiday events, educational sessions
Covenant Place	S	St. Louis	#2 Millstone Campus Dr. St. Louis, MO 63146	314-292-7693	M-F, 8am - 4pm	Contracted	C/CO	N	recreational activities; bingo, exercise

									classes, crafts, holiday events, educational sessions, evidence based classes
Crown Center	M	St. Louis	8350 Delcrest Dr. St. Louis, MO 63124	314-991- 2055	M-F, 8am - 4pm	Contracted	C/CO	Y	recreational activities; bingo, exercise classes, crafts, holiday events, educational sessions, evidence based classes
East Central College	F	Franklin			TBD	Direct	C/CO	N	recreational activities; bingo, exercise classes, crafts, holiday events, educational sessions
Edward Jones YMCA	F	St. Louis	12521 Marine Ave. Maryland Heights, MO 63146	636-227- 3882	M & W, 9am - 1pm	Direct	C/CO	N	recreational activities; bingo, exercise classes, crafts,

									holiday events, educational sessions
Ferguson Senior Center	M	St. Louis	1050 Smith Ave. Ferguson, MO 63135	314-867-5661	M-F, 7am - 3pm	Direct	C/HD/CO	N	recreational activities; bingo, exercise classes, crafts, holiday events, educational sessions
House Springs Senior Center	M	Jefferson	6180 Hwy MM House Springs, MO 63051	636-677-4578	M-F, 7am - 3pm	Direct	C/HD/CO	N	recreational activities; bingo, exercise classes, crafts, holiday events, educational sessions
Jefferson College	F	Jefferson	1687 Missouri State Rd Arnold, MO 63010	636-296-0475	M & W, 12:15pm – 2:15pm	Direct	C/CO	N	recreational activities; bingo, exercise classes, crafts, holiday events, educational sessions

Kitchen J	S	St. Louis	#2 Millstone Campus Dr., Creve Coeur, MO 63141	314-432-5700	N/A	Contracted	H	N	N/A
Lindenwood University	F	St. Charles	209 S. Kingshighway St. St. Charles, MO 63301	636-207-0847	Th, 11am - 1pm	Direct	C/CO	N	recreational activities; educational sessions
O'Fallon Senior Center	M	St. Charles	106 N. Main St. O'Fallon, MO 63366	636-272-4180	M-F, 7am - 3pm	Direct	C/CO	N	recreational activities; bingo, exercise classes, crafts, holiday events, educational sessions
Quad Cities Senior Center	M	Jefferson	221 Bailey Rd. Crystal City, MO 63109	636-937-8333	M-F, 7am - 3pm	Direct	C/HD/CO	N	recreational activities; bingo, exercise classes, crafts, holiday events, educational sessions
South County Senior Center	M	St. Louis	225 Lemay Ferry Rd. St. Louis, MO 63125	314-631-8698	M-F, 7am - 3pm	Direct	C/HD/CO	N	recreational activities; bingo, exercise classes, crafts, holiday events,

									educational sessions
St. Charles Senior Center	M	St. Charles	1455 Fairgrounds Rd. St. Charles, MO 63301	636-949-0658	M-F, 7am - 3pm	Direct	C/HD/CO	N	recreational activities; bingo, exercise classes, crafts, holiday events, educational sessions
St. Clair Senior Center	M	Franklin	310 Park Ave. St. Clair, MO 63077	636-629-2187	M-F, 7am - 3pm	Direct	C/HD/CO	N	recreational activities; bingo, exercise classes, crafts, holiday events, educational sessions
St. Louis County Library - Grants View Branch	F	St. Louis	9700 Musick Rd. St. Louis, MO 63123	636-207-0847	F, 10am - 12pm	Direct	C/CO	N	recreational activities; educational sessions
St. Louis County Library - Lewis & Clark Branch	F	St. Louis	9909 Lewis-Clark Blvd. Moline Acres, MO 63136	636-207-0847	F, 10am - 12pm	Direct	C/CO	N	recreational activities; educational sessions
St. Louis County Library – Oak Bend Branch	F	St. Louis	4444 Weber Rd. St. Louis, MO 63123	636-207-0847	T, 10am - 12pm	Direct	C/CO	N	recreational activities; educational sessions

St. Peters Senior Center	M	St. Charles	108 McMenamy Rd St. Peters, MO 63376	636-278-2410	M-F, 7am - 3pm	Direct	C/HD/CO	N	recreational activities; bingo, exercise classes, crafts, holiday events, educational sessions
Sullivan Senior Center	M	Franklin	730 West Main St Sullivan, MO 63080	573-468-3766	M-F, 7am - 3pm	Direct	C/HD/CO	N	recreational activities; bingo, exercise classes, crafts, holiday events, educational sessions
Tri-County Senior Center	S	Franklin	800 W. Union Pacific, MO 63069	(636) 257-6264	M-F, 7am - 3pm	Direct	C/CO	N	recreational activities; bingo, exercise classes, crafts, holiday events, educational sessions
Union Senior Center	M	Franklin	1329 N. Union Union, MO 63084	636-583-5432	M-F, 7am - 3pm	Direct	C/HD/CO	N	recreational activities; bingo, exercise classes, crafts, holiday events,

									educational sessions
University City Senior Ctr	F	St. Louis	TBD University City, MO 63130	636-207-0847	TBD	Direct	C/CO	N	recreational activities; bingo, exercise classes, crafts, holiday events, educational sessions
University City Library	F	St. Louis	6701 Delmar Blvd. University City, MO 63130	636-207-0847	F, 10am - 12pm	Direct	C/CO	N	recreational activities; educational sessions
Virtual Senior Center	S	St. Louis	Virtual	636-207-4218	Asynchronous, Weekly meetings vary	Direct	C	N	recreational activities; bingo, exercise classes, crafts, holiday events, educational sessions
Washington Senior Center	M	Franklin	1459 W. 5 th Street Washington, MO 63090	636-239-3374	M-F, 7am - 3pm	Direct	C/HD/CO	N	recreational activities; bingo, exercise classes, crafts, holiday events,

									educational sessions
Wentzville Senior Center	M	St. Charles	500 Great Oaks Blvd. Wentzville, MO 63385	636-327-8720	M-F, 7am - 3pm	Direct	C/HD/CO	N	recreational activities; bingo, exercise classes, crafts, holiday events, educational sessions
West County Senior Center	S	St. Louis	14535 Manchester Rd. Manchester, MO 63011	636-227-3882	M-F, 7am - 3pm	Direct	HD	N	N/A

Attachment I – Outreach 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.

Aging Ahead continues to provide services at senior centers as well as many community sites throughout the four county PSA. This includes one-stop access to information, educational events, collaborations with other agencies, such as the Alzheimer's Association, the Social Security Administration, and many others. ***Aging Ahead*** also provides programs at various community locations throughout the PSA to ensure access to services. During FY24, and to date in FY25, community-based programs were attended by 1,827 people attending at least one of those programs.

Rural

Aging Ahead participates in Senior Resource Teams (SRTs) in three of the four counties in the PSA (St. Charles, Jefferson, and Franklin). SRTs are comprised of social service agencies providing services to the older adult population in each community. This is an opportunity to network and do case reviews as needed. SRTs are particularly valuable in rural communities, where services may be scarce. In addition, ***Aging Ahead*** attends Community Organizations Active in Disaster (COAD) meetings in Franklin County.

Greatest Economic Need (LIM + Rural)

In addition to participating in SRTs and COAD meetings (see above), ***Aging Ahead*** maintains four multipurpose senior centers and one focal point in Franklin County, which per updated Census data, is the only rural county in the service area). ***Aging Ahead*** also operates ***Aging Ahead at Home*** in partnership with Oak View apartments in Union, MO. The presence in this

rural area ensures sufficient access to services and allows staff multiple opportunities to conduct outreach and ensure awareness of area agency on aging services.

Aging Ahead at Home provides Community Options and Services (COS) staff the opportunity to come on-site two times per month to serve as a resource for individuals living in low-income older adult apartments. This program is another example of the Agency meeting people where they are in the communities served.

Greatest Social Need (LIM + Social)

Aging Ahead is an appointed member of the Older Adult Commission in St. Louis County and regularly attends the Senior Commission meetings in St. Charles, MO. This ensures elected officials are aware of the services available through the AAA network and provides an opportunity for the Agency to connect with low-income, at-risk communities.

Severe Disabilities

Aging Ahead is a member of the Missouri Aging and Disability Resource Network (MADRN), the local Community Based Research Network (CBRN). MADRN is a network of community-based organizations and currently meets quarterly. In recent years, ***Aging Ahead*** has worked with the Productive Living Board and Promise Homes in St. Louis County to identify needs for individuals with a disability who are aging and their caregivers.

Limited English Proficiency (LEP)

Aging Ahead participates in the Breakthrough Coalition which provides information to more than 100 organizations regarding AAA services and events during bi-monthly meetings. The Breakthrough Coalition meetings include providers for older adults with limited English proficiency.

Aging Ahead has access to the Optimal Phone Interpreters and Google translations services for those with limited English proficiency. Should in-person interpretation services or client counseling be needed, ***Aging Ahead*** will contract with two local organizations (International Institute and Monarch Immigration Services) to provide this service. In FY24, ***Aging Ahead*** began sharing space at the South County center with International Institute to provide support groups for non-English speaking older adults.

Alzheimer's Disease and Related Disorders

All ***Aging Ahead*** staff completed the curriculum and have become Dementia Friendly certified. The Agency began partnering with other local organizations to facilitate and grow that program throughout the four-county service area. ***Aging Ahead*** staff complete the Dementia Friends training annually; this training is also open to our community partners. ***Aging Ahead*** contracted adult day programs and respite programs will continue to serve Alzheimer's patients and their families, as well as other seniors.

At Risk for Institutional Placement

All ***Aging Ahead*** COS staff are certified Options Consultants to ensure clients at risk for institutional placement receive services from someone trained to discuss their options and empower them to make the best possible decision. If clients do choose institutional care, ***Aging Ahead*** refers them to VOYCE to ensure they are aware of their rights.

General Public Education Efforts

In FY23, ***Aging Ahead*** published four newsletters that were distributed via email, hand delivered copies to Home-delivered meal participants and were made available at all ***Aging Ahead*** senior centers, and on our website promoting a range Agency and community programs and resources. Weekly posts on social media continue as well as regular updates to the Agency website. Community-based programming is promoted through the St. Louis County Library website and email lists.

Aging Ahead produces monthly activity and information flyers, that are delivered to clients receiving home-delivered meals. The flyers include games, puzzles, recipes, and resources to help us stay connected to these participants. Over 22,000 were delivered in FY24.

Aging Ahead placed 15 ads in the St. Louis American newspaper, the leading, most-trusted voice of the area's African American community. The ads shared information on volunteering and working for ***Aging Ahead*** and how to access our services.

Aging Ahead's website is routinely updated with news about Agency services and activities. The website also includes a Language Selector with 25 languages available. Monthly congregate and home-delivered menus and activity calendars are posted for each senior center. A caregiver resource section includes helpful videos and a blog. Usage reports indicate the site attracts approximately 3,600 unique visitors a month.

Aging Ahead's podcast *Always Aging Ahead* shares information and interviews from staff, participants, and volunteers to help extend our reach across the PSA. The episodes averaged 27 plays each, with 16 new followers in FY24.

During FY24, ***Aging Ahead*** participated in and/or presented at over 50 outreach events reaching 9,500 people throughout the four-county area including rural older individuals and low-income minority individuals and caregivers of persons over age 60 who may need services.

Outreach efforts have resulted in the following increase in service provision: an increase of 755 additional people served and an increase of 209,067 additional units provided.

FY23: 17,600 unduplicated persons served and 948,864 units provided.

FY24: 18,355 unduplicated persons served and 1,157,931 units provided.

These cumulative efforts have resulted in increases to the following populations:

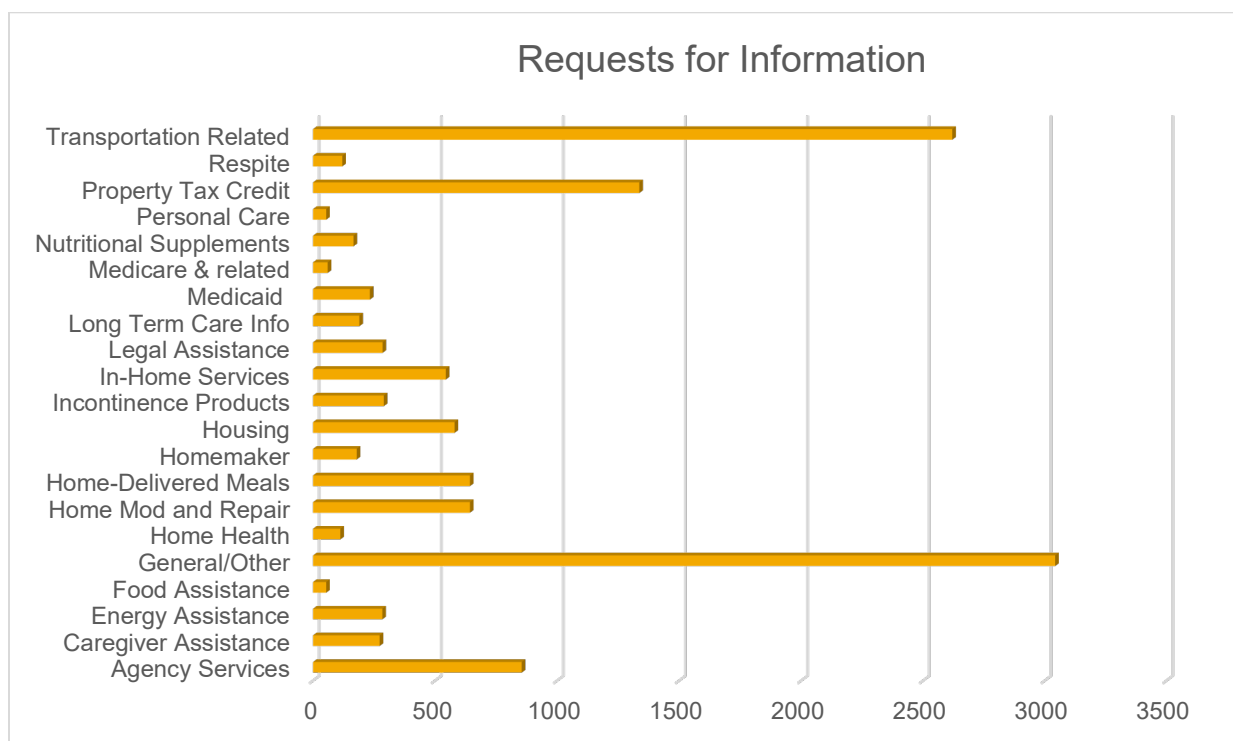
Population	FY2025 # Reached	Change from FY2024 (+/-)	% Difference between SFY2024 and SFY2025
Unduplicated Persons	9,725	(+) 1,201	12.35%
Units of Service	323,098	(+) 72,489	22.44%
Older Rural Adults	323	(-) 9	2.70%
Older Adults with GEN	NCC		
Older Adults with GSN	NCC		
Older Adults with Severe Disabilities	NCC		
Older Adults with Limited English Proficiency	23	(-) 1	4.30%

Older Adults with Alzheimer's or related Dementias	NCC		
Older Adults at Risk for Institutional Placement	NCC		
Older Adult Survivors of the Holocaust	NCC		
Caregivers age 18+ of Older Adults	NCC		
Older Adult Caregivers of Children	NCC		
Older Adult Caregivers of Adults with Disabilities	236	(-) 4	18.20%
Caregivers of any age for persons with Alzheimer's and Related Dementias	NCC		

NCC: Not Currently Collected. This is a new data requirement. *Aging Ahead* is working on updating technology platforms to ensure collection in the future.

Attachment J – Annual Information and Assistance Referral Report

The graph below details the types of services requested by callers to Agency COS staff through dedicated Information and Assistance phone lines.



The category of General/Other is used when the request falls outside of the other purposes listed. Callers often need direction more than a service. An example of this type of request and referral to an agency – “I need to get a copy of my birth certificate. I was born in Indiana.” In this case we would do an online search for information about the county where the person was born.

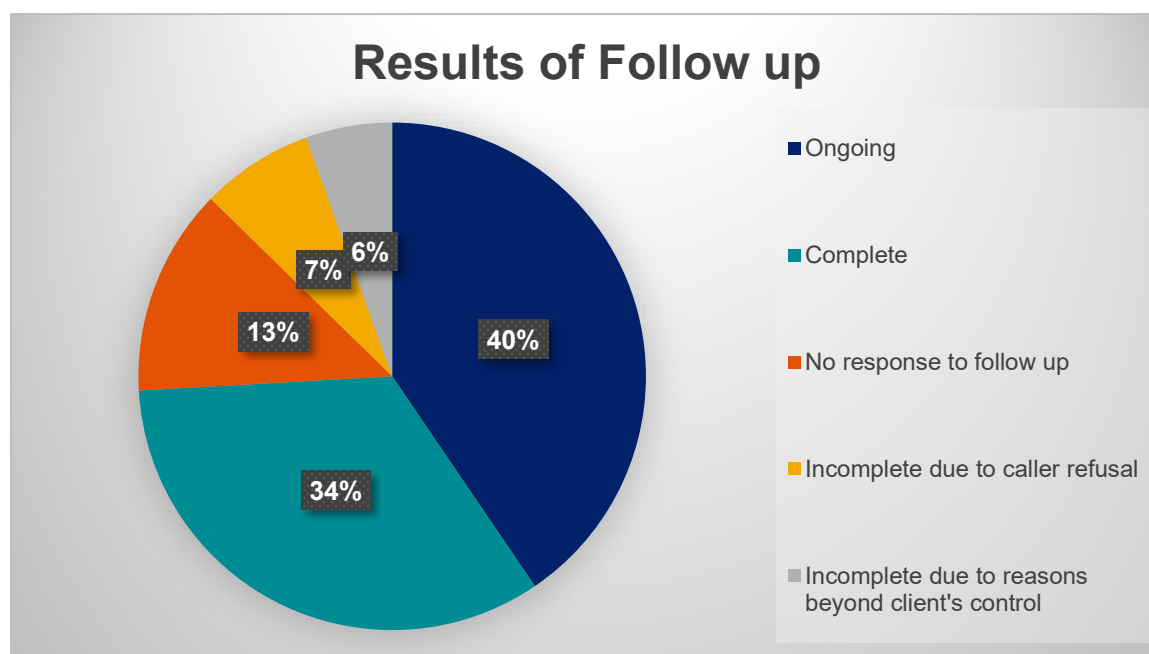
The most frequently requested service in FY24 was Transportation. Those individuals requesting transportation were screened for eligibility and appropriate options based on age, county of residence, access to other resources, and need for paratransit services. Registration was initiated

for contracted providers: OATS, Express Medical Transporters (EMT) and On the Go, referrals were made to local municipalities, County Older Residents Program (CORP), Medicare Advantage Plans, volunteer drivers, MO Healthnet and other providers.

Requests for information about the MO Property Tax Credit Claim are most often received from October through April. The phone numbers for the Community Options & Services (COS) offices have been included in both the Property Tax bills and receipts for years. This has given the community easy access to I&A staff who are able to explain the program, provide eligibility guidelines, refer to local resources such as Volunteer Income Tax Assistance (VITA) and AARP for assistance with completing the applications, schedule appointments with COS staff to complete applications in-person or over the phone.

Historically, *Aging Ahead* has categorized multiple call purposes. If the Agency grouped internal programs, many would be referrals to contracted providers for In-Home services such as Respite, Homemaker/Chore and Personal Care. The Agency also sees calls to I&A as the starting point for Home-Delivered Meals which results in a referral to the nearest Center.

Regular follow-up after a referral helps ensure the client's needs are met and that they feel supported throughout the process. The chart below shows the distribution of calls placed to follow up after a resource is given to an older adult.



The majority of clients report having either been in the process of working with the resources provided to receive the service or having used the resources to meet their needs.

Upon checking in with the client, the need for more support is sometimes necessary to complete the referral. If no resource is available or if the client does not meet eligibility criteria for known programs, the use of common financial benefits such as LIHEAP, SNAP, MSP, or Circuit Breaker can provide additional funds enabling the client to better afford the requested service.

Occasionally, the needs of older adults remain unmet. Many callers seeking assistance with home chores often do not qualify for our short-term program. This results in the request for cost-free, ongoing home chore services becoming our number one unmet need. The resources for the most affordable alternatives are frequently turned down. Furthermore, older adults in need of financial assistance for housing, home and auto repairs, and other ongoing bills are unable to receive help with these expenses. ***Aging Ahead*** has limited unrestricted, non-OAA funds available to assist with unusual one-time costs. Through the Agency's Meet-A-Need program, we have been able to provide assistance for various expenses, including pest control, moving fees, dental costs, appliance repairs, and more.

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)).

Contacting the Department of Mental Health traditionally occurs when Community Options and Services (COS) staff identify a need that cannot be met by the Agency. This may occur during a comprehensive assessment of needs. All COS staff and center administrators have had the opportunity to receive "Mental Health First Aid" training as well as training specific to suicide prevention. This has helped identify mental health needs that require the expertise of the Department of Mental Health. Staff are familiar with the various services offered by the Department including crisis assistance, suicide prevention, gambling addiction as well as any other programs. Referrals are made to Behavioral Health Response and other local service providers as appropriate.

Similarly, contact with the Department of Health and Senior Services (DHSS) generally occurs when COS staff identify a need the AAA is unable to assist that requires involvement from another state office. DHSS has been helpful in coordinating service provision for individuals also receiving Home and Community Based Services (HCBS), as an example, or helping the Agency identify the appropriate state office to contact in certain situations.

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.

Aging Ahead requires annual training for all staff on elder abuse, neglect, and exploitation and currently serves on the St. Louis Elder Financial Protection Multidisciplinary Team (MDT). The MDT is responsible for coordinating annual events to promote awareness of World Elder Abuse Awareness Day and conducting training in addition to what DHSS may provide. All Agency

staff and volunteers are mandated reporters and contact the Adult Protective Services Hotline in situations of suspected elder abuse, neglect, or exploitation. The Agency partners with DHSS to spread awareness about public education events focused on elder abuse, neglect, and exploitation.

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.

Aging Ahead makes referrals to Missouri Assistive Technology by sharing their contact information with clients who may benefit from the services provided. Similarly, ***Aging Ahead*** will receive referrals from Missouri Assistive Technology to support older adults using assistive technology. Missouri Assistive Technology hosted training for ***Aging Ahead*** staff in December 2024 to discuss tools available for clients and a referral process.

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;

Aging Ahead relies on VOYCE as the contracted provider for ombudsman services and All Ways Caring and Help at Home as the contracted providers for in-home services

(homemaker/chore and personal care). Providers are intended to cover all four counties in the service area. ***Aging Ahead*** COS staff are certified Options Consultants. All staff providing this service have been trained to provide “decision support” in interactions of assessment and goal setting to help clients make an informed decision on long-term services and support. Individuals at risk for institutional placement are provided with resources available to them, including no-cost placement services and other providers in the community. ***Aging Ahead*** routinely collects information from clients regarding the local system of long-term care and relays these concerns to VOYCE for intervention and follow-up.

Aging Ahead partners with Missouri University Extension and The OASIS Institute to provide evidence-based programs focused on disease prevention and health promotion. Programs include those focused on falls prevention (Matter of Balance, Bingocize, etc.) and has partnered with the local Community Based Research Network (CBRN) known as the Missouri Aging and Disability Research Network (MADRN) facilitated by Washington University to offer the Home Hazard Removal Program (HARP) to clients in the service area. ***Aging Ahead*** works with the MADRN partnering agencies and others to ensure individuals have access to information needed to plan for long-term care. This is particularly important for individuals living with a disability as they age.

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).

Each individual contacting ***Aging Ahead*** will be entered into our database through the use of a Standardized Intake application assuring that each person is assessed in a way that addresses a wide range of needs. When an Agency program which requires authorization of an OAA service is indicated, an agency case manager will be assigned and will complete a thorough assessment to determine eligibility for the program and ensure there is no duplication with other federal/state programs. In addition, discussion of existing services, and needs for additional Agency and community services will ensue.

Aging Ahead approaches case management from a person-centered perspective using the tenants of Options Consulting. All staff providing this service have been trained to provide “decision support” in interactions of assessment and goal setting. As such, a list of agencies generally isn’t provided to community members when qualifying for ***Aging Ahead*** services. However, if private geriatric care management is appropriate or requested, a choice of potential providers is made available.

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.

Aging Ahead has incorporated collaborations with the partners identified in the aforementioned programs into its policies and procedures.

Attachment L – Fiscal

Match

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

AAA Response:

The agency receives financial and non-financial contributions supporting programs and services. Financial match contributions come through a variety of sources including contractor in-kind, donations, grants, and other non-federal funds. Agency service providers are contractually required to provide non-fed match for Title III-B, C, and E programs, as applicable. This match is included on each provider's monthly invoice. Donations received by Aging Ahead for OAA services are part of the Agency's match. Additionally, grants and other non-federal funding used for Title III-B, C, and E services during the fiscal year are part of Aging Ahead's match. The Agency does not allow match to be sourced from programs requiring income or asset-based qualifiers.

Non-financial contributions are accounted for utilizing fair value techniques consistent with generally accepted accounting principles. Non-financial contributions consist primarily of time contributed by volunteers, food and non-food items donated to the agency, and donated space from various entities used to operate programs and services.

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:

Provider invoices are monitored for accuracy monthly. In-depth fiscal monitoring is completed by *Aging Ahead* on a yearly basis. During the monitoring, a sample of two months data is reviewed. The first part of the monitoring confirms the requested reimbursement, units, unit rate and non-fed match amount are accurate. Next accounting for donations is reviewed. This process involves tracking the donation from receipt to the provider's invoice where donations are offset against charges for the period. The provider's accounting policies for donation opportunities offered, including the opportunity to donate anonymously, and accounting for donations are reviewed. We then track the donation from receipt of check/cash to the bank statement and the flow through to our invoice. Additional data and policies reviewed include provider's proof

of non-fed match, proof of insurance, bonding, and financial audit.

If there are more than three issues with the two months selected for the fiscal monitoring, the Agency may review each month of the fiscal year. Any discrepancies will result in further review and may impact the number of clients referred for services until resolution.

Issues of non-compliance are documented and noted in the monitoring letter.

Significant findings will result in a corrective action plan, possible suspension of referrals for service, or possible termination of the contract.

Allocation Methodology

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

AAA Response:

Shared costs are allocated to benefiting programs using various allocation methods, depending on the type of costs being allocated. Shared costs are those costs incurred for the common benefit of multiple Agency programs, but which cannot be readily identified with a final cost objective. Cost allocation methods include the following:

- Personnel and related fringe cost allocations are based on specific activities performed by staff.
- Travel is based on the program or service which directly benefits from such travel costs and/or percentages derived from staffing allocations.
- Occupancy costs are based primarily on utilization.
- Technology, telephone, postage, general office expenditures on personnel costs or specific program use, as applicable.
- Property insurance is based on value of property insured. Liability insurance is based on square footage or personnel costs, as applicable.
- Food and nutrition expenditures are allocated based on units (congregate/HD).

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:

In preparing the annual budgets, agency personnel first determine the estimated available funding available for the year. This includes all revenue sources – federal, state and local funds. The Agency then evaluates all current programs and services as well as identifies any additional needs to determine which programs and services can be made available given the estimated

funding, ensuring services can be provided for those most in need in our service areas. Agency personnel then use this data to build out the budget for the fiscal year.

First, a detailed personnel expenditure budget is built. This is the largest expenditure for the agency and thoughtful consideration is taken to account for specific personnel needs, rates, attrition, etc. Once the staffing need is identified and budgeted, then the Agency reviews all expenditure lines in detail. In doing so, historical trends are reviewed along with identification of any new requirements, inflation adjustments, etc. For contracted services, the anticipated units are determined and multiplied by the estimated unit rate to determine the budget for that service. Each of these expenditure lines is spread across the various programs/services during the budget process based upon defined allocations or to a specific program if applicable.

Once the expenditures are built out, these are then rolled into a funding model to identify how each program will be funded. Finally, the budget is reviewed for contract compliance. For example, where a specific percentage of funding is required (or capped), those formulas are tested in the budget model to ensure compliance.

Refer to Attachment M for the fiscal year 2026 proposed budget. Funding, expenditures and units are all estimates based upon the most current information available at the time. Actual results will vary.

Attachment M – Proposed Budget for SFY2026

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

Current Year Funding	Admin.	Supportive Services	Ombudsman	Congregate Nutrition	Home-Delivered Nutrition	Disease Prevention Health Promotion	Family Caregiver	Special Programs	Unbudgeted	Set Aside for Next Year	Total
DHSS Allotment	\$390,000	\$ 1,219,629	\$ 95,442	\$ 2,103,590	\$ 2,198,759	\$ 75,200	\$ 343,127	\$ -	\$ -	\$ 1,675,976	\$ 8,101,723
MEHTAP	\$ 17,120	\$ 553,534	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 570,654
Medicaid-HDM	\$ -	\$ -	\$ -	\$ -	\$ 3,400,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,400,000
Program Income	\$ -	\$ 5,000	\$ -	\$ 286,550	\$ 234,450	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 526,000
Interest Income	\$ 32,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 32,500
DHSS Match - SSGD	\$ 77,649	\$ 1,962,067	\$ 79,558	\$ 361,493	\$ 1,447,341	\$ 24,800	\$ 361,141	\$ 250,000	\$ 834,332	\$ -	\$ 5,398,381
DSHH Match - Other	\$ 30,000	\$ 27,500	\$ -	\$ 275,000	\$ 275,000	\$ -	\$ 12,500	\$ -	\$ -	\$ -	\$ 620,000
Non- DHSS Match	\$ 7,500	\$ 40,000	\$ -	\$ 25,000	\$ 375,000	\$ -	\$ -	\$ 1,217,523	\$ -	\$ -	\$ 1,665,023
DHSS Carryover	\$ -	\$ -	\$ -	\$ 575,702	\$ 1,477,200	\$ -	\$ 309,889	\$ -	\$ -	\$ -	\$ 2,362,791

\$554,768 \$3,807,730 \$ 175,000 \$ 3,627,335 \$9,407,750 \$ 100,000 \$1,026,657 \$ 1,467,523 \$ 834,332 \$1,675,976 \$22,677,072

Attachment N – Definitions and Approved Services for SFY2026

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

Attachment O – Public Comment

Aging Ahead will release the area plan for public comments for 30 days (January 25, 2025 – February 24, 2025). The area plan will be available on the Agency’s website and a paper copy will be available at the Central Office located at 14535 Manchester Rd., Manchester, MO 63011. If requested, a physical copy can be provided to any of our locations for public review. Comments should be provided to info@agingahead.org in writing or may be mailed to the Central Office (address listed above).

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

Describe any modification of document based on comments.

Pre-Approved Direct Services Waiver

AAA Name: Aging Ahead

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

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

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

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

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

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

Telephone reassurance
Nutrition counseling
Nutrition education
Other services – recreation
Other services – socialization
Other services – volunteer coordination
Interpretation (Access)
Elder abuse prevention/elder rights

Waiver Request to Provide Direct Service

See attached:



Form V.2
Consumables JL Sign



Form V.2 Non-EB
Health Promotion JL

General Waiver Request

See attached:



Form V.3 MU JL
Signed Carryout Me



Form V.3 MU JL
Signed CHOICE.doc:



Form V.3 West
County JL Signed W



CSR Waivers and
Additions to be in C

Organizational Conflict of Interest Form

Organizational Conflict of Interest Form

In accordance with OAA Final Rule, 45 CFR 1321, the Area Agency on Aging (AAA) must have policies and procedures to ensure no organizational conflict of interest (COI) exists. Organizations involved in the establishment of the Older Americans Act (OAA) and the individuals who carry out the duties of the OAA, the SUA, AAAs, and Provider Agencies must be free from conflicts of interest, pursuant to Section 712(f) of the Older Americans Act, 45 CFR 1321, and policies and procedures developed by the SUA and AAA.

The AAA shall consider both the organizational and individual conflicts of interest that may impact the effectiveness and credibility of the work of the AAA. It is the duty of all AAA employees to identify and report any conflict of interest to the AAA Director. Organizational conflicts include any conflicts that may impact the effectiveness and credibility of the work of the AAA.

An Organizational COI includes: (1) One or more conflicts between competing duties, programs, and/or services; and (2) Other conflicts of interest identified in guidance issued by the Assistant Secretary for Aging and/or by State agency policies.

Organizational conflicts of interest include, but are not limited to, placement of the AAA, or requiring employees of the AAA to perform conflicting activities in an organization that meet any of the following:

1. Is responsible for the licensing, surveying, or certifying long-term care facilities. ☐ Yes ☒ No
2. Is an association (or an affiliate of such an association) of long-term care facilities, or of any other residential facilities for older individuals or individuals with disabilities. ☐ Yes ☒ No
3. Has any ownership or investment interest (represented by equity, debt, or other financial relationship) in, or receives grants or donations from, a long-term care facility. ☐ Yes ☒ No
4. Has governing board members with any ownership, investment, or employment in long-term care facilities. ☐ Yes ☒ No
5. Provides long-term care to residents of long-term care facilities, including the provisions of personnel for long-term care facilities or the operation of programs which control access to or services for long-term care facilities. ☐ Yes ☒ No
6. Provides long-term care coordination or case management for residents of long-term care facilities; ☐ Yes ☒ No
7. Provides long-term care services, including programs carried out under a Medicaid waiver approved under section 1115 of the Social Security Act (42 U.S.C. 1315) or under subsection (b) or (c) of section 1915 of the Social Security Act (42 U.S.C. 1396n), or under a Medicaid State plan amendment under subsection (i), (j), or (k) of section 1915 of the Social Security Act (24 U.S.C. 1396n). ☐ Yes ☒ No
8. Sets reimbursement rate for long-term care facilities. ☐ Yes ☒ No
9. Sets reimbursement rates for long-term care services. ☐ Yes ☒ No
10. Provides adult protective services. ☐ Yes ☒ No
11. Is responsible for eligibility determinations regarding Medicaid or other public benefits for residents of long-term care facility placements. ☐ Yes ☒ No

12. Conducts preadmission screening for long-term care facility placements. ☐ Yes ☒ No
13. Makes decisions regarding admission or discharge of individuals to or from long-term care facilities. ☐ Yes ☒ No
14. Provides guardianship, conservatorship or other fiduciary or surrogate decision-making services for residents of long-term care facilities. ☐ Yes ☒ No

Answering “Yes” to any of these questions indicates a potential organizational 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 a heightened risk rating from the Administration for Community Living, a corrective action plan, or potential loss of funding.

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

☒ I certify that I have read and understand this COI form and I notified the AAA Director (DSDS Director).

AAA Director, Name

AAA Director Signature

Date

AAA Board Chair, Name

AAA Board Chair Signature

Date

Individual Conflict of Interest Screening

Area Agency On Aging Employees

In accordance with OAA Final Rule, 45 CFR 1321, all **AAA staff and agents of the AAA who have responsibilities relating to Title III programs including governing boards, advisory councils, staff, and volunteers** must be screened for Conflicts of Interest prior to performing the functions of the AAA 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 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 the State unit on Aging'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 I have no conflicts.

☐ I certify that I have read and understand this COI form and I notified the SUA Director.

AAA Employee Name

AAA Employee Signature

Date

AAA Director Name

AAA Director Signature

Date

Volunteer Conflict of Interest Screening

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 Name

Signature

Date

Board of Directors Member Conflict of Interest Screening

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

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

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

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

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

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

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

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

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

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

Employee Name

Signature

Date

AAA Designee Name

Signature

Date

Advisory Council Member Conflict of Interest Screening

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 Name

Signature

Date