



AGING WITH DIGNITY
Missouri's Master Plan on Aging

State of Missouri Master Plan on Aging

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Definitions

211: A free, confidential service that connects individuals with a range of community services.

5310 Program: A federally funded initiative administered by the Federal Transit Administration (FTA) that supports transportation services and capital projects designed to meet the mobility needs of older adults and individuals with disabilities when public transportation is unavailable, insufficient, or inappropriate.

Aging in Place: The ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level.

American Association of Retired Persons (AARP): A non-profit organization that provides services and support for people aged 50 and older.

Advisory Council: A group of stakeholders defined by Governor Michael Parson in Executive Order 23-01 to develop a Master Plan on Aging that addresses the needs and health outcomes for older adults and individuals with disabilities in Missouri.

American Community Survey (ACS): A yearly survey conducted by the U.S. Census Bureau that collects data on the population of the United States.

Alzheimer's Disease: A biological process that slowly develops and causes people to lose their memory and affects their ability to do everyday tasks.

Alzheimer's State Plan Task Force: A group of committee members tasked to assess the current and future impact of Alzheimer's disease on Missourians, examining existing resources and services and developing recommendations. Members include state government officials, professionals working with individuals with Alzheimer's, family caregivers, and people with Alzheimer's disease or related dementias.

Area Agency on Aging (AAA): Local or regional organizations that support aging services. Missouri has 10 Area Agencies on Aging that cover every county in the State and are the local experts regarding programs and services in their local areas.

Baby Boomer: A generational term referring to individuals born between 1946 and 1964, during the post-World War II population increase known as the "baby boom." Baby Boomers represent a large segment of the U.S. population and began turning age 65 in 2011, contributing to the current growth in the older adult population.

Built Environment: Human-made physical surroundings where people live, work, and interact. This includes buildings, parks, transportation systems, sidewalks, streets, and other infrastructure that shapes how people move through and engage with their communities.

Centers for Independent Living (CIL): Community-based, consumer-controlled organizations led by people with disabilities that provide independent living services such as skills training, peer support, advocacy, and transition assistance.

Community Assessment Survey for Older Adults (CASOA): A survey conducted by a company, Polco, to identify insights into the needs, preferences, and quality of life of aging Missourians.

Complete Streets: A transportation planning and design approach that ensures streets are safe, accessible, and usable for people of all ages and abilities – whether they are walking, biking, driving, or using public transportation.

Dementia: A general term for loss of memory, language, problem-solving, and other thinking abilities that may impact everyday activities.

Department of Health and Senior Services (DHSS): Missouri's state governmental department dedicated to promoting health and safety through prevention, collaboration, education, innovation, and response to achieve optimal health and safety for all Missourians, in all communities, for life.

Demographics: Data that describes populations and their characteristics.

Executive Order (EO): Written instruments through which a Governor can issue directives to shape policy.

Family Caregiver: An adult family member or other individual who has a meaningful relationship with and provides a broad range of assistance to an individual with a chronic or another health condition, disability or functional limitation.

Home and Community-Based Services (HCBS): A range of services for Medicaid beneficiaries to receive services in their own homes or communities, rather than in institutions or other isolated settings.

Intellectual and Developmental Disabilities (I/DD): Conditions that affect how a person learns, thinks, communicates, and handles everyday tasks. These disabilities begin before the age of 22 and can make it harder for someone to live independently. Intellectual disabilities focus on challenges with learning and reasoning, while developmental disabilities include physical or behavioral challenges, like autism or cerebral palsy.

Kinship Caregiver: A caregiver who is a relative or close family friend who steps in to care for a child when the parents cannot, helping the child stay connected to family and community.

Long-Term Services and Supports (LTSS): The broad range of paid and unpaid medical and personal care services that assist people with activities they need to do each day, like eating and dressing.

LTSS State Scorecard: A comparison between U.S. states published by AARP that describes how state LTSS systems are performing based on five key elements: 1) Affordability and Access, 2) Choice of Setting and Provider, 3) Safety and Quality, 4) Support for Family Caregivers, and 5) Community Integration.

Master Plan on Aging (MPA): An action-oriented roadmap, often led by a governor with other executive and legislative leaders, that guides state policies and programs and brings together public agencies, local organizations, and communities to coordinate a future to support people across their lifespan.

No Wrong Door (NWD): A national best practice and coordinated system that provides individuals with streamlined access to aging and disability supports and services and helps to eliminate the need to contact multiple programs to do so. NWD empowers individuals to make informed decisions, exercise control over their needs, and achieve their personal goals and preferences.

Older Adult / Individual: A person 60 years or older, as defined by the Older Americans Act of 1965 (OAA). Some data sources use 65 and older, including the American Community Survey (ACS). Unless otherwise noted, the MPA uses 60 and older as its definition of older adults.

Older Americans Act (OAA): Legislation originally passed by Congress in 1965 to create community social services for older adults with a variety of programs and services.

Person-centered care: An approach to care and planning for care that focuses on an individual's needs, values, and preferences and emphasizes treating each person with respect and dignity, with the individual involved in their own care decisions.

Polco: A community engagement and data insights organization designed to help governments and organizations better understand and respond to the needs of their communities.

Program of All-Inclusive Care for the Elderly (PACE): A program that provides comprehensive medical and social services to certain frail, elderly people still living in the community, most of whom receive both Medicare and Medicaid.

Rural: A geographic location outside towns and cities. Rural counties in Missouri have less than 150 people per square mile and do not contain any part of a central city in a Metropolitan Statistical Area (MSA).

Sequential Intercept Model (SIM): A framework originally developed to help communities identify points where individuals with mental health and substance use disorders come into contact with the criminal justice system – and where targeted interventions could "intercept" them to connect them with treatment and support instead of incarceration.

Social Isolation: A state in which someone is alone, separated, or apart from others, often with a sustained lack of meaningful belonging to a group.

State Plan on Aging (SPA): A federally mandated document required by the Older Americans Act (OAA) outlining how a state will distribute funds and administer aging programs within its state.

Social Security Administration (SSA): The federal agency responsible for administering the Social Security retirement, survivors, and disability insurance programs.

Supplemental Security Income (SSI): A program administered by the Social Security Administration (SSA) that pays monthly benefits to people with limited income and resources who are blind, aged 65 or older, or have a qualifying disability.

Universal Design: A design philosophy that aims to make products, environments, and services usable by people of all ages, abilities, and backgrounds, to the greatest extent possible, without the need for adaptation or specialized design.

Urban: A geographic location relating to a town or city. According to the U.S. Census Bureau, an urban territory is one with at least 2,000 housing units or a population of at least 5,000.

U.S. Census Bureau: The principal agency of the U.S. Federal Statistical System, responsible for producing data about the American people and economy.

Value-Based Payment: A financial-based payment system that incentivizes providers to deliver high-quality and efficient care by linking payments to performance, often measured by quality, cost, and patient experience.

Executive Summary

Missourians Aging with Dignity: Why a Master Plan on Aging (MPA)?

We are all aging. Missourians who are transitioning into the next phase of their lives, Missourians of all ages with disabilities, and younger Missourians who will become older adults one day, as well as their support network of family, friends, caregivers, and neighbors, are all part of this reality. Our older adult population is rapidly growing, faster than any other age group. In 2023, Missourians over 60 comprised almost 25% of the state's population.ⁱ In addition, more than 30% of adults in the state, age 18 and older, report living with a disability—a rate that is notably higher than the national average.ⁱⁱ As Missouri's population ages, many individuals will experience increased support needs, due to aging, disability, or both.

This growth of the aging population is in line with national aging trends, as shown in Figure 1. By 2034, for the first time, there will be more older adults than individuals younger than 18.ⁱⁱⁱ And by 2060, older adults will significantly outnumber children in Missouri.

This demographic shift will affect every sector of life in Missouri, from health care and housing to transportation, employment, and community design. As the population ages, the decisions made today will shape the future for all Missourians.

The **Missouri Master Plan on Aging (MPA)** is a 10-year, action-oriented roadmap that brings together public agencies, local organizations, and communities to prepare for this future. It outlines a bold and coordinated vision to support the well-being of all Missourians across their lifespan and the action steps to get there.

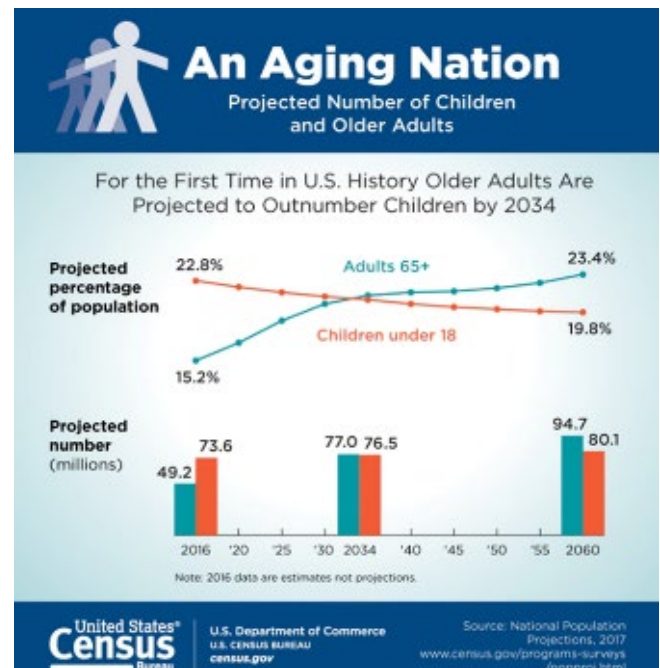


Figure 1: Age projection of adults and children from 2016-2060

A Community-Driven Plan

The MPA would not be as comprehensive or impactful if not for the significant contributions of over 10,000 Missourians who supported its development in a variety of ways. Missourians were actively engaged as topic-specific subcommittee members, high-level Advisory Council experts, town hall volunteers and participants, and willing survey respondents. Each brought their lived experience as older adults, family caregivers, individuals with disabilities, service providers, and community advocates to ask questions, provide suggestions, and guide conversations to chart the best path forward for Missouri. Their input informed the recommendations outlined in this MPA.

A summary of the participants is as follows:

- 1,769 town hall participants
- 7,621 survey responses
- 311 town hall volunteers
- 350 subcommittee members
- 40 Advisory Council members
- 12 Ad Hoc Lived Experience Advisory Council members

Missouri thanks these citizens for their contributions in supporting the creation of such a bold, forward-thinking plan.

Recommendations and Action Items Across Seven Domains

The MPA is organized around seven broad domains, each reflecting a core area of life that influences people's ability to age or live with a disability with dignity, safety, and connection. These domains were shaped by statewide subcommittees that developed a shared vision, identified priority areas, and proposed detailed recommendations and action items to strengthen community for all Missourians over the next decade.

Figure 2 pages 10 and 11 demonstrate the vision statement and priorities of each of the seven subcommittees.



Domain	Vision Statement	Priorities
Daily Life & Employment 	Missouri is a national leader and center of innovation in engaging all people, regardless of age, ability level, or personal circumstances in employment, volunteerism and community participation opportunities to strengthen their social/civic ties and enhance their sense of purpose in daily life.	Improve employment opportunities and financial security, expand volunteerism and recreation access, promote accessible community-driven design, and support lifelong learning.
Family Caregivers 	Family caregivers in Missouri will have the knowledge of and access to adequate training and resources to provide effective care in support of the care recipient's choices and their own physical and mental well-being.	Increase access to caregiver resources and community supports, invest in the caregiving workforce, support working caregivers across sectors, and strengthen kinship caregiving supports.
Housing & Aging in Place 	Missouri is a state where every person has access to safe, affordable, quality, and accessible, housing suitable for all ages and abilities in a caring community that provides the necessary support and services to meet the needs of all citizens.	Strengthen leadership, funding, and legal frameworks, improve program administration, and promote public awareness and education.
Long-Term Services & Supports 	Missourians will have the knowledge of and resources to make informed and person-centered choices regarding the setting in which quality long-term services and supports are available for delivery, including home and community-based services and congregate care options, that maximize independence, health, and quality of life.	Promote affordability and supports planning, maintain and expand service options, address workforce challenges, and improve navigation across the system.




Domain	Vision Statement	Priorities
Safety & Security 	Missourians will have education and resources available to keep them safe and free from abuse, neglect, and exploitation and to help them plan for their financial security in retirement.	Strengthen legal protections and awareness, improve professional training and accountability, foster interagency collaboration, and enhance data-sharing and system oversight.
Transportation & Mobility 	Missourians can access safe and reliable transportation and mobility options to get to the places they need or desire to go.	Expand transportation access, especially in rural areas, align infrastructure and planning with aging and disability needs, strengthen statewide coordination, invest in the transportation workforce, and support flexible, person-centered mobility solutions.
Whole Person Health 	Missourians will have access to the care and services needed to help them live a safe, healthy life with maximum independence as they age.	Improve access to preventive and comprehensive care, strengthen health literacy, expand use of technology in care delivery, grow the specialized health workforce, and secure sustainable funding for health and wellness services.

Figure 2: The vision statement and priorities of each of the seven subcommittees

Cross-Cutting Priorities

While each subcommittee focused on a specific topic area, shared challenges and goals emerged throughout the development of the MPA. These cross-cutting priorities include:

- **Navigating Services:** Missourians need clearer, more coordinated pathways to access support.
- **Addressing Workforce Shortages:** Recruitment, retention, and training challenges affect every sector—from direct care workers and protective services staff to behavioral health professionals and transportation providers.
- **Supporting Caregivers:** Both paid and unpaid caregivers are essential to Missouri's long-term care system. Their health, well-being, and economic security must be prioritized.

- **Accessing Housing and Transportation:** The ability to remain in one's home and community depends on coordinated housing options and reliable transportation, especially in rural areas.
- **Accessing Health and Support:** Access to health care, housing, transportation, nutritious food, and community support are closely linked. When one is out of reach, it impacts a person's ability to age well, especially for individuals in rural communities, those with disabilities, and people with limited income or support systems.
- **Communicating and Public Awareness:** Many Missourians are unaware of existing support available to them. Organized outreach, plain language materials, and culturally responsive communication are needed across all domains.

Using the MPA

The MPA is designed to guide action, not just for the Department of Health and Senior Services (DHSS), but for all who contribute to shaping Missouri's aging future. This is a call for all Missourians to do what they can to make the state a better place for healthy aging for all. Examples of action that different stakeholders can take include:

- State agencies can align policies, investments, and data systems with MPA goals.
- Legislators can use the MPA to inform aging, disability, and caregiver-related bills and funding decisions.
- Local governments can build regional action plans aligned with state priorities.
- Health care providers, employers, nonprofits, and community-based organizations can identify where their work supports MPA goals and where partnerships are needed.
- Residents, advocates, and caregivers can use the MPA to better understand the aging landscape, support change, and participate in solutions.

The MPA is a living roadmap that establishes a bold, unified direction for the next decade. Implementation will require sustained effort, funding, evaluation, and adaptation. DHSS, in collaboration with its partners, will continue to engage the public, monitor outcomes, and refine strategies to enable every Missourian to live and age well.

Why a Master Plan on Aging (MPA)?

Governor Michael L. Parson's Executive Order 23-01

In January 2023, Missouri Governor Michael L. Parson issued Executive Order 23-01 that called on state agencies, private and non-profit leaders, and other key stakeholders and community members to develop a Master Plan on Aging (MPA) to support Missourians to age with dignity. Specifically, it required the Department of Health and Senior Services (DHSS) and its Advisory Council to do the following:

- Review and assess the current state of aging services in Missouri.
- Coordinate and complete at least 10 listening sessions with stakeholders in the Area Agencies on Aging (AAA) regions with at least two listening sessions available statewide.
- Conduct a statewide senior citizen and adults with disabilities needs assessment.
- Establish priorities for each state agency and communicate these priorities to key stakeholders.
- Develop a Master Plan on Aging.

This executive level support indicated broad backing to guide Missouri to respond effectively to demographic changes that will impact the availability of resources and service delivery.

An MPA Benefits the State and Missouri Residents

The MPA ushers in a new phase of state planning efforts on aging. It provides a comprehensive 10-year roadmap for state, local, private, and non-profit leaders and community members to follow as Missouri re-envisioning aging across the lifespan. It also focuses on a broader set of needs for older adults, individuals with disabilities, family caregivers, and adults with behavioral health conditions or substance use disorders, covering all facets of life, including the caregiver support network, employment resources, affordable, safe and healthy housing accommodations, transportation services and options, and access to a health care system that is age- and disability-friendly.

The MPA will serve as a holistic guide for state planning efforts, ensuring that different perspectives and experiences are represented in new strategies implemented to support Missouri's older adults, individuals with disabilities, and family caregivers. In a cross-sector approach, the MPA seeks to meet new aging challenges with innovative solutions while elevating community voices in defining their future. As a result, the MPA calls on Missourians to help strengthen community to support all people as they age and allows them the freedom to choose what that future looks like.

Missouri's Aging Profile

As we plan to support healthy aging, safety, and personal choice, we need to first understand how Missouri's aging population is changing.

Changing Demographics

Since 2000, Missouri's older population has represented a greater proportion of the state's population than in past years^{iv}, and Missouri's population over 65 is on track to outnumber the under 18 population within the next 10 to 15 years.^v By 2030, Missouri's senior population is projected to increase by an additional six percent (99,680) to 1,768,662, as shown in Figure 3,^{vi} One in four Missourians will be 60 or older within the next five years.^{vii}

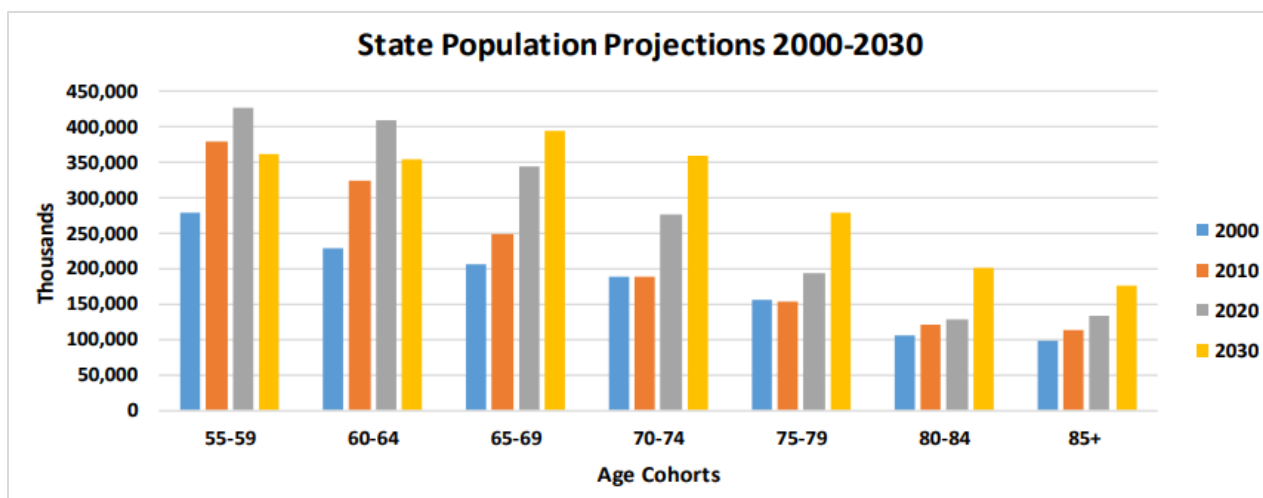


Figure 3: Missouri population projections for older adults, 2000-2030.

Source: Missouri Office of Administration, 2020

Missouri's aging population and changing demographics can be attributed to several factors, including the aging Baby Boomer generation and longer life spans due to medical advancements. While longer life expectancy is encouraging, it comes with an increased risk of chronic conditions and a continued need for supports.

According to the United Health Foundation's Senior Report, Missouri ranks 33rd in the various health determinants and outcomes measures.^{viii} Approximately 70% of individuals aged 65+ in Missouri will require some long-term care services during their lifetime, with older adults accounting for the most significant percentage of health care spending.^{ix} Missouri ranks 38th in the nation for long-term services and supports (LTSS), according to American Association of Retired Persons' (AARP) 2023 LTSS State Scorecard, which measures state performance on affordability, access to care, quality, caregiver support, and how well people are supported to live independently in their communities. As Missouri's population continues to age, the

data makes it clear that while progress has been made in health and longevity, gaps remain in services, supports, and health outcomes. The work ahead will require focused, coordinated action across sectors to meet the growing demand for programs and services that help Missourians age with health, independence, and dignity.

Older Adults

As Missouri's older adult population continues to grow, it is also important to understand the challenges facing older adults today in maintaining their health, independence, and quality of life. Missouri has more than one million older adults age 65+. ^x Of those, 97,505 (more than 9%) live below the poverty level. ^{xi} 56% of Missourians 65 or older are at risk of social isolation. ^{xii} Additionally, many older adults face rising housing costs exceeding 30% of their income, and 136,179 have difficulty living independently. ^{xiii}

While life expectancy has increased since 2021, the state continues to fall behind national trends with a life expectancy of 76.6 years, compared to 77.5 years nationally. ^{xiv} Figure 4 shows a current snapshot of aging in Missouri using data from the U.S. Census Bureau's 2022 American

Community Survey (ACS) which highlights some key challenges that Missouri seeks to address through the Master Plan on Aging (MPA).

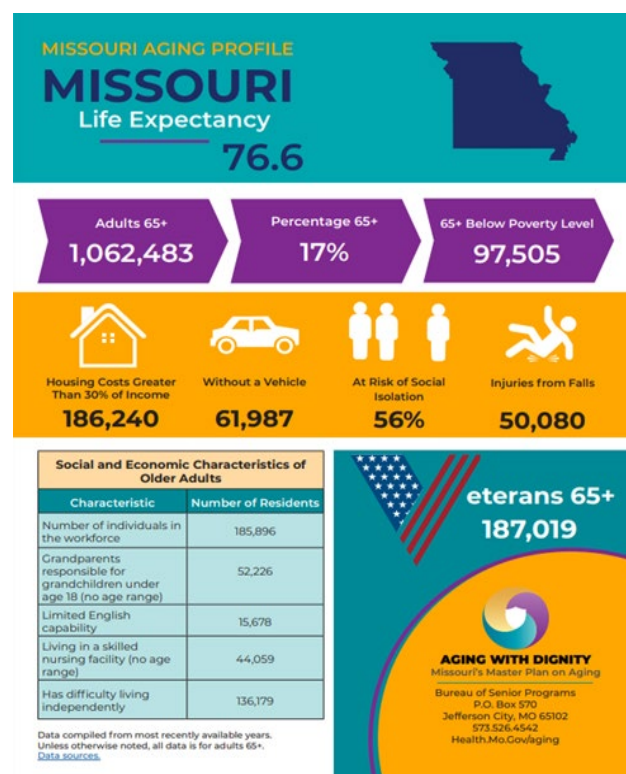


Figure 4: Missouri aging data

Adults with Disabilities

The quickly growing aging demographic includes people who are aging with lifelong support needs as well as those who will experience disability for the first time. More than 1.5 million adults in Missouri self-report as currently living with a disability, about 1/3 of the population. This means that over 31% of adults report having a disability, higher than the national average of 28%. ^{xv} Adults living with a disability are more likely than those without a disability to report depression, obesity, smoking, diabetes, heart disease, and long COVID, as seen in Figure 5 ^{xvi}. Understanding these intersecting needs is essential to planning for increased demand for services and supports across the state. This planning also recognizes

adults with substance use disorders, whose recovery and long-term well-being are strengthened by the same coordinated supports that enable Missourians to live and age well.

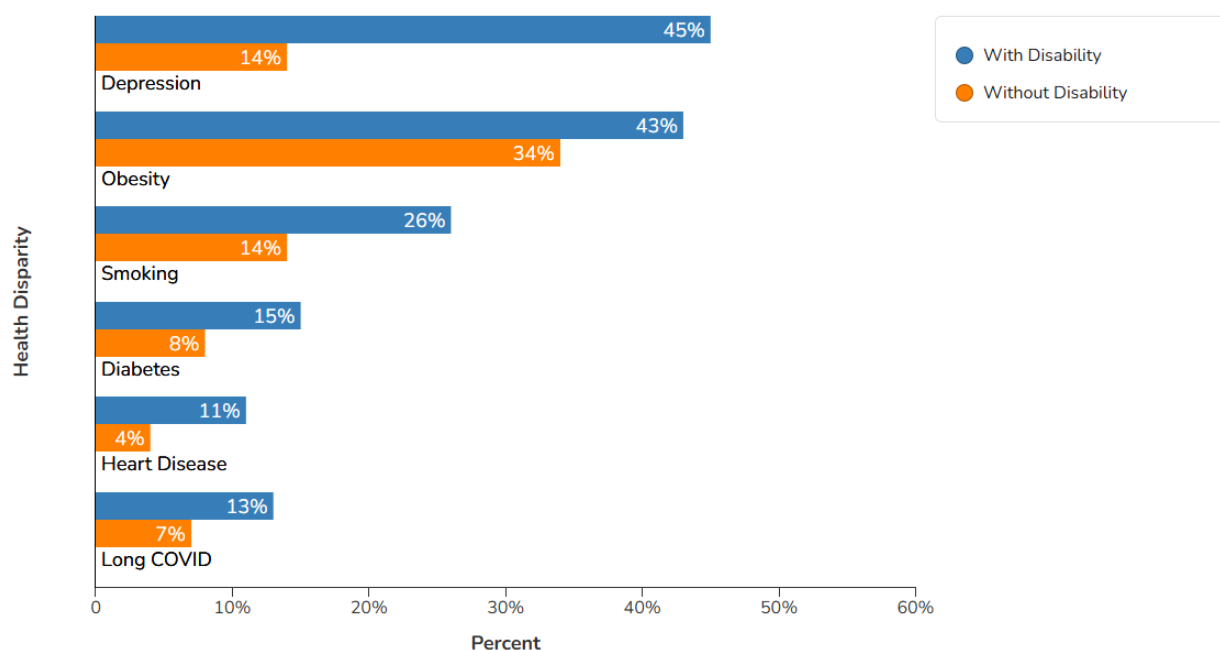


Figure 5: Health reporting and disability from Behavioral Risk Factor Surveillance System Data

Family Caregivers

As Missouri's population continues to age, so do the individuals providing care. Today, nearly 60% of Missouri caregivers are over the age of 60 themselves. Most are family members who often juggle their own health challenges while supporting loved ones with complex needs.^{xvii} According to the AARP Public Policy Institute, two out of three older adults rely solely on family caregivers for their caregiving needs. In 2021, approximately 38 million family caregivers in the U.S. were estimated to provide 36 billion hours of care to adults.^{xviii} While much of this work is informal and unpaid, family caregivers provide an estimated \$600 billion in economic value for their unpaid contributions.^{xix}

Three out of five family caregivers are actively employed in the workforce while caring for family members with serious health conditions or disabilities.^{xx} Family caregivers also receive little instruction or support in complex medical and nursing tasks otherwise performed by trained professionals in health care and long-term care facilities.^{xxi} As a result of these challenges, family caregivers are at risk for chronic stress, emotional hardships, and financial effects. These impacts of caregiving are even more prevalent among resource-limited populations.^{xxii} Recognizing the critical roles that caregivers have and their needs for support, the MPA includes strategies to support caregivers.

Geographic Distribution

As age demographics shift across Missouri, these changes may also result in varying impacts by region. Of Missouri's 115 counties, 99 are rural and 16 are urban (Figure 6). Aging populations living in rural areas experience decreased access to resources and have fewer connectivity options than those in urban areas. A 2011 county-level study in Missouri indicated that a higher percentage of Missourians aged 65+ living in rural areas lacked access to nutritional foods and health care and had a higher incidence of chronic diseases than those who lived in urban areas.^{xxiii}

The 2020-2021 Health in Rural Missouri Biennial Report found that Missourians of all ages living in rural counties experienced greater health gaps than those in urban counties.^{xxiv} These health imbalances often lead to worse health outcomes for Missourians in rural areas.

Rural residents in the state also reported having increased difficulty accessing health services due to distance, a shortage of health care providers, low rates of insurance coverage, and cost than their urban counterparts.^{xxv}

Looking Ahead

These demographic trends and population realities highlight why Missouri needs a forward-thinking, cross-sector approach to planning to support more older adults, adults with disabilities, and their caregivers into the future. The MPA builds on this data to offer a statewide strategy that brings together public agencies, community organizations, and Missourians themselves to create the conditions for all Missourians to live and age well.



Figure 6: Rural v. urban counties in Missouri

Developing the MPA

Developing a statewide Master Plan on Aging (MPA) requires meaningful input from the people most affected. Missouri's approach combined national best practices with coordination and leadership from Department of Health and Senior Services (DHSS) and their agency partners. Throughout the process, Missouri drew from national resources, including the SCAN Foundation Toolkit for developing local MPAs in rural areas, a summary of which is shown in Figure 7. The SCAN Foundation supports over 25 states, including Missouri, in MPA learning collaboratives.

10 Steps

The Rural MPA Toolkit Describes 10 Steps to Develop a Local MPA

- Step 1:** Identify MPA Leadership and Staffing
- Step 2:** Form a Local Advisory Committee
- Step 3:** Build Public Awareness and Support
- Step 4:** Conduct a Landscape Analysis of Local Data and Aging Services
- Step 5:** Facilitate Inclusive Community Engagement
- Step 6:** Synthesize Findings & Recommendation
- Step 7:** Solicit Additional Input to Solidify MPA Goals
- Step 8:** Build out the Implementation Plan
- Step 9:** Evaluate MPA Progress
- Step 10:** Ensure Accountability & Sustainability

Figure 7: Steps in the SCAN Foundation's Toolkit for developing MPAs in rural areas

Engagement Summary

Community engagement and stakeholder outreach have been central to the MPA development process. Missouri used multiple ways to hear from the public to better understand what residents need and how to improve their quality of life as they get older. To achieve this, the state embarked on a two-year process of engaging stakeholders, hosting regional town hall meetings, conducting a needs assessment

survey, and aligning efforts with other state planning processes to gather sufficient public opinion and input on Missouri's aging needs and solutions.

Missouri's MPA planning process was unique in the deep amount of public engagement that informed the plan. Community engagement and stakeholder outreach were central to the MPA development process. Hearing directly from older adults, individuals with disabilities, and family caregivers allowed the state to better understand the unique challenges these groups face and how to help them live healthy and safe lives as they age.

A summary and timeline of Missouri's engagement process is shown in Figure 8. After engagement, the subcommittees set to work refining and incorporating the feedback into the final MPA.

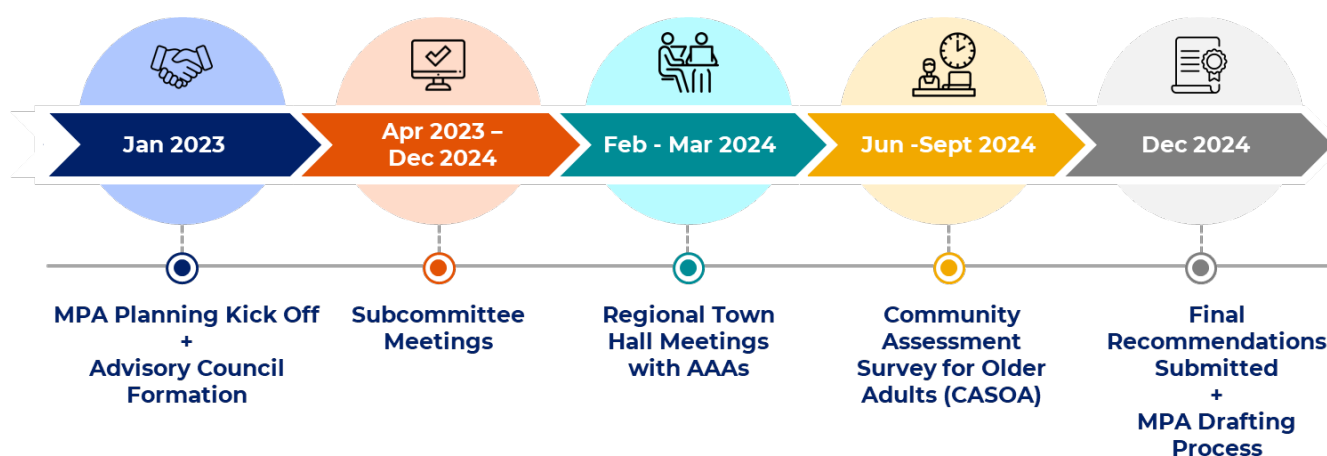


Figure 8: Missouri's MPA planning process timeline

The first step in this process began in January 2023 when Missouri's Governor and executive leadership renewed their efforts to continue to support the needs of the state's aging population. To create the MPA, an ecosystem of local leaders and community voices was brought together to identify critical aging needs and formulate new ideas for solving these challenges, as shown in Figure 9 on page 20.

Ecosystem

It's going to take all of us



Figure 9: Makeup of the ecosystem needed to create a holistic MPA

Advisory Council

The Governor's executive order created an MPA Advisory Council. Missouri's DHSS was assigned the responsibility of selecting a diverse group of stakeholders to serve on the council. Comprised of 40 members, the Advisory Council brings together individuals with extensive expertise in aging and disability needs. Its members include state legislators, agency officials, and executives for local non-profits, associations, foundations, educational institutions, and private entities.

Organizations represented on the Advisory Council include the Area Agencies on Aging (AAAs), the Missouri Council on Aging (MCoA), the Missouri American Association of Retired Persons (AARP), the Centers for Independent Living, the Missouri Foundation for Health, and the Institute for Human Development. The Advisory Council held quarterly meetings throughout the drafting process to hear updates on subcommittee activities and provide high-level guidance.

Missouri also developed an Ad Hoc Lived Experience Advisory Council of caregivers, older adults, and adults with disabilities, to provide ongoing feedback from a lived experience perspective. The Ad Hoc Lived Experience Advisory Council met quarterly through calendar year 2024.

Subcommittees

Subcommittees (Figure 10) were formed to focus on the following domains related to healthy aging:

- Daily Life and Employment,
- Family Caregivers,
- Housing and Aging in Place,
- Long-term services and supports (LTSS),
- Safety and Security,
- Transportation and Mobility, and
- Whole Person Health.

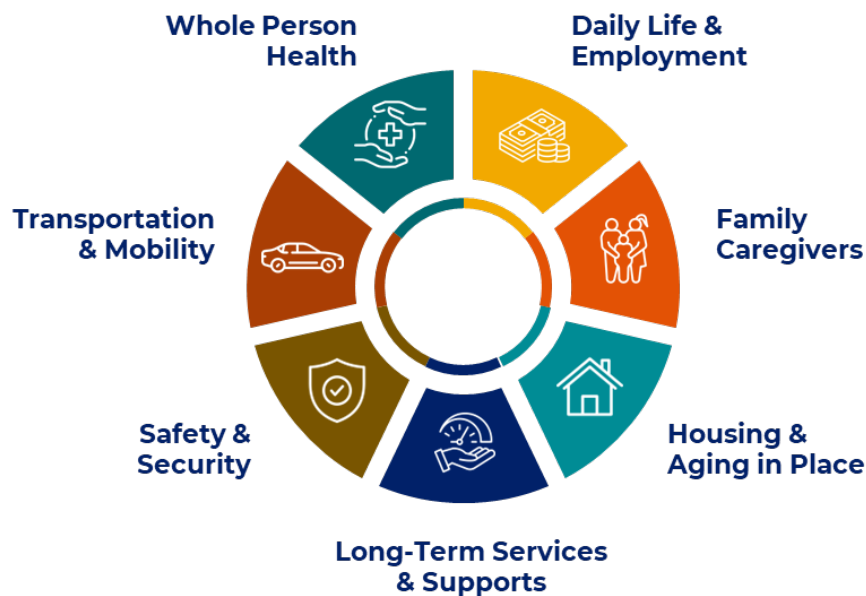


Figure 10: Missouri MPA subcommittees

Each subcommittee met at least bi-monthly throughout calendar years 2023 through 2024. Meetings were open to all community members to enable hearing various points of view and experiences.

Subcommittee members represented a broad range of perspectives, including older adults, individuals with disabilities, service providers, support organizations, and public agencies. The subcommittees developed recommendations that reflect both lived experience and operational insight and aim to address current gaps while building on existing efforts and strengths in Missouri's systems. These recommendations were informed by public input and members' experiences as stakeholders, providers, and Missourians accessing services.

Town Hall Meetings

DHSS teamed up with Missouri's 10 Area Agency on Aging (AAAs) to host town hall meetings to gather feedback statewide for the MPA. AAAs cover every county in the State and are the local experts regarding programs and services in their local areas. A total of 12 sessions—10 held in person and two conducted virtually—took place between February and March 2024 to gather input from older adults, individuals with disabilities, family caregivers, and other key stakeholders on the challenges and opportunities of aging in Missouri.

Over 1,700 community members attended the town halls throughout the state and provided over 15,000 unique comments about aging priorities for Missouri. All the comments and suggestions offered by community members who attended were grouped by town hall and analyzed. This input was shared with the MPA subcommittees, who used the discussion themes to develop the final recommendations for the MPA. A summary of comments is available at health.mo.gov/seniors/masterplanaging/.

Community Assessment Survey

In addition to gathering feedback during town hall meetings, DHSS, in partnership with the Missouri Association of AAAs (MA4) worked with Polco in 2024 to conduct the Community Assessment Survey for Older Adults (CASOA), a needs assessment. Polco conducted surveys of a representative sample of older adult residents to inform decision making around the MPA. In addition to older adult residents, this survey included adults with disabilities and caregivers.

In total, 158,489 Missouri households were selected to participate in the survey. Of those selected, Missouri received 7,621 responses: 6,842 were older adults (50+), 2,612 were residents with disabilities (18+), 2,326 were caregivers (18+), and 290 did not fall into any of those categories (residents were able to multi-select options, so some residents fall into multiple categories). When conducting the analysis, data of those who identified as older adults were weighted to reflect the demographic profile of all residents in the State. Survey participants were contacted via mail and were provided the opportunity to complete their survey online, over the phone with an interviewer, request a paper survey, or an in-person interview.

To increase survey responses, Missouri worked with Learfield, a marketing company, to provide professional TV, radio, and social media marketing to invite all Missourians to complete the needs survey. The media campaign targeted markets serving older adults, adults with disabilities, and caregivers.

Most survey participants (90%) were adults aged 50 or older. Thirty six percent of these survey participants were adults with a disability, and 30% were adult

caregivers, as shown in Figure 11. More information about the survey can be found at health.mo.gov/seniors/masterplanaging/.

Please select which of the following are true for you? (Select all that apply.)*

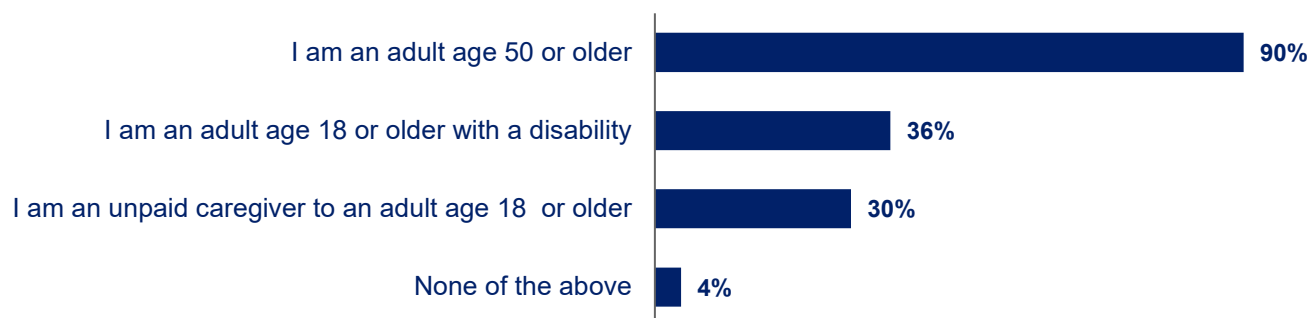


Figure 11: 2024 CASOA participants by Respondent Type. Respondents could choose to identify in multiple categories, making the total percentages more than 100%

Building on Prior State Planning on Aging

Before launching the MPA work, Missouri led several important state-level planning efforts focused on aging and disability concerns. These efforts are foundational to the development of the MPA.

In 2022, Missouri created an Alzheimer’s State Plan Task Force, which issued a report that assessed the current and future impact of Alzheimer’s disease and related dementias on Missourians and developed recommendations to respond to the public health crisis. The report identified four focus areas: advancing risk reduction and early detection; increasing access to care; support, and treatment; improving quality of care; and ensuring a coordinated statewide response.^{xxvi}

Similarly, in 2023, the Division of Senior and Disability Services (DSDS) issued its 2024-2027 State Plan on Aging (SPA). This federally required plan guides how Missouri uses Older Americans Act (OAA) funding to support older adults and family caregivers. The SPA established a goal for all Missourians to age safely in a way that promotes health and dignity in the setting of their choice. It included nine measurable health and social outcomes for older adults, specific strategies to meet these outcomes, and measurements for tracking the state’s progress. The state’s top identified needs were caregiver support, home repair and modification, in-home services, and addressing isolation, nutrition, and transportation.^{xxvii}

While the SPA focuses on OAA-funded programs and is developed with input from aging network providers, the MPA is a broader, more comprehensive strategy designed to address the challenges and opportunities of an aging population and Missourians with disabilities through cross-sector collaboration. It provides an overarching framework and a set of strategies to support age- and ability-friendly

communities that promote aging with dignity and independence for older adults, individuals with disabilities, and family caregivers, no matter where they live in the state.^{xxviii}

Key recommendations from Missouri's Alzheimer's State Plan Task Force and strategies from Missouri's 2024-2027 SPA are currently being implemented.

No Wrong Door

The MPA process also benefited from alignment with Missouri's No Wrong Door (NWD) project, funded by the Administration for Community Living (ACL). The NWD project aimed to streamline access to long-term services and supports (LTSS) for older adults, individuals with disabilities, and their caregivers through coordinated governance, cross-agency collaboration, and public engagement.

Unlike the MPA, which sets a long-term vision for healthy aging, the NWD project focused on systems infrastructure, starting with mapping Missouri's LTSS landscape, identifying access gaps, and piloting solutions to improve person-centered access statewide. Between 2022 and 2024, NWD hosted quarterly stakeholder meetings, engaged over 1,600 community participants, and collaborated with multiple state departments, including DHSS, the Department of Mental Health (DMH), the Department of Social Services (DSS), and the Department of Elementary and Secondary Education (DESE).

The NWD project resulted in a System Governance Plan, which outlines the next phase of infrastructure development across key LTSS, as shown in Figure 12 on page 25. This System Governance Plan centers on strengthening interagency collaboration, operational coordination, and person-centered access, shows the key groups that will drive the continued expansion of NWD forward.

The following NWD goals are complementary to the vision of the MPA:

State Governance and Administration

- Expand NWD Governance Executive Committee to include more comprehensive representation of systems that serve LTSS populations and key NWD functions (e.g., DSS, DMH, Vocational Rehabilitation).
- Establish regular ongoing meetings for NWD Governance Executive Committee.
- Expand NWD Operational Team to include more comprehensive representation of systems that serve LTSS populations and key NWD functions (e.g., DSS, DMH, Vocational Rehabilitation).
- Establish regular ongoing meetings for Operational Team.
- Integrate NWD objectives into Master Plan on Aging through established LTSS and Caregiving subcommittees.



Figure 12: Missouri's proposed governance and administration structure

Public Outreach and Coordination with Key Referral Sources

- Identify strategies for increased public awareness.
- Establish an Outreach and Referrals Workgroup.
- Explore enhancements to referral practices (e.g., interoperable referral platforms).

Person-Centered Counseling (PCC)

- Establish Person-centered Counseling (PCC) Workgroup.
- Build capacity of PCC Network.
- Establish formal Aging and Disability Resource Center (ADRC) designation criteria and process.

Streamlined Eligibility for Public Programs

- Maintain NWD Cross-System Access Workgroup.
- Explore the feasibility of universal intake among PCC networks.
- Conduct qualitative focus groups for customer feedback.

While the NWD goals strengthen the system infrastructure, the MPA recommendations focus on what this means in everyday life and how communities, providers, and governments can work together to support Missourians across their lifespan. Recommendations provided in the MPA that are complementary to NWD are indicated with the designation **NWD**.

Vision, Recommendations, and Action Items

The Master Plan on Aging (MPA) provides a blueprint for enhancing communities to ensure that Missourians have the resources and support needed to thrive as they age. The MPA offers innovative recommendations across seven focus areas for state and local governments, businesses, and community-based organizations. Each recommendation is focused on achieving Department of Health and Senior Services (DHSS's) overarching vision of "Optimal health and safety for all Missourians, in all communities, for life."

The recommendations presented in the following sections were developed through a collaborative process that included review of stakeholder input, analysis of promising practices, and expert discussion within the subcommittees. Each section summarizes the subcommittee's area of focus, key themes and priorities raised during public engagement, and the resulting topic-specific recommendations and action items.

Inherent in the MPA are cross-cutting themes and recommendations that require multi-organizational collaboration that are never unilateral or simple. To support stakeholders in determining how to implement MPA recommendations, DHSS has suggested a categorization of action items by level of effort required to achieve success: lower effort **L**, medium effort **M**, complex effort **C**, as explained in Figure 13.

Level of Effort	Type of Action Proposed
Lower Effort L	Outreach, education, promotional, awareness, or work already in progress
Medium Effort M	Coordination across agencies or partners, moderate resource allocation, some programmatic changes but achievable within existing structures
Complex Effort C	New legislation, large-scale funding, major system change, multi-year implementation, extensive stakeholder engagement

Figure 13: How level of effort was used to categorize action items

Action items for each recommendation are listed in order of level of effort and not by priority.

Themes and recommendations also overlap between focus areas and domains. Where applicable, overlapping topics within action items are indicated with the abbreviation of the subcommittee with which it overlaps (abbreviations shown in Figure 14 on page 28).

Abbreviations	Subcommittee
DLE	Daily Life & Employment
FC	Family Caregivers
HAIP	Housing & Aging in Place
LTSS	Long-Term Services and Supports
SS	Safety & Security
TM	Transportation & Mobility
WPH	Whole Person Health

Figure 14: Subcommittee abbreviations

Daily Life and Employment

Supporting Meaningful Engagement in Work, Volunteering, and Community Life

The daily life and employment domain encompasses how individuals spend their time on work and outside activities, such as social, recreational, and volunteer opportunities. As people age, social connectedness becomes increasingly essential. Studies have shown that loneliness can lead to declines in physical health, mental well-being, and overall quality of life. The 2023 Social Threats to Aging Well in America report found that nationally, loneliness caused the most depression and anxiety for older adults, with one in three older adults often going more than two weeks without spending time with others.^{xxix}

Older adults and adults with disabilities often face hurdles relating to social engagement and employment. As people retire or reduce work hours, opportunities for volunteering and civic engagement become important avenues to maintain purpose and connection. In addition, access to recreation, fitness opportunities, and public spaces plays a key role in reducing isolation and promoting physical and mental health for older adults and individuals with disabilities.

Community-Driven Priorities

Town hall participants and survey respondents expressed a strong need for social and volunteer opportunities. Community members in town hall meetings emphasized the importance of a balanced daily life to combat social isolation with opportunities for volunteerism and other forms of meaningful engagement outside of work. Still, more than half of older adults and 60% of adults with disabilities stated that they did not volunteer (Figure 15).

During a typical week, how many hours do you spend volunteering your time?	Older adults	Adults with disabilities	Caregivers	None of the above
None	52%	60%	40%	53%
1 to 3 hours	25%	20%	25%	38%
4 to 5 hours	11%	9%	14%	6%
6 to 10 hours	5%	5%	8%	2%
11 to 19 hours	2%	2%	3%	0%
20 or more hours	4%	4%	9%	0%
Total	100%	100%	100%	100%

Figure 15: 2024 CASOA, hours spent volunteering

In addition to social isolation, many older Missourians face challenges with securing or maintaining employment (Figure 16). According to the Community Assessment Survey for Older Adults (CASOA), one in 10 older adults indicated difficulty finding a job that paid enough or matched their skill set. Older adults and adults with disabilities also expressed concerns about losing public benefits, such as Medicaid and Supplemental Nutrition Assistance Program (SNAP), if employed. Additionally, town hall meeting participants expressed concerns regarding employer hesitancy to hire due to their age and/or disability. They also desired expanded employment programs and support, such as continued learning and skills development opportunities.

Which, if any, of the following employment-related challenges have you faced in the last 12 months? (Select all that apply.)*	Older adults	Adults with disabilities	Caregivers	None of the above
Difficulty finding a job that matched my skills	7%	9%	11%	6%
Difficulty finding a job close to my home	6%	8%	10%	9%
Difficulty finding a job that paid enough	11%	12%	19%	26%
Difficulty finding a job working the shift or hours that I prefer	5%	7%	9%	17%
Difficulty finding transportation for a job	2%	4%	2%	0%
I am a caregiver and was unable to leave the individual I was caring for alone	4%	5%	14%	6%
Concern about losing public benefits (health insurance, housing assistance, etc.)	8%	13%	12%	4%
Other	4%	7%	6%	2%
Not applicable	75%	69%	59%	62%

Figure 16: 2024 CASOA, employment-related challenges. It is vitally important that state and local partners collaborate on initiatives to help reduce the risks of social isolation. Additionally, sustained employment and continued learning and development opportunities are needed to help ensure Missourians have financial security to live healthy and meaningful lives while aging.

Missouri has made important strides toward increasing access to employment and civic engagement for older adults and individuals with disabilities. Several statewide initiatives are already underway that reflect the vision and priorities of the Daily Life and Employment subcommittee. Programs like Missouri Disability Benefits 101 (DB101) provide free, Missouri-specific tools to help individuals understand how employment may affect their benefits, including food assistance, Social Security, health care, and housing supports. The Senior Community Service

Employment Program (SCSEP) offers part-time, work-based training for older adults in community organizations, and initiatives through community colleges, libraries, and nonprofits that support lifelong learning and workforce reentry. Collaborative work is underway to better align employment-related policies and programs across agencies with best practices that strengthen economic opportunities, reduce social isolation, and support long-term independence for older adults and individuals with disabilities. In 2023, Missouri enacted Employment First legislation, establishing competitive, integrated employment as the preferred outcome for individuals with disabilities receiving state services.

Collectively, these efforts reflect Missouri's broader strategy to promote employment, recognize older workers and adults with disabilities, reduce social isolation, and build pathways for meaningful civic participation (Figure 17). They serve as a strong foundation for continued investment and expansion in this space.

Despite these advances, gaps persist in access and coordination. The Daily Life and Employment subcommittee identified several themes to guide Missouri's next phase of action. These key themes and priorities reflect what Missourians say they need most to live connected, purposeful, and financially secure lives as they age.

Key Themes and Priorities:

- Improve employment opportunities and economic security for older adults and adults with disabilities.
- Expand volunteerism and civic engagement opportunities.
- Increase access to recreation, fitness, and public spaces.
- Strengthen community-driven design and accessibility.
- Expand access to technology and lifelong learning.



State Highlight: Celebrating Missouri's Older Workers

Each year, Missouri honors one "Outstanding Older Worker of the Year"—a resident age 55+ who demonstrates dependability and growth on the job. The award, presented during National Employ Older Workers Week in Jefferson City, highlights the value of experience, work ethic, and institutional knowledge that older workers bring to the workforce.

Figure 17: State Highlight – Missouri Older Worker

Vision, Recommendations, and Action Items

Vision Statement: Missouri is a national leader and center of innovation in engaging all people—regardless of age, ability level or personal circumstances—in employment, volunteerism and community participation opportunities to strengthen their social/civic ties and enhance their sense of purpose in daily life.

Recommendation: Reimagine volunteerism and promote civic engagement for older adults through cross-sector partnerships. (DLE1)

We can maximize the potential of the older population as volunteers in their communities by recognizing their exceptional level of skills, experience, passions, and desire to support their community in an organized manner. The “buddy system” can ensure older volunteers have contact with others to build friendships, have someone to check in on them, and have someone to contact in an emergency. This can address social isolation and loneliness and support older adults in maintaining a sense of purpose.

Action Items:

- DLE1.1: Convey the capacity and potential of older adults as volunteers by partnering with nonprofit organizations to promote awareness of the valuable skills, experiences, and passions older adults bring to service roles. **L**
- DLE1.2: Discuss and disseminate best practices in recruiting and supporting older adult volunteers. **L**
- DLE1.3: Encourage organizations to adopt a “buddy system” that pairs older adult volunteers together to reduce isolation, promote social connection, and provide mutual support. **L**
- DLE1.4: Work with state and local governments to create information for individuals preparing for retirement to become involved in civic or social activities to help transition into retirement more smoothly. **L**
- DLE1.5: Encourage employers to provide information on civic and volunteer engagement opportunities to individuals preparing for retirement. **L**
- DLE1.6: Promote the ‘double advantage’ of older adult volunteerism of benefiting the older volunteers while boosting the capacity of the nonprofits. **L**
- DLE1.7: Promote the benefits of employers providing time off to volunteer in the community. **L**
- DLE1.8: Work with health care organizations to highlight the benefits of “prescribing” volunteerism to patients identified as being socially isolated or lonely. **M**
- DLE1.9: Offer intergenerational volunteer opportunities that bring together older adults and individuals of other age groups to work together. **M**

Examples and Promising Practices

Give 5 is a free volunteer engagement program launched in Springfield, Missouri, that matches retirees with local nonprofits based on their skills and interests. The program educates participants about key community challenges and connects them with opportunities to make a meaningful impact. It addresses two major needs in Missouri: reducing social isolation among older adults and assisting nonprofits in finding skilled volunteers. Recognizing its success, the Missouri Legislature has expanded the program statewide. give5program.com/learn/

Recommendation: Strengthen employment access and economic stability for older adults and adults with disabilities. (DLE2)

Older adults and individuals with disabilities need access to meaningful employment opportunities that support financial independence. This includes improving awareness and availability of state-funded employment support programs, addressing benefit cliffs and earned income limitations, promoting flexible and phased retirement options, and incentivizing employers to hire and retain workers through tax policy and education (Figure 18). Employment should be treated as an economic necessity and a pathway to social connection.

State Example: Colorado's Job Application Fairness Act

Colorado passed SB23-058, which prohibits employers from requesting age, birth date, or high school graduation year on initial job applications to help reduce hesitancy to hire based on age in the workplace.

<https://leg.colorado.gov/bills/sb23-058>

Figure 18: State Example - Colorado

Action Items:

- DLE2.1: Inform employers of the value of hiring, developing and retaining older workers and workers with disabilities. **L**
- DLE2.2: Educate employers on the benefits of pursuing various workplace programs, such as the American Association of Retired Persons (AARP's) Employer Pledge Program, which demonstrate commitment to older workers. **L**
- DLE2.3: Increase financial incentives and awareness of the Missouri Work Opportunity Tax Credit (WOTC), which provides incentives to employers to hire individuals in certain targeted groups. **M**
- DLE2.4: Support removing the age 65 cap on the federal Earned Income Tax Credit. **M**
- DLE2.5: Establish new and enhance existing non-SCSEP partnership opportunities with non-profits that offer employment support programs (MERS

Goodwill, Oasis Institute, Salvation Army, Urban League of St. Louis and Kansas City, Catholic Charities of Kansas City/St. Joseph, Missouri Works Initiative, etc.) and help these entities increase the visibility of these programs. **M**

- DLE2.6: Assess the availability and affordability of caregiving services for older adults and identify opportunities to expand such services to minimize the impact on employment, daily life activities, and volunteering for employees who are also caregivers. **M | FC**
- DLE2.7: Review existing earned income and asset caps for all state-provided benefit programs to determine if changes would increase employment opportunities for older workers and workers with disabilities and enhance programs that educate beneficiary recipients on the impact of additional employment income on benefit levels. **M**
- DLE2.8: Implement best practices to Missouri's age and disability-related employment laws to encourage more hiring of older adults and individuals with disabilities. **C**
- DLE2.9: Implement cost-beneficial enhancements to all state-funded, non-SCSEP employment support programs to better support older workers and workers with disabilities and significantly increase target audience awareness of these programs and make them easier to access. **C**
- DLE2.10: Implement/modify tax credits to support employment for older workers and workers with disabilities of all ages. **C**
- DLE2.11: Establish new tax credits to incentivize donations to non-profit organizations that provide services to older workers and workers with disabilities (similar to the Youth Opportunity Tax Credit). **C**
- DLE2.12: Implement value-based purchasing/financial incentives at each state agency to improve the quality of state-funded employment support programs. **C**

Examples and Promising Practices

- Missouri Disability Benefits 101 is a free, anonymous online tool that helps users understand how employment income may affect disability-related benefits like SNAP, Social Security, health care, and housing. It is maintained by the World Institute on Disabilities. mo.db101.org/
- The Missouri Developmental Disabilities Council (MODDC) and Department of Mental Health (DMH) are collaborating through the State Employment Leadership Network (SELN) to evaluate and improve state policies that support employment for individuals with developmental disabilities. (Figure 19 on page 35). moddcouncil.org/our-work/employment/

- Employment First Missouri, led by the Institute for Community Inclusion, provides technical assistance to promote integrated community employment for individuals with intellectual and developmental disabilities across the state.

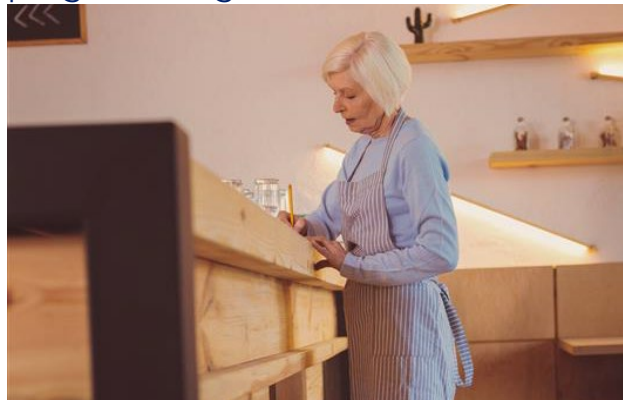
employmentfirstmo.org/

Recommendation: Improve access to recreation, fitness, places of worship, and public spaces for older adults and adults with disabilities. (DLE3)

Improving access to recreational and community spaces, physical activity programs, and decision-making processes helps combat social isolation, promotes healthy aging, and ensures older adults and individuals with disabilities can fully participate in daily life. These strategies promote well-being by making public spaces more accessible, responsive, and supportive of active community engagement.

- DLE3.1: Work with Missouri State Parks and Missouri Parks Association to increase Seniors to Parks programs within the state. **L**
- DLE3.2: Systematically and consistently engage older adults, adults with disabilities, and caregivers to help identify issues, plan, develop community solutions and go where they are already; don't expect them to come to you. ("Outside-in" approach). **M**
- DLE3.3: Partner with interfaith councils, local congregations, and community-based organizations to expand accessible and inclusive
- DLE3.4: Encourage health plans/Medicare/Medicaid to cover recreational fitness and patient companion programs for older adults and adults with disabilities and implement these programs. **C**

programming for older adults. **M**



Best Practice: Missouri's Employment Leadership Network (SELN).

Missouri's Developmental Disabilities Council (MODDC) and Division of Developmental Disabilities joined the State Employment Leadership Network (SELN), a national collaborative that helps states improve employment outcomes for individuals with intellectual and developmental disabilities. SELN supports state agencies in aligning policies, building staff capacity, and promoting integrated, community-based employment. Participating states use the network to evaluate and strengthen their employment systems through peer learning, technical assistance, and policy guidance.

<https://moddcouncil.org/>

Figure 19: Best practice example - SELN

- DLE3.5: Work with state and local governments, public universities, and businesses to improve accessibility (universal design) to buildings and parks. **C** | **HAIP**

Recommendation: Expand educational and digital access for older adults and adults with disabilities. (DLE4)

Enhancing access to educational opportunities and digital literacy can help older adults and individuals with disabilities remain connected, informed, and actively engaged in their communities. By strengthening partnerships with educational institutions and expanding access to technology education, Missouri can promote lifelong learning, workforce development, and community participation across generations.

Action Items:

- DLE4.1: Assess existing governmental, non-profit, and for-profit programs that offer technology education to older adults and adults with disabilities and identify additional programs and/or activities to increase availability, awareness, and usage. **L** | **SS**
- DLE4.2: Work with community colleges and universities to increase access to classes for older adults. **M**
- DLE4.3: Improve access and participation in degree and certificate programs, continuing education classes, and enrichment programs. **M**
- DLE4.4: Include courses on working with older adults and adults with disabilities as part of Community Health Worker credentialing. **M**
- DLE4.5: Develop intergenerational programs as part of Geriatric Workforce Enhancement Programs (GWEP) to increase the numbers of college students working with older adults and adults with disabilities in communities. **M**

Sources the Subcommittee leveraged to develop recommendations

- AARP Employer Pledge Program.
aarp.org/work/employer-pledge-companies/
- Age Friendly Institute Certified Age Friendly Employer Program.
institute.agefriendly.com/initiatives/certified-age-friendly-employer-program/
- Bureau of Labor Statistics: State Unemployment Rates by Age.
bls.gov/lau/ex14tables.htm
- Disability Equality Index: 2024 Top Scoring Companies (July 15, 2024), Disability: IN.
disabilityin.org/resource/disability-index
- Measuring Disincentives to Formal Work (December 2015), IZA World of Labor.
wol.iza.org/articles/measuring-disincentives-to-formal-work/long

Family Caregivers

Caring for Missouri's Family Caregivers

Access to caregiving is essential for the health, safety, and quality of life for older adults and individuals with disabilities. Caregivers support people to live in their communities safely and longer. According to the Patient Access Network (PAN) Foundation, for older adults over the age of 70 who wish to remain independent in their own homes, access to caregiver support reduces the risk of nursing home admission by almost 70%.

Each year, 53 million people provide unpaid care and support to older adults and individuals with disabilities.^{xxx} In 2020, more than one in five Americans (21.3%) were informal caregivers, a number that has steadily increased due to factors such as a shortage of paid direct care workers.^{xxx} Currently, Missouri has approximately 800,000 family caregivers.^{xxxii} Yet, despite the many benefits of caregiving, studies have shown that caregiving can create physical and psychological strain on the caregiver's personal health, finances, and well-being.^{xxxiii} Accommodating caregivers with resources and services will enable them to provide better care and sustain this vital resource for older adults and individuals with disabilities who depend on them (Figure 20).

Percent of caregivers who strongly or somewhat agree with each statement.

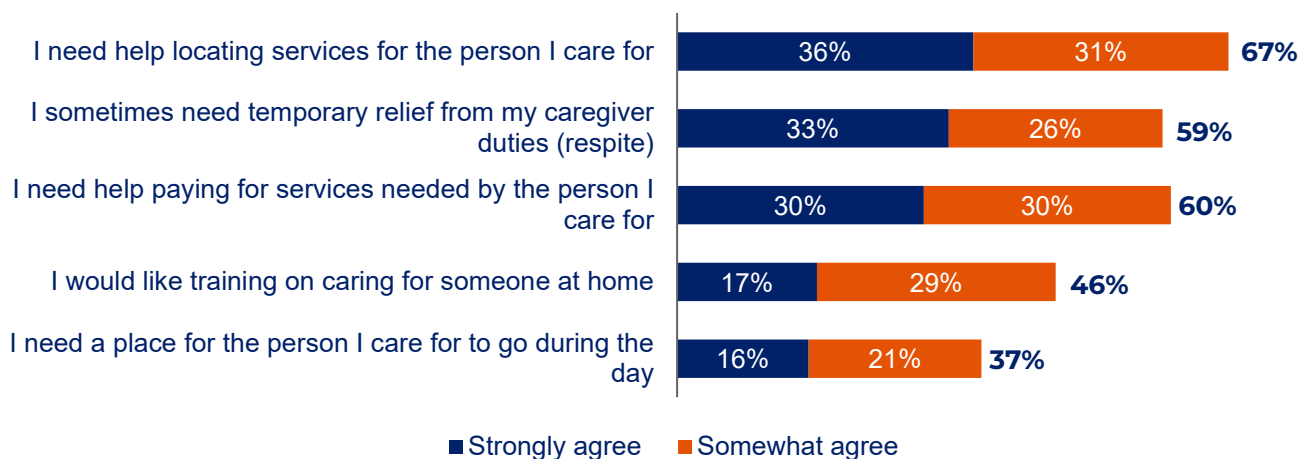


Figure 20: 2024 CASOA, caregiver feedback

Community-Driven Priorities

In the town halls and the survey, caregivers raised concerns regarding the need for increased support, training, and resources for family caregivers. More than half the survey participants noted the need for financial assistance to help them afford the items required to provide quality care [see Figure 27 in the long-term services and supports (LTSS) section]. Among the groups surveyed, caregivers faced the most

employment challenges. Two out of three caregivers needed help locating services for those they cared for. Caregivers also highlighted the need for better respite options to provide them with temporary relief, help them balance their responsibilities, enhance their emotional well-being, and prevent burnout. Slightly under half of all caregivers surveyed indicated the need for additional training.

For those who anticipate being caregivers within the next two years, four out of five anticipate needing help locating services, and almost 75% anticipate needing help paying for services (Figure 21).

Percent of respondents who expect to provide care in the next two years and anticipate being very or somewhat likely to need the following types of caregiver support in the future.

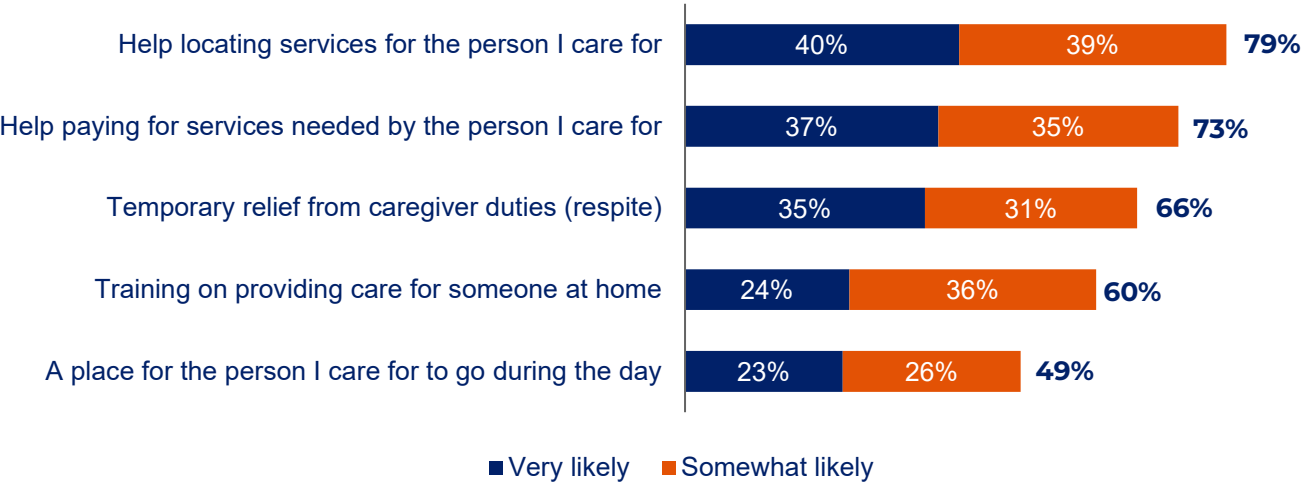


Figure 21: 2024 CASOA, respondents expecting caregiver support in the future

A 2025 state-level analysis of family caregiving conducted by Columbia University’s Mailman School of Public Health ranked Missouri in the “Safe for now” category, signaling that while the state is not currently facing a caregiving emergency, active monitoring is essential to maintain this status.^{xxxiv} The report emphasized that many states are on the brink of a caregiving crisis due to rising dementia diagnoses, workforce shortages, and the increasing intensity of unpaid care. Missouri’s status reflects relatively stable conditions across several indicators, including caregiver availability, long-term care capacity, and financial burden. However, the report recommends that even “Safe for now” states must proactively strengthen caregiver supports to avoid future instability. These include expanding training, respite, and financial assistance programs—particularly in rural areas where caregiving is most strained. As family caregivers continue to shoulder a growing share of care responsibilities, Missouri will need to sustain and enhance its current infrastructure to remain ahead of the curve ^{xxxv}

Missouri has taken proactive steps to strengthen its family caregiving infrastructure through a combination of legislative action, statewide program development, and targeted funding. The Missouri Caregiver Program (MCP) provides free assessments, education, assistive technology, and financial relief to caregivers supporting loved ones with Alzheimer's disease and related dementias (Figure 22). Additionally, Missouri enacted the Essential Caregiver Program Act in 2022 to ensure that long-term care residents retain access to designated support people during public health emergencies. These efforts are focused on reducing caregiver burden, delaying institutional placements, and preserving social connections for care recipients.

The subcommittee identified the following themes and areas the state should prioritize.

Key Themes and Priorities:

- Increase access to caregiver resources and innovative community-based supports.
- Invest in the caregiving workforce to better support families.
- Support working family caregivers across employment sectors.
- Strengthen support for kinship caregivers.



State Highlight – Missouri Caregiver Program (MCP)

The Missouri Caregiver Program (MCP), funded by the Missouri legislature, provides outreach, education, care consultations, and financial support for caregivers of individuals with Alzheimer's disease and related dementias. The program offers three targeted support tracks: home safety and education, care expense reimbursement, and assistive technology assistance. Due to growing demand, state funding for MCP has increased annually in recent years, allowing more caregivers to access needed supports that help individuals remain safely in their homes for as long as possible.

health.mo.gov/seniors/

Figure 22: MCP example

As more Missourians want to age in their homes rather than in nursing homes or long-term care facilities, the number of family caregivers who need support to provide care will continue to grow. The Family Caregivers subcommittee developed key strategies to improve caregiver support.

These strategies are focused on policy changes including incentivizing employers to extend benefits and support for family caregivers. They also include supporting policy at the state and local level for expanding caregiver resources, making programmatic changes focused on increasing awareness of caregiver resources, scaling community-based support programs, and improving access to caregiver training.

Vision, Recommendations and Action Items

Vision Statement: Family caregivers in Missouri will have knowledge of and access to adequate training and resources to provide effective care supporting the care recipient's choices and their own physical and mental well-being.

Recommendation: Increase Access to Caregiver Resources and Innovative Community-Based Supports. (FC1)

Family caregivers often struggle to navigate the landscape of available supports. Missouri can improve outcomes by ensuring that information about services and support, including respite care, and caregiver rights, is easy to find and access. Leveraging existing systems and promoting consistent dissemination of resources will reduce confusion and increase utilization.

Action Items:

- FC1.1: Leverage existing infrastructure (e.g., 211) and emerging technology (e.g., electronic medical record systems, Community Information Exchange) to improve visibility and utilization of resources. **L | NWD**
- FC1.2: Educate and incentivize consumers to complete long-term and advance care planning, including advance directive documentation. **L**
- FC1.3: Evaluate and scale innovative community-based and volunteer programs (e.g., senior companion programs, phone-based outreach, peer support groups, volunteer respite services). **M | DLE**
- FC1.4: Create and socialize a comprehensive list of resources available to family caregivers of all ages and across the lifespan to both consumers and professionals; ensure inclusion of respite and care alternatives; identify and include requirements for federal, state, and/or organizational benefits. **M | NWD**

Examples and Promising Practices

- Missouri Essential Caregiver Program Act was enacted in 2022 guarantees long-term care residents access to essential caregivers—even during declared public health emergencies. Residents may designate up to two support people to provide support and care, ensuring social connection and consistent support during facility lockdowns.

Recommendation: Invest in the Caregiving Workforce to Better Support Families. (FC2)

In addition to the valuable role family caregivers play, paid direct care workers provide important supports not just to older Missourians, but also their caregivers. Investing in workforce development, especially for home- and community-based workers, can reduce strain on families, support continuity of care, and help caregivers balance their roles.

Action Items:

- FC2.1: Consider innovative workforce strategies such as thorough and paid training, providing transportation to client sites, full-time employment, expanding benefits, guaranteeing a minimum number of hours or advancing pay in emergencies. **L**
- FC2.2: Consider innovative policies to support employees in health care fields, such as expanding the cap on income for those on social security and/or disability. **C**
- FC2.3: Leverage and centralize available training and education for professional care providers and family caregivers to improve care. **L**
- FC2.4: Consider replicating community-based or volunteer-powered programs. **M | DLE**
- FC2.5: Provide credentialing to direct care workers to support career development. **M**
- FC2.6: Provide professional care employers (e.g., Home Care, Adult Day) with assistance and incentives to develop and extend benefits for direct care workers to support respite and family caregiving needs. **C**

Recommendation: Support Working Family Caregivers Across Employment Sectors. (FC3)

Missourians who balance paid employment with caregiving responsibilities often lack the workplace supports they need to sustain both roles. Policy and employer-driven changes that promote flexibility and protect job security can ensure family caregivers are not forced to choose between earning a living and caring for a loved one.

Action Items:

- FC3.1: Promote caregiver employment supports for all, recognizing potential differences between jobs that require in person attendance (e.g., health care, food service) and remote or flexible roles. **M**
- FC3.2: Incentivize public and private employers to support family caregivers in remaining in the workplace through innovative models to support family caregivers (tax credits, family leave/bereavement policies, flexibility etc.) and consider hurdles based on employment site (required in person attendance versus remote). **C**

Recommendation: Strengthen Support for Kinship Caregivers. (FC4)

Kinship caregivers are often overlooked in formal systems. By recognizing and supporting these caregivers—financially, legally, and through planning tools—Missouri can reduce crises and improve outcomes for both caregivers and care recipients.

Action Item:

- FC4.1: Allow funding for support of kinship caregivers providing care outside the formal foster care system, including but not limited to legal services, financial assistance and respite care. **C**

Housing and Aging in Place

Enabling Missourians to Age with Dignity, Safety, and Choice

The Centers for Disease Control and Prevention (CDC) defines aging in place as “the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level.”^{xxxvi} According to American Association of Retired Persons (AARP's) 2021 Home and Community Preferences survey, most older adults age 50+ in the U.S. (around 75%) would like to stay in their homes or communities for as long as possible.^{xxxvii} As more older adults desire to remain in their homes as they age, it presents unique challenges related to housing affordability and availability. Expanding affordable and age-friendly housing options becomes even more necessary to meet this growing demand.

In addition to housing affordability, aging Missourians need housing that is accessible and will meet changing needs. Accessible housing options are frequently limited in availability. Recent census data shows that less than half of U.S. homes are aging-ready, with only 40% having the minimal features needed to meet accessibility requirements.^{xxxviii}

Community-Driven Priorities

Town hall participants highlighted these challenges, including a lack of affordable housing options and design modifications, for aging Missourians with mobility or medical needs. Figure 23 on page 45 shows detailed information on the types of accessibility features that respondents would find useful to help them age in place, but do not currently have.

An added concern is the impact of social isolation due to housing locations or limited community support. In rural areas like northwest Missouri, residents are specifically concerned with being able to attract developers and the need for increasing affordable housing options. According to the Community Assessment Survey for Older Adults (CASOA), only 1/3 of survey respondents live in communities that have places for people to live as they age. Most respondents expressed the need for home repairs and noted that inadequate living conditions limited the availability of safe housing for older adults.

A lack of affordable housing options, a limited supply of accessible housing, and inadequate living conditions contribute to housing challenges for older adults and adults with disabilities, with rural areas typically facing greater challenges. Missouri only has 45 affordable and available rental homes available per every 100 extremely low-income renters.^{xxxix} Similar to the rest of the nation, aging Missourians are the fastest growing homeless population. Nationally, one in five individuals aged 55 and older are experiencing homelessness.^{xl} As a result, the state needs to expand its

approaches to address its housing crisis so that all Missourians can age in a safe and healthy environment.

Percent of respondents indicating their home does not have an accessibility feature, but it would be useful to have it.	Older adults	Adults with disabilities	Caregivers	None of the above
Main-level living (at least the bedroom, bathroom, and kitchen are located on the main level)	12%	11%	12%	21%
Step-free entrances and walkways	42%	45%	48%	37%
Ramp access	33%	38%	41%	33%
Doorways wide enough to accommodate a walker or wheelchair	28%	30%	37%	24%
Bright overhead lighting, night lights, accessible lamps, and other lighting to easily see and maneuver in the home	15%	19%	20%	22%
Shelves where nothing is out of reach	38%	43%	44%	36%
Countertops that are comfortable sitting or standing	25%	29%	31%	28%
Walk-in bath or shower	38%	46%	45%	43%
Stairs with handrails	15%	19%	17%	21%
Floors that allow for easy movement between rooms (e.g., minimal or no carpet, level floors without tripping hazards)	19%	24%	22%	21%
Easy to reach (sitting or standing) light switches, electrical outlets, thermostats, and other environmental controls	12%	15%	16%	15%
Lever door handles	33%	36%	38%	28%
Lever sink faucets	20%	24%	23%	26%
Grab bars or rails in the bathroom (e.g., in or near shower/bathtub, near the toilet)	45%	47%	49%	38%
Raised toilet seat	30%	34%	35%	22%

Figure 23: 2024 CASOA, accessible features in homes that would be useful to have

Missouri has laid important groundwork to support aging in place through investments in housing, services, and community partnerships. Programs such as the Low-Income Housing Tax Credit (LIHTC), *St. Louis Affordable Housing Report Card* (Figure 24 on page 46), state-supported home modification funding, and broadband expansion efforts provide a foundation for continued progress.

However, as the population ages and the demand for accessible housing grows, particularly in rural areas, there are increasing challenges related to affordability, home maintenance, and accessibility upgrades. While many older Missourians live in homes they own, rising property costs and the complexity of home modifications can make it difficult to remain safely housed.

In response to legal hurdles that limit access to stable housing for older adults and individuals with disabilities, Missouri communities have launched efforts to expand tenant protections, improve legal support, and raise awareness of renters' rights. Community-based initiatives and city-led programs are working to reduce housing insecurity and prevent evictions, particularly among vulnerable populations. Recognizing these challenges, the Housing and Aging in Place Subcommittee identified the following themes and areas the state should prioritize.

Key Themes and Priorities:

- Develop a state oversight agency appointed by the Governor.
- Implement a multi-pronged approach that focuses on finance and funding, legal and legislative issues, and program administration and process improvements.
- Conduct public education and awareness campaigns.

The following recommendations are aimed at increasing the availability of affordable and accessible housing, expanding funding and incentives for home modifications, and improving

public education and tenant navigation supports.



The *St. Louis Affordable Housing Report Card*, released in 2021, provides a road map for evaluating affordable housing needs and allows supporters to assess whether the region is making progress toward meeting our affordable housing needs. This process could be replicated in other areas to develop similar roadmaps to tackle similar issues across the state.

Figure 24: Description of St. Louis Affordable Housing Report Card

The subcommittee also explored broader solutions such as creating clear housing quality standards, establishing a statewide housing ombudsman, and considering eviction expungement policies to better support long-term housing stability.

With continued coordination, targeted investment, and thoughtful policy development, Missouri can build on its existing successes and ensure that every resident can age with dignity, safety, and independence in the community of their choice.

Vision, Recommendations, and Action Items

Vision Statement: We envision Missouri as a state where every person has access to safe, affordable, quality, accessible housing suitable for all ages and abilities in a caring community that provides the necessary support and services to meet the needs of all citizens.

Recommendation: Develop a state oversight agency appointed by the Governor. (HAIP1)

Aging and housing challenges span multiple agencies, funding streams, and service systems. Without centralized oversight, efforts to address them can be fragmented and duplicative. Establishing high-level leadership enables accountability, cross-sector collaboration, and a unified strategy to help Missouri residents age safely and independently in their homes and communities.

Action Items

- HAIP1.1: Appoint a Deputy Cabinet Secretary/Special Council with cross-departmental authority to oversee and execute the following recommendations. **M | NWD**
- HAIP1.2: Form a cross-departmental task force that includes leadership from each agency responsible for implementing the MPA. This cross-departmental task force shall ensure there is a strategic plan that coordinates all MPA goals, responsibilities, and evaluation metrics. **M | NWD**

Recommendation: Focus on finance and funding. (HAIP2)

Stable, affordable, and accessible housing cannot be achieved without sustained financial investment. Strengthening funding mechanisms is critical to meeting the growing demand and ensuring access to safe housing options across the state for all.

Action Items

- HAIP2.1: Determine if hospitals, Home Health Agencies, Programs of All-inclusive Care for the Elderly (PACE), Accountable Care Organizations, and providers are

willing to pay for home modifications to drive down readmissions and allow for faster discharges. **M**

- HAIP2.2: Increase funding to Department of Health and Senior Services (DHSS) and Department of Mental Health (DMH)/Division of Developmental Disabilities waiver programs and Older Americans Act (OAA) Funding administered through the state's Area Agencies on Aging (AAAs) to incentivize more contractors to provide home modifications services. Additionally, the limits on home modifications should be increased, and automatic incremental increases should be added for the Consumer Price Index (CPI)/inflation. **C**
- HAIP2.3: Create a tax credit or financial relief for family members with disabilities who are financially challenged and live with their family members, provided that the family members provide care to the individual. **C | FC**
- HAIP2.4: Increase state and local funding available to support affordable housing services and development, particularly funding for home maintenance, modifications, and repairs. **C**
- HAIP2.5: Increase funding to the LIHTC program to meet Missouri's affordable housing needs. **C**
- HAIP2.6: Allocate adequate funding for the analysis of statewide demographic data to ensure effective and efficient resource allocation. Based on the data analysis findings, the Missouri Housing Development Commission (MHDC) should receive funding to expand universally designed apartments through the LIHTC. **C**
- HAIP2.7: Redirect housing funds to incentivize developers to invest in affordable and accessible housing. **C**
- HAIP2.8: Incentivize relevant state and local stakeholders (e.g., housing finance agencies, developers, community organizations) to integrate universal design elements into all housing types. **C**
- HAIP2.9: Missouri must comply with the Fair Housing Act, bringing federal funding back to Missouri. **C**

Examples and Best Practices

- *National Low Income Housing Coalition's Emergency Rental Assistance (ERA): A Blueprint for a Permanent Program* (November 2022) is the U.S. Treasury's ERA Blueprint highlighting effective state and local strategies for delivering rental assistance quickly and equitably. Key practices include streamlining applications, reducing documentation barriers, and partnering with community organizations to reach underserved populations.

nlihc.org/sites/default/files/2022-ERA-Blueprint-Policy.pdf

- Moberly Junior High School repurposed into senior housing in long-awaited \$14 Million project.

centralmoinfo.com/groundbreaking-held-for-moberly-junior-high-renovation/

Recommendation: Focus on law, legislation, and legal issues. (HAIP3)

Policy and legal frameworks shape the housing landscape in important ways. Updating existing statutes and exploring thoughtful reforms can help remove impediments to housing access, strengthen protections, and ensure programs work effectively for those who need them. This includes aligning state laws with best practices while building on Missouri's ongoing efforts to improve access and support for all.

Action Items

- HAIP3.1: Provide counsel through legal aid for older adults, adults with disabilities, and low-income individuals when evicted. Eviction cannot occur until the action has passed through the court system. **M**
- HAIP3.2: Expand the LIHTC Program to meet Missouri's growing need for affordable housing. **C**
- HAIP3.3: Evaluate and replace LIHTC housing where it is being lost. Prioritize developments where properties are expiring. **C**
- HAIP3.4: Address comprehensive housing and zoning issues that can increase the development of universal design housing and community living programs. **C**
- HAIP3.5: Adopt standardized building codes. **C**
- HAIP3.6: Implement policies to establish standards and set percentage targets for new construction. **C**
- HAIP3.7: Pass zoning changes that expand housing options and requirements to offer upgrade packages for privately funded construction. **C**
- HAIP3.8: Pass a law regarding pre-housing fees that do not require renters to repeatedly apply with property management companies, complete multiple applications, and pay costly, non-refundable application fees. **C**
- HAIP3.9: Pass a housing reform bill that will make it easier for individuals to access housing vouchers on every level, from city to state. **C**
- HAIP3.10: Update existing state programs and legislation pertaining to existing property tax assistance programs. **C**
- HAIP3.11: Expand the Circuit Breaker - Missouri Property Tax Credit (MO-PTC), to ensure that eligible older adults and individuals with disabilities can participate. **C**

- HAIP3.12: Develop a “Clean Slate” policy on eviction expungement for renters so that previous evictions do not remain on the record for an extended period. **C**

Recommendation: Focus on improving program administration and processes. (HAIP4)

Many strong programs already exist in Missouri, but clearer processes, improved coordination, and easier access to services can make them even more effective. Streamlining operations and fostering collaboration across sectors can help ensure programs are responsive, accessible, and well positioned to meet residents’ evolving needs.

Action Items

- HAIP4.1: Centralize information and resources for Missouri residents to access information on affordable housing. **L | NWD**
- HAIP4.2: Coordinate housing maintenance programs to help people who are aging and individuals with disabilities remain in their homes. **L**
- HAIP4.3: Encourage regional networks of home repair providers to collaborate to provide services and share referrals. **L**
- HAIP4.4: Streamline provider enrollment for contractors into State Medicaid Waiver programs. **M**
- HAIP4.5: Use state departments and other stakeholders to facilitate opportunities for small developers to partner with large not-for-profit developers to increase financial sustainability into the LIHTC 15/30-year affordability period. **M**
- HAIP4.6: Develop a way for individuals who leave nursing homes to document their actual income, as it is currently difficult for those on SSI to show the amount of money going to the nursing facility, rather than just their allocated spending money. **M | LTSS**
- HAIP4.7: Create a Missouri Housing Ombudsman to oversee a statewide system for Missourians to access assistance regarding rental issues. **C**
- HAIP4.8: Prioritize access to assistive, health-related, and remote monitoring technologies and support their use by expanding the state’s broadband infrastructure. **C**
- HAIP4.9: Develop statewide minimum standards for rental properties with penalties for those out of compliance. **C**
- HAIP4.10: Allow subcontracting of construction through state Medicaid programs. **C**

Examples and Best Practices

- *Addressing Homelessness Among Older Adults: Final Report* (October 2023) by the United States Health and Human Services, Assistant Secretary for Planning and Evaluation provides strategies to address rising homelessness among older adults through coordination, data use, and targeted housing supports.
aspe.hhs.gov/reports/older-adult-homelessness
- WeBUILT Something More is developing a 22-home inclusive community in Fulton, Missouri, to support independent living for individuals with disabilities.
webuilt-fulton.org/webuilt-something-more/

Recommendation: Conduct public education and awareness campaigns. (HAIP5)

Awareness of available resources is often the first step in accessing support. Education and outreach, tailored to tenants, landlords, and communities, can help expand understanding of housing rights, financial supports, and accessibility options. These efforts build on existing work and can play another key role in helping Missourians make informed choices about their housing futures.

Action Items

- HAIP5.1: Promote examples of existing programs and resources for home maintenance, modifications, and repairs in Missouri and other states to highlight different approaches that could be replicated or expanded in Missouri. **L**
- HAIP5.2: Educate aging adults via public service announcements, television, and radio on the availability of coordinated housing supports in Missouri. **L**
- HAIP5.3: Create a list and/or flow chart of available funding (PACE, Veterans Affairs, DHSS, DMH, etc.). **L**
- HAIP5.4: Ensure organizations providing essential and connective services to individuals who are aging, individuals with disabilities, and their caregivers, are aware of funding sources. **L**
- HAIP5.5: Develop promotional materials and initiation of outreach efforts. **L**
- HAIP5.6: Promote existing property tax assistance programs available at the state and local levels. **L**
- HAIP5.7: Educate renters on renters' rights, how to get legal assistance for the defense of eviction, ADA requirements of landlords, and the renters' expectations. **L**
- HAIP5.8: Establish and maintain a website, develop promotional materials, and initiate outreach efforts around universal design education and public awareness for state and local stakeholders and the general public. **L**

- HAIP5.9: Educate individuals and entities on the state law which prohibits evictions for survivors of domestic violence in the home when police are called to assist the survivor. **L | SS**
- HAIP5.10: Adopt a definition of universal design to provide clarity of purpose, increase inclusion, and create a single definition used across governmental agencies. **M**
- HAIP5.11: Support a statewide educational campaign highlighting information and benefits for communities and developers about affordable housing success, universal design in new developments, accessory dwelling units, and community and intergenerational living. **M**
- HAIP5.12: Create a “one-stop shop” within the NWD organization and aging media resources, tools, and plans to be used by the Cross-Departmental Task Force to communicate Missouri's affordable housing needs and resources. Upload all resources and documents to a single site for Missouri. **M | NWD**
- HAIP5.13: Educate landlords on ADA responsibilities, eviction laws and renters' rights. **M**

Sources the Subcommittee leveraged to develop recommendations

- *2025 Qualified Allocation Plan for MHDC Multifamily Programs* (July 12, 2024), Missouri Housing Development Commission.
mhdc.com/media/4gumckfx/2025-qualified-allocation-plan.pdf
- *AAA Housing and Homelessness Programs and Partnerships* (July 2023), US Aging.
usaging.org/Files/Fast%20Facts-AAA-Housing-508.pdf
- *Addressing America's Affordable Housing Crisis* (April 12, 2023), Urban Institute.
housingmatters.urban.org/
- *Affordable Rental Housing Development in the For-Profit Sector: A Case Study of McCormack Baron Salazar* (March 2016), Harvard Joint Center for Housing Studies.
jchs.harvard.edu/sites/default/files/bratt_mbs_feb_2016_final.pdf
- *City of St. Louis 2023 Affordable Housing Report* (November 30, 2023), City of St. Louis Community Development Administration.
stlouis-mo.gov/
- *Evidence Matters: Regulatory Barriers and Affordable Housing* (Spring 2018), U.S. Office of Housing and Urban Development.
papers.ssrn.com/sol3/papers.cfm?abstract_id=3615773

- *Five-Year Strategic Plan for Affordable Housing for the State of Missouri* (May 2020), Missouri Housing Development Commission.
mhdc.com/media/0imn1qd4/2020-0910-strategic-plan-no-watermark.pdf
- GAO: The Affordable Housing Crisis Grows While Efforts to Increase Supply Fall Short (October 12, 2023).
gao.gov/blog/affordable-housing-crisis-grows-while-efforts-increase-supply-fall-short
- Homelessness in Missouri: What Housing Programs are Available? Empower Missouri (February 2022).
empowermissouri.org/homelessness-in-missouri-what-housing-programs-are-available/
- HUD chief targets rental fees, tenant screening (March 10, 2023).
multifamilydive.com/news/HUD_hidden_fees_tenant_screening/644729/
- Introduction to Missouri's State Budget (2024), Missouri Budget Project.
<https://mobudget.org/missouri-budget/>
- *Improving Low-Income Housing Tax Credit Data for Preservation* (October 6, 2022), National Low Income Housing Coalition & Public and Affordable Housing Research Corporation.
nlihc.org/
- Looming LIHTC Roll-Off Dates Could Compound Regional Affordable Housing Challenges (December 13, 2023).
marc.org/news/economy/
- Missouri Clean Slate Campaign: A Record Should Not Be a Life Sentence to Poverty.
mocleanslate.org/
- Missouri Lawmakers Considering Workforce Housing Development Incentives (February 6, 2024), *News Tribune*.
newstribune.com/news/2024/feb/06/lawmakers-considering-workforce-housing/
- National Preservation Database,
preservationdatabase.org/
- NIMBY? Residential Values Increase Near New LIHTC Senior Communities (May 19, 2020).
linkedin.com/pulse/nimby-residential-values-increase-near-new-lihtc-senior-richard-bell/
- Noncompliance on Federal Fair Housing Costs Missouri \$500,000 Annually (November 14, 2023), *Missouri Independent*.
missouriindependent.com/
- *Report of the HB343 Money Follows the Person Sustainability Committee*.
dss.mo.gov/mhd/general/pdf/HB343-Sustainability-Report.pdf

- Revised Statutes of Missouri—RSMo § 89.020, MO.gov.
revisor.mo.gov/main/OneSection.aspx?section=89.020
- *St. Louis Affordable Housing Report Card* (2021).
affordablestl.com/summary
- *The Case Against Rental Application Fees* (Fall 2022), *Georgetown Journal on Poverty Law and Policy*, Volume XXX, Number 1.
law.georgetown.edu/poverty-journal/
- *The Gap: A Shortage of Affordable Homes* (March 2024), National Low Income Housing Coalition.
nlihc.org/sites/default/files/gap/2024/Gap-Report_2024.pdf
- What is Universal Design? National Association of Home Builders.
nahb.org/other/consumer-resources/what-is-universal-design

Long-Term Services and Supports (LTSS)

Connecting Missourians to the Right Care, in the Right Setting, at the Right Time

LTSS consist of a variety of home and community-based services (HCBS) designed to assist a person in meeting their health and/or personal care needs when they can no longer perform everyday activities independently. These services may include help with preparing meals, housekeeping, personal care, transportation and home health aide services. About 70% of adults over 65 are expected to need long-term care services in the U.S. ^{xli}

Community-Driven Priorities

One of the most frequently cited concerns across all domains was simply knowing how to access needed services. Additionally, town hall participants and survey respondents expressed concerns about the limited availability and affordability of long-term care supports and services, particularly in rural areas. They also noted the shortage of trained workers in both facility-based and home- and community-based settings. Participants also shared experiences of a perceived lack of respect and dignity in the delivery of LTSS and pointed to gaps in assistance with planning for long-term care needs, such as preparing wills or establishing powers of attorney.

Figure 25 and Figure 26 (on page 56) show the challenges that older adults, people with disabilities, and caregivers face in terms of independent living and finances. These financial constraints directly affect individuals' ability to afford long-term care services, limiting their options for in-home support, assisted living, or skilled nursing care, especially when private pay is the only option and public coverage is limited or complex to navigate.

Percent who said each potential challenge was a major or moderate problem.	Older adults	Adults with disabilities	Caregivers	None of the above
Staying physically fit	37%	56%	42%	40%
Doing heavy or intense housework	31%	58%	36%	17%
Maintaining your home	31%	51%	39%	19%
Maintaining your yard	27%	45%	33%	21%
Having housing to suit your needs	13%	23%	15%	11%
Performing regular activities, including walking, eating, and preparing meals	13%	30%	15%	4%

Figure 25: 2024 CASOA, challenges of older adults, adults with disabilities, and caregivers around independent living

Percent who said each potential challenge was a major or moderate problem.	Older adults	Adults with disabilities	Caregivers	None of the above
Finding affordable health insurance	31%	32%	41%	24%
Having enough money to meet daily expenses	27%	43%	33%	40%
Having enough money to pay your property taxes	25%	36%	32%	20%

Figure 26: 2024 CASOA, challenges of older adults, adults with disabilities, and caregivers around finance

Missouri offers an array of LTSS across home, community, and facility-based settings supported by various payers, including Medicaid, Medicare, Veterans Affairs, federal aging and disability grants, and state and local grants. Care and support are available in a variety of settings such as adult day programs, day habilitation centers, childcare centers serving children with medical complexities, group homes, assisted living and residential care facilities, intermediate care facilities, and skilled nursing facilities as well as individualized supported living. Home and community-based care is also available through self-directed and agency in-home models with wrap-around supports provided by community partners.

As more older adults are expected to require LTSS in Missouri, availability has become a primary concern in the state. Missourians face specific challenges related to LTSS, such as workforce shortages impacting access to in-home services, direct care, and nursing facilities.

There are also concerns with the quality of available care, the affordability of long-term care services, and difficulty navigating these complex care systems.

The LTSS subcommittee has identified tailored strategies in the following topical areas:

Key Themes and Priorities:

- Affordability and advanced planning.
- Maintain and expand access to existing LTSS options while enhancing quality of care.
- Workforce recruitment and retention.
- Comprehensive service navigation.

MO LTSS by the numbers

(non-exhaustive list):

- 68,224 individuals receiving Medicaid HCBS (monthly SFY 24 average)
- 798 veterans residing in Missouri Veterans Homes (as of 7/1/24)
- 259 served through I/DD habilitation centers (census as of 6/30/24)
- 17,280 individuals with intellectual/developmental disabilities receiving home and community-based supports through targeted Medicaid waiver services
- ~55,000 residents in residential, assisted living, skilled and intermediate care facilities
- 71 participants enrolled in Program of All-Inclusive Care for the Elderly (PACE) (SFY 24)
- 108,574 persons receiving home delivered or congregate meals and supportive services through the Older Americans Act (OAA) (FFY 2023)
- 18,691 consumers served through the Independent Living Centers (FY 24)
- ~200 veterans receiving Veterans Directed Care (6/25)
- 18,001 individuals served by Centers for Independent Living (CIL)

Figure 27: Missouri LTSS figures

While the subcommittee originally drafted independent recommendations based on the model of service delivery (in-home care vs. facility-based care), there were concurrent efforts to re-envision how Missouri should approach LTSS through a two-year grant entitled, “No Wrong Door System Governance: Improving Access to LTSS for Individuals and Family Caregivers”. This grant enabled subcommittee members to review the scope of LTSS options through less of an exclusive division between two alternatives (in-home vs. facility-based care models), but rather as part of a continuum of care options for consumers by asking two distinct questions:

1. Where is home?
2. What supports are needed?

The answer to the first question is addressed by establishing a physical space continuum where a participant may choose to live in single-family residence, some type of intentional community, such as a retirement community with groups of residences in a defined area, or more congregate care settings, which can include a variety of models from residential care to assisted living and skilled nursing care

(Figure 28). Movement along the physical space continuum varies based on autonomy, community integration, and choice.

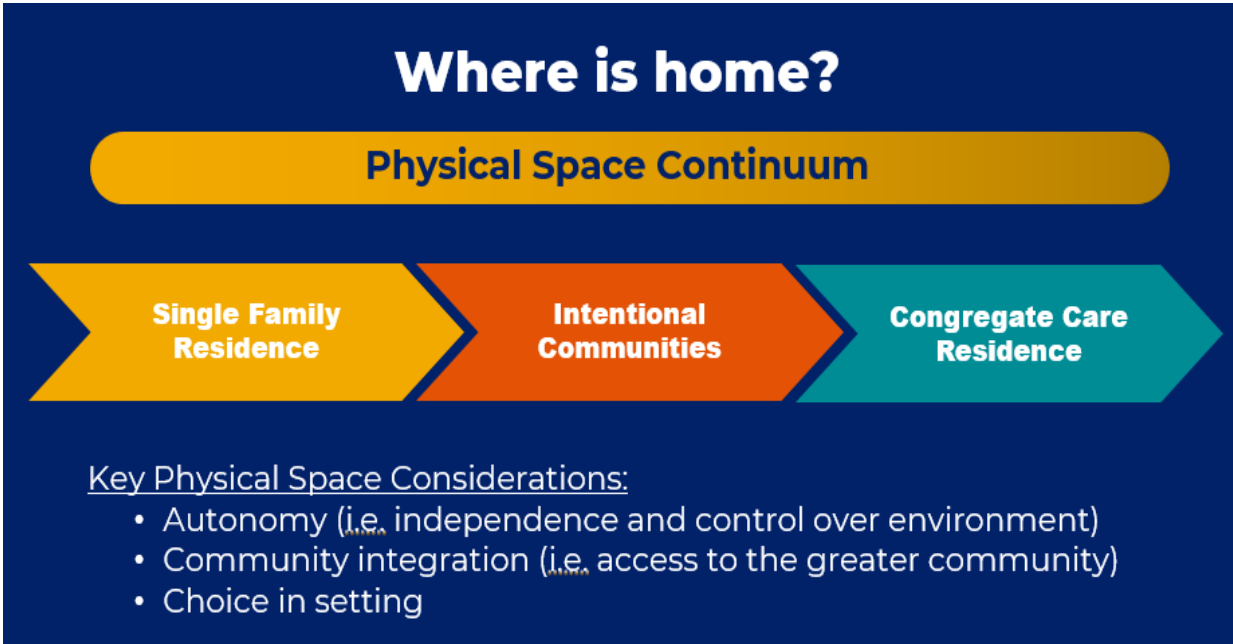


Figure 28: The first question to reviewing the scope of LTSS options

The second question addresses what supports or services are needed in the location of choice (Figure 29). While some services are limited by location, each of these needs can be met wherever a consumer chooses to live.



Figure 29: The second question to reviewing the scope of LTSS options

The provision of services must also consider the level of natural supports that exists for a consumer to ensure that the coordination of formal supports are aligned and responsive to current needs (Figure 30).

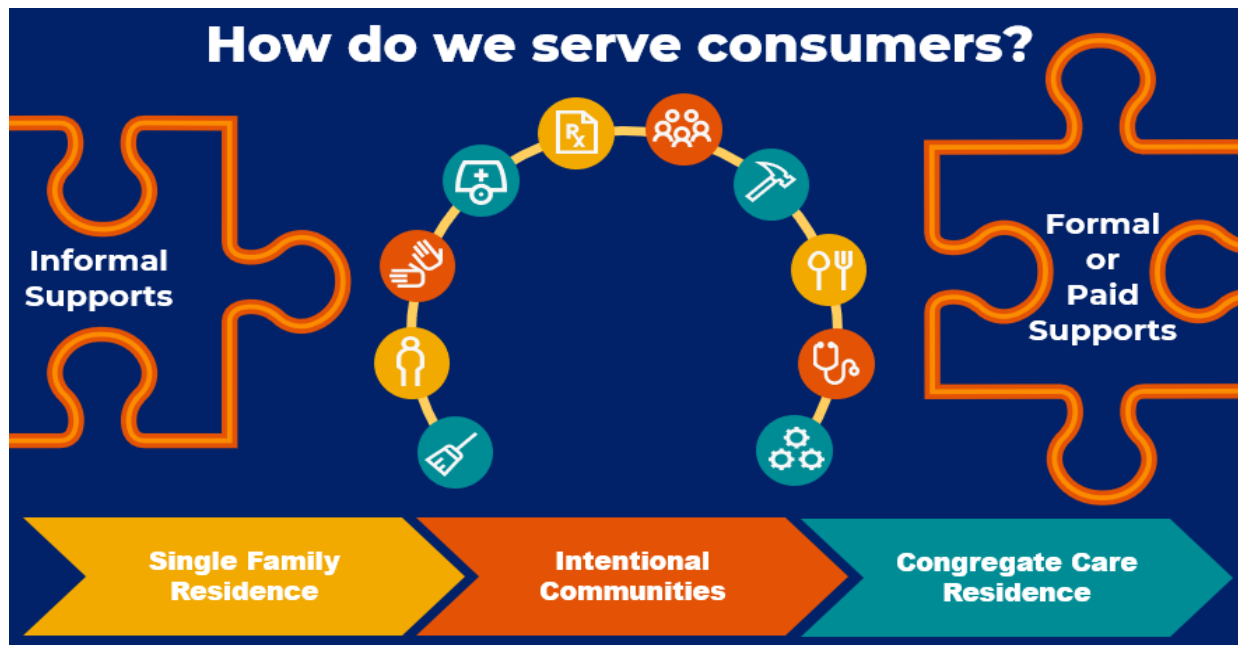


Figure 30: Coordination of informal and formal or paid supports

This evolution from two distinct care options to the basics of where people want to live and how they want to have their needs met is reflected in the LTSS subcommittee's recommendations along with a strong emphasis on informed choice.

Vision, Recommendations, and Action Items

Vision Statement: Missourians will have the knowledge and resources to make informed and person-centered choices regarding the setting in which quality LTSS are available for delivery, including individual HCBS and congregate care options, that maximize independence, health, and quality of life.

Recommendation: Promote Advanced Planning and Affordability. (LTSS1)

Informed choice begins with advanced planning for LTSS care which has a direct impact on the affordability of that care. Therefore, this committee recommends actions that will enable more Missourians to:

- Make LTSS decisions prior to needing such services due to aging, disability, or life altering event.
- Utilize financial arrangements that improve affordability of LTSS options.

Action Items:

- LTSS1.1: Educate professionals and the general public about who pays for LTSS now, including limitations with current Medicare programs (both traditional and Advantage plans) and LTSS coverage. **L**
- LTSS1.2: Offer structured education sessions on financial literacy, formal savings arrangements, and legal decision-making tools, including utilization of Charting the Life Course, at various life transition points to help normalize LTSS decisions for consumers and their loved ones (i.e., upon entry into middle school, high school graduation, marriage, birth of children/grandchildren, retirement planning, etc.). **L**
- LTSS1.3: Market existing financial arrangements available for LTSS, including public education campaigns (i.e., ABLE accounts, Qualified Income Miller Trust, Shared Care Tax Credit, Long-Term Dignity Savings Accounts, long-term care insurance, etc.). **M | FC**
- LTSS1.4: Explore and develop new long-term care tax credit, savings models, and/or investments that incentivize consumer contributions with associated match (i.e., Washington Cares Fund). **C**

Examples and Promising Practices

- The MO ABLE program, administered by the Missouri State Treasurer's Office in partnership with the national STABLE Account plan, offers tax-advantaged savings for disability-related expenses without risking eligibility for Medicaid, SSI, Supplemental Nutrition Assistance Program (SNAP), or MO HealthNet benefits. Contributions may be deductible on state taxes, and earnings grow tax-free. moable.com/ **WPH**
- The Shared Care Tax Credit (SCT) provides Missouri caregivers a non-refundable tax credit (up to \$500) when they live with and provide unpaid care to an elderly person aged 60+ who needs assistance with daily living and isn't receiving Medicaid or other covered services. dor.mo.gov/tax-credits/sct.html **FC**
- The Washington Cares Fund is a publicly funded long-term care insurance program that provides eligible Washington workers with up to \$36,500 in lifetime benefits (adjusted annually for inflation) to help pay for services such as in-home care, family caregiving, home modifications, transportation, and other supports needed to live independently. Funded through a payroll deduction of 0.58%, the program aims to ensure working residents have access to basic LTSS as they age. wacaresfund.wa.gov/

Recommendation: Maintain access to existing LTSS options. (LTSS2)

Missouri's investments in its current array of LTSS must be maintained while finding opportunities to increase the quality of care provided. This includes supporting provider reimbursement rates of Medicaid LTSS across settings (i.e., home, community, and congregate settings), including sufficient caregiver wages to remain competitive with market conditions. It also requires continued funding to support additional Medicaid waiver slots to appropriately serve individuals as they age and avoid waitlists. This committee recommends actions to:

- Enhance existing Medicaid HCBS.
- Enhance existing monitoring and quality assurance of LTSS in a congregate setting.

Action Items:

- LTSS2.1: Review existing service authorization processes and develop options to encourage person-centered service delivery. **L**
- LTSS2.2: Explore opportunities available to advance quality and integrity of HCBS through oversight, education, and outreach. **L**
- LTSS2.3: Increase public education regarding transparency of existing long-term care facility survey results and complaints and resources available to facilities in need of remediation. **L**
- LTSS2.4: Build and enhance value-based payment options to ensure quality care, driven by positive outcomes, is given by providers. **M**
- LTSS2.5: Pursuant to the federal Medicaid Access Rule, establish and manage a grievance process for consumers receiving HCBS to notify the state regarding complaints, trends, and compliance with person-centered planning and the HCBS Settings Rule requirements. Similarly, Missouri will operate and maintain an electronic incident management system to identify, report, triage, investigate, resolve, track, and trend critical incidents among HCBS participants. **M**
- LTSS2.6: Invest in additional paid ombudsmen to meet the needs of residents and support a more extensive network of volunteer ombudsmen. **M | DLE**
- LTSS2.7: Invest in additional state surveyors of long-term care facilities at a competitive wage to address the needs for increased regulatory oversight and growing complaints. **M**
- LTSS2.8: Enhance existing monitoring and quality assurance of LTSS in congregate settings. **M**
- LTSS2.9: Increase access to, and effective utilization of, assistive and enabling technologies, including the support infrastructure to link participants to the

appropriate technology to meet their identified needs and the follow-up to ensure said technology continues to meet needs over time. **C | FC**

- LTSS2.10: Explore and implement the provision of therapies (OT, PT, cognitive, and speech) outside of a clinic or facility setting. **C | WPH**
- LTSS2.11: Support provider reimbursement rates of Medicaid LTSS across the settings (home, community, and congregate settings) including sufficient caregiver wages to remain competitive with market conditions. **C | FC**
- LTSS2.12: Continue to fund additional Medicaid waiver slots to appropriately serve individuals as they age and avoid waitlists. **C**

Examples and Promising Practices

- *Missouri Department of Health and Senior Services: Rate Study for 1915(c) Waiver and Select State Plan* (January 2025) published by the Missouri Department of Health and Senior Services provides an updated rate study of HCBS services, including current rates needed for staff compensation, benefits, other service-related and administrative costs.
health.mo.gov/seniors/hcbs/info-docs/rate-study-for-1915c.pdf
- Missouri is actively implementing components of the federal Medicaid Access Rule through ongoing interagency collaboration between Department of Mental Health (DMH), Department of Social Services (DSS), and Department of Health and Senior Services (DHSS). The state is placing particular emphasis on standardizing quality assurance processes, establishing a unified grievance system, and enhancing critical incident tracking. A no-wrong-door grievance process is under development to allow HCBS participants to report concerns across agencies without duplication. The state is also working to streamline the definition and reporting of critical incidents and plans to develop a centralized aggregator to track incidents, grievances, and Medicaid claims.
cms.gov/newsroom/fact-sheets/ensuring-access-medicaid-services-final-rule-cms-2442-f

Recommendation: Increase access to more LTSS options. (LTSS3)

While existing LTSS options must be maintained, Missouri and its partners must do more to ensure there are sufficient services and supports to meet increasing demand for choice and person-centered care options. This committee recommends actions to:

- Expand the array of LTSS options and where they are provided.

Action Items:

- LTSS3.1: Analyze promising LTSS models of care identified by national health policy organizations and determine feasibility for implementation in Missouri's LTSS system. **L**
- LTSS3.2: Support additional advancements in the Show Me Homes program (i.e., Money Follows the Person) to ensure more residents of congregate settings are aware of the array of LTSS options available, including transition services. **M | HAIP**
- LTSS3.3: Explore and invest in additional “intentional communities” through grants to local organizations to coordinate and ensure services are available to support aging in place such as Naturally Occurring Retirement Communities (NORC), Community Aging in Place—Advancing Better Living for Elders (CAPABLE), Independent Supportive Living (ISL) arrangements, and multigenerational communities. **M | HAIP**
- LTSS3.4: Increase person-centered practices in all LTSS settings through enhanced training that respects self-determination (i.e., The Eden Alternative, Charting the Life Course, etc.) **M**
- LTSS3.5: Serve more Missourians through additional Adult Day Care Centers, Day Habilitation Centers, PACE, and Prescribed Pediatric Extended Care (PPEC) facilities across the state. **C | FC**
- LTSS3.6: Expand comprehensive behavioral health services for individuals with severe mental illness living in both community and congregate settings that meet individual needs in the least restrictive setting. **C**
- LTSS3.7: Expand access to additional LTSS options serving individuals in need of memory care, traumatic or acquired brain injury rehabilitation, tracheotomy care, ventilator care, and/or who are blind or have hearing impairments. **C**

Recommendation: Support workforce recruitment and retention. (LTSS4)

Expansion of LTSS options requires investment in staffing to ensure care and support is delivered according to best practices and established standards meet the needs of the intended beneficiaries. Therefore, this committee recommends actions to:

- Increase the number of paid caregivers working across LTSS settings.
- Support a thriving caregiver network that is appropriately trained and paid competitive wages to provide quality LTSS to consumers.

Action Items:

- LTSS4.1: Develop a comprehensive crosswalk of entry level caregiver positions in Missouri, regardless of LTSS setting, and their associated responsibilities, training, and requirements. Crosswalk will contain, at a minimum, the following professions: direct service worker/personal care attendant, certified nurse aide, direct service professional (including apprenticeship option), medication aides, and community health workers. **L | FC**
- LTSS4.2: Identify gaps in current caregiver training practices and develop opportunities for targeted training development, including both online training options and hands-on learning labs (i.e., communication and other soft skills, trauma-informed care, Occupational Safety and Health Administration (OSHA), dementia, body mechanics, chronic health conditions, holistic care, behavioral health, etc.). **L | FC**
- LTSS4.3: Seek ongoing feedback from various paid caregivers to identify areas where caregivers are excelling and opportunities for workforce improvement. **L | FC**
- LTSS4.4: Rebrand aging and caregiving fields through public media workforce recruitment campaigns which highlight the benefits of caregiving careers and the various training options available. **L | FC**
- LTSS4.5: Explore opportunities to support caregivers in training, including, but not limited to, formal mentorships, financial scholarships, stipends, paid apprenticeship/pre-apprenticeship options, etc. **L | FC**
- LTSS4.6: Create a caregiving career lattice that identifies advancement opportunities to both medical and social service fields. **M | FC**
- LTSS4.7: Identify and address any hurdles that may limit an increase in training enrollment such as limitations on approved websites or lack of qualified instructors. **M**
- LTSS4.8: Resolve pipeline issues related to workforce shortage for registered nurses and licensed practical nurses that are responsible for both skilled care and oversight of entry level caregiver positions. **C**
- LTSS4.9: Invest in early exposure to LTSS careers through purposeful engagement with middle and high school students and nursing students (i.e., shadowing opportunities, volunteerism, and internships). **C**
- LTSS4.10: Develop standardized curriculum for high school, community college, or other training programs that adequately prepares caregivers to serve in any type of LTSS setting or population of choice. Such training materials should be

available in languages other than English (including American Sign Language).

C | FC

Examples and Promising Practices

- Missouri's Direct Service Worker (DSW) Panel, led by Division of Senior and Disability Services (DSDS) in partnership with Advancing States, brings together frontline workers every other month to provide input on recruitment, retention, and training strategies.
- Missouri's DSW Learning Management System is a new training platform being developed by DSDS to standardize personal care training, reduce provider burden, and create career pathways through specialty certifications.

Recommendation: Provide comprehensive service navigation. (LTSS5) **NWD**

Any comprehensive system of LTSS requires careful navigation to appropriately address Missourians' needs in a timely manner and regardless of payer source. Therefore, this committee recommended the state and its partners:

- Continue to develop a person-centered intake and referral system, utilizing braiding and blending of funds as appropriate, to assist Missourians in navigating the LTSS system. **NWD**
- Invest in consumer-friendly technology that allows the sharing of health care, social services, and LTSS information to ensure that all Missourians are receiving person-centered care with minimal duplication of effort. **NWD**

Action Items:

- LTSS5.1: Establish an ongoing statewide LTSS Navigation Council. **L | NWD**
- LTSS5.2: Ensure that veterans and their qualifying spouses are included in the development of the No Wrong Door framework. **L | NWD**
- LTSS5.3: Develop education and training to help more LTSS professionals recognize their role as system navigators. **L | NWD**

Best Practice – A No Wrong Door (NWD) system ensures that individuals can access LTSS through multiple coordinated entry points—regardless of age, income, or disability—receiving standardized assessments, Person-centered Counseling (PCC), and streamlined referrals. NWD systems integrate aging and Aging and Disability Resource Centers (ADRCs), Medicaid agencies, and community-based organizations to reduce duplication and improve service navigation.

Figure 31: Best practice for LTSS access

- LTSS5.4: Develop an LTSS 101 training for professionals and the general public to understand the cadre of services available in LTSS and the best place to contact for further information and assistance (to include policy recommendations for each cabinet-level department to include LTSS 101 training as a part of orientation, annual training, etc. as needed to assure all state departments can get any Missourian to a designated access point). **L | NWD**
- LTSS5.5: Develop a website to locate assistance for aging and disability-related services in Missouri which meets plain language and accessibility functions, including use of artificial intelligence technology to enhance access to information and assistance. **L | NWD**
- LTSS5.6: Develop enhanced training for all information and referral staff across the aging and disability networks to ensure they can assist individuals in navigating the LTSS system to find the best services and supports for their unique needs. **L | NWD**
- LTSS5.7: Develop training for healthcare professionals to ensure they are aware of the cadre of services available in the aging and disability network to better enable them to make appropriate patient referrals. **L | NWD**
- LTSS5.8: Develop training for individuals in the aging and disability networks to enable them to make appropriate referrals to healthcare professionals. **L | NWD**
- LTSS5.9: Review the peer support model used in the disability network and determine if similar credentialing can be developed for peer supports for older adults. **M | DLE | NWD**
- LTSS5.10: Offer consumers the opportunity to learn how to access and utilize technology and information systems that includes their information to make informed choices about their care. **M | NWD**

Best Practice - interRAI is a standardized, person-centered assessment system used to evaluate functional needs, support individualized care planning, and improve coordination across LTSS programs. It also enables consistent data collection and system-wide quality monitoring.

Figure 32: Best practice example



- LTSS5.11: Revamp LTSS intake processes to utilize a standardized screening and assessment that utilizes a whole person-centered concept. **C | NWD**
- LTSS5.12: Establish accessible “hubs” (physical and/or virtual) to engage with clients and their families to help them set up planning options that will assist individuals with accessing the services and supports that fit their unique needs. **C | NWD**

Examples and Best Practices

Western New York Integrated Care Collaborative (WNYICC) is a regional example of LTSS system navigation through NY Connects, coordinating health coaches, referrals, and services across 17 counties aginganddisabilitybusinessinstitute.org/

- NWD System Model is a national best practice that provides coordinated access points to LTSS through aging and disability networks, ensuring Person-centered Counseling (PCC), streamlined referrals, and standardized assessments. nwd.acl.gov/

Safety and Security

Protecting the Safety, Security, and Well-Being of Missourians as They Age

Safety and security for older adults and individuals with disabilities extends far beyond physical safety—it includes protection from abuse, neglect, and exploitation; confidence in financial decision-making; and secure access to technology. Addressing these challenges requires a broad and coordinated approach that spans law enforcement, financial institutions, health care providers, community organizations, families, caregivers, and public education efforts. Leading frameworks emphasize that safety is not just about emergency response but about creating environments and systems that proactively prevent harm, support autonomy, and uphold dignity across the lifespan.

Community-Driven Priorities

While the Community Assessment Survey for Older Adults (CASOA) indicated that a portion of respondents reported concerns about personal safety and security, these issues were a prominent theme during the town hall discussions (Figure 33).

Percent who said each potential challenge was a major or moderate problem.	Older adults	Adults with disabilities	Caregivers	None of the above
Feeling concerned about your personal safety (e.g., worried that others may try to harm, steal from, or take advantage of you)	11%	17%	14%	11%
Being a victim of fraud or a scam	9%	15%	12%	9%
Being a victim of crime	5%	9%	8%	7%
Being physically or emotionally abused	4%	8%	7%	4%

Figure 33: 2024 CASOA, challenges about personal safety

Town hall participants shared a range of safety concerns for older adults, both in the home and in the community. Key themes included the need for better home safety measures to prevent falls and accidents, enhanced security in public spaces like stores and parking lots, and stronger protections against abuse, neglect, and financial exploitation. Participants emphasized the importance of educating older adults about common safety risks and how to protect themselves, suggesting partnerships with law enforcement and first responders to help with outreach. They also expressed a desire for more community-based safety nets, such as regular check-ins from local organizations, access to medical alert systems and assistive technology, and opportunities to connect with others in age-appropriate safe spaces, whether physical or virtual.

Missouri has taken steps across prevention, education, reporting, and investigation to strengthen protections for older adults and individuals with disabilities. Department of Health and Senior Services (DHSS) leads the state's Adult Protective Services (APS), which operates the adult abuse hotline and recently completed a statewide public awareness campaign to help Missourians recognize and report signs of abuse, neglect, and exploitation. APS is also expanding the number of Adult Multidisciplinary Teams (MDTs), which bring together professionals across fields to improve coordination and survivor support in complex cases—an approach long used in child welfare but more recently applied to adult cases. Other ongoing initiatives include mandated reporter training, financial safety partnerships like BankSafe (Figure 34), and public education around emerging threats such as AI-enabled scams. Missouri is also taking steps to strengthen related laws and centralize resources, reflecting a growing commitment to proactive, cross-sector safety solutions. However, more education about the security risks and how older adults and adults with disabilities can protect themselves is needed.

To enable Missourians to stay safe from abuse, neglect, and exploitation, the Safety and Security subcommittee identified key themes and priorities focused on strengthening older adult abuse laws, improving data collection, expanding education and awareness of safety issues, and enhancing information provided to the public and professionals. More strategies include increasing coordination among public responders and training mandated reporters about their responsibilities.

State Highlight – AARP's BankSafe initiative provides interactive training to help financial institutions recognize and prevent exploitation of older adults. Institutions meeting key training and policy benchmarks earn the BankSafe Trained Seal, demonstrating their commitment to consumer protection and complementing broader efforts to prevent abuse and exploitation.

Figure 34: AARP BankSafe example

Key Themes and Priorities:

- Strengthen legal protections against abuse, neglect, and financial exploitation.
- Expand public education and awareness about safety risks and protective actions.
- Increase training and accountability for mandated reporters and professionals.
- Promote collaboration through MDTs and interagency coordination.
- Improve data collection and information-sharing across systems.

In developing these recommendations, the Safety and Security subcommittee identified key vulnerabilities impacting older Missourians, including abuse, neglect, and financial exploitation, while also assessing community awareness and systemic gaps. Using evidence-based data, the subcommittee examined Missouri's current response and support infrastructure and developed recommendations to strengthen partnerships, improve communication, and guided efforts to ensure safety and security with independence and dignity for all Missourians.

Vision, Recommendations, and Action Items

Vision Statement: Missourians will have education and resources available to keep them safe and free from abuse, neglect, and exploitation and to help them plan for their financial security in retirement.

Recommendation: Strengthen legal protections against abuse, neglect, and financial exploitation. (SS1)

The subcommittee recommends revising statutes to close legal gaps, improve enforcement, and provide clearer guidance for professionals and families. Priorities include updating adult protective services laws, strengthening Power of Attorney statutes, and enhancing penalties for crimes targeting older Missourians.

Action items:

- SS1.1: Strengthen and update older adult abuse statutes (including, but not limited to, those governing adult protective services, mandatory reporting and penalties for abuse and neglect, and criminal offenses related to theft, fraud, and exploitation of vulnerable adults). **C**
- SS1.2: Review appropriate statutes and work with experts to identify legislative sponsors, develop/draft and lobby for changes to policy. **C**
- SS1.3: Hire appropriate legal expertise to do a comprehensive review of the statutes with recommendations to reform, simplify, and identify impediments—for example, prosecutors may not use the older adult abuse laws because they are not clearly defined and are complicated. **C**
- SS1.4: Strengthen and update Power of Attorney statutes and make Power of Attorney resources available and more robust in all areas of the state.^{xlii} **C**
- SS1.5: Strengthen classification of crimes where survivors are older adults. **C**

Recommendation: Expand public education and awareness about safety risks and protective actions. (SS2)

Expanding public education and awareness is essential to prevent abuse, neglect, and exploitation before it occurs. Many older adults and adults with disabilities are

unaware of financial protections, common scams, or how to navigate legal tools like a power of attorney. Public-facing education efforts—especially those tailored to different learning styles, languages, and cultural contexts—can empower individuals and families to take proactive steps.

Action Items:

- SS2.1: Create/modify and provide relevant and engaging training related to all aspects of financial security, including saving, budgeting, tax credits, benefits, estate planning, power of attorney, and investing. **L**
- SS2.2: Create/modify and provide relevant and engaging training related to scams, frauds and neighborhood watch information. **L**
- SS2.3: Create and provide relevant and engaging training related to AI scams. **L**
- SS2.4: Provide relevant and engaging training related to financial exploitation and abuse for banks/financial institutions and the general public. **L**
- SS2.5: Provide relevant and engaging training and education related to physical safety for the general public. Review current resources related to physical safety and create new resources to fill gaps (especially around neighborhood safety, falls prevention, safe environment, public transportation, driving, and crime prevention). **L**
- SS2.6: Improve the dissemination of information about safety and security to the public and professionals by creating a website to house all information related to the safety and security of aging Missourians and adults with disabilities. Create print, TV, and radio campaigns to better educate the public, and have print materials available at state offices and other places in the community. Consider using the Senior Resource Guide (produced by Legal Services of Eastern Missouri) as a model resource. **L**
- SS2.7: Develop public education on Power of Attorney, including the definition of a power of attorney, common challenges, and work with Missouri Bar to offer safeguards. **L**
- SS2.8: Create a paid position to manage safety and security resources on state agency websites and possibly provide training across the state. (This could be a shared position that manages resources and training related to all aspects of aging in Missouri). **M**
- SS2.9: Create new, or strengthen existing, public education to increase trust in the state government and prevent exploitation and abuse. Work with community organizations to create and share resources with Missourians. **M**

Examples and Promising Practices

- Missouri APS launched a statewide public awareness campaign to increase recognition and reporting of adult abuse, neglect, and exploitation, including promoting the adult abuse hotline.

Recommendation: Increase training and accountability for mandated reporters and professionals. (SS3)

Many professionals and mandatory reporters, especially those in financial institutions, health care, and law enforcement, could benefit from clearer guidance and tools. Training should be accessible and tailored to the real-world situations that professionals encounter. Raising expectations for accountability and equipping professionals with the right knowledge can help enable timely, appropriate intervention.

Action Items:

- SS3.1: Create and/or modify and provide education and outreach materials to promote accurate understanding of aging and disability, highlighting strengths, contributions, and the value older adults and adults with disabilities bring to the community. **L**
- SS3.2: Educate law enforcement and first responders on how to respond to individuals with dementia, developmental disabilities, and other cognitive disabilities where people may have communication challenges. **L**
- SS3.3: Educate law enforcement and first responders on how to report and prosecute cases related to abuse, neglect, and exploitation. **L**
- SS3.4: Educate the general public about the process of reporting and prosecuting abuse, neglect, exploitation, and other crimes. Include information to educate about abuse and reduce stigma around abuse and its reporting. **L**
- SS3.5: Improve education to mandated reporters about their responsibilities when abuse, neglect, or exploitation is suspected by:
 - Creating/modifying and providing relevant and engaging training to provide education to banks/financial institutions.
 - Creating a toolkit to share with all mandated reporters; targeting professionals and informal caregivers/family members.
 - Encourage reporting by promoting messages that emphasize the importance of reporting suspected abuse, neglect, or exploitation. **L**

Recommendation: Promote collaboration through multidisciplinary teams (MDTs) and interagency coordination. (SS4)

No single agency or system can meet all the needs of vulnerable adults, especially in complex cases. Strengthening cross-agency communication, aligning protocols, and expanding the use of MDTs can reduce duplication, streamline interventions, and improve survivors' outcomes. Missouri's ongoing expansion of MDTs provides a foundation for building more unified, trauma-informed systems of support.

Action Items:

- SS4.1: Implement a multidisciplinary team approach when responding to complicated cases of abuse, neglect, and financial exploitation. **M**
- SS4.2: Improve interactions between aging Missourians/adults with disabilities in Missouri and Law enforcement and other first responders by increasing programs that bring additional professionals into the police force and other first responder groups to help with situations involving individuals with dementia, developmental disabilities, communication challenges (such as Deaf and Hard of Hearing communities). Consider requiring additional education regarding target populations as a requirement for credentialing. **M**
- SS4.3: Identify ways for DHSS special investigators to continue to improve collaboration with local jurisdictions. Review other states' processes to explore expansion of authority. **M**
- SS4.4: Develop a coordinated and integrated response to abuse, neglect, and exploitation that is consistent and centered on the abused person, including creating common definitions and language, defining processes, removing redundancies, and identifying opportunities to streamline and share information. **M**

Examples and Promising Practices

- Missouri is actively expanding Adult/Disabled MDTs, which bring together professionals across sectors to coordinate responses to abuse and neglect. As of June 2025, there are eight MDTs operating, with plans to add more each year to strengthen survivor-centered investigations and care.
- Missouri Adult Abuse and Neglect Investigations System (MAANIS) is a program with Missouri's APS that helps eligible adults who require assistance with abusive, neglectful, or exploitative situations. They offer intervention, education, and prevention services along with supportive resources. afterabusemoguide.com/
- After Abuse: Resources for Missourians with Disabilities was created to share materials that inform and empower individuals with disabilities. The site is designed to support abuse survivors throughout the reporting and investigation process. It could be modified for older adults. afterabusemoguide.com/

Recommendation: Improve data collection and information-sharing across systems. (SS5)

Improving how Missouri collects, shares, and uses data across systems is critical to identifying safety risks, targeting resources, and driving meaningful change. The Safety and Security Subcommittee highlighted the need for better coordination among government agencies, financial institutions, and community partners to detect patterns of abuse and exploitation, strengthen preventative strategies, and streamline responses. Leveraging tools like AI and screening frameworks, while also expanding access to public-facing data and resources, will support a more informed and proactive safety infrastructure statewide.

Action Items:

- SS5.1: Explore RADAR card expansion and/or develop screening questions to improve financial safety. The RADAR card provides resources and information to law enforcement who may interact with an older person or a person with disabilities. Develop/adapt RADAR card for other stakeholders and those who are in contact with older adults and/or individuals with disabilities. **L**
- SS5.2: Explore resources related to screening questions. Develop a plan to keep resources updated, provide training, and explore dissemination avenues to amplify the message and tool. **L**
- SS5.3: Establish a clearinghouse/library of existing resources on older adult abuse by:
 - Reviewing Missouri Senior Report for possible use as a template or expand partnerships to add additional data and resources to the report.
 - Considering the location of the library. It should be maintained in a logical place like the Missouri Council on Aging (MCoA) or DHSS.
 - Simplifying information, keeping in mind consumer readability and relatability.
 - Reviewing and leveraging materials from UMKC's LifeCourse Framework Safety and Security domain, which encompasses staying safe and secure, including planning for emergencies, well-being, guardianship options, and legal rights and issues. **M**
- SS5.4: Explore AI, machine learning and the possible use of data mining, etc. by financial institutions and other organizations to combat fraud. Explore creating an AI task force to review current government structures and IT systems. Leverage relationships with the private sector to consult with the state.

Sources the Subcommittee leveraged to develop recommendations

- AARP BankSafe Initiative, AARP.
aarp.org/ppi/banksafe/
- Addressing and Reporting Financial Exploitation of Senior and Vulnerable Adult Investors, FINRA.
finra.org/rules-guidance/key-topics/senior-investors/elder-abuse-prevention-training
- Advancing Public Safety for Officers and Individuals with Intellectual and Developmental Disabilities (I/DD), IACP.
theiacp.org/resources/policy-center-resource/intellectual-and-developmental-disabilities
- Age-Friendly Banking Toolkit for Financial Institutions, Consumer Financial Protection Bureau.
consumerfinance.gov/consumer-tools/educator-tools/resources-for-older-adults/
- American Bankers Association, American Bar Association, University of Iowa-Department of Family Medicine, University of Southern California-Center for Elder Justice, create screening questions and tools for various stakeholders and provide training to use tools; including what steps to take if abuse or exploitation is suspected.
- Approaching Alzheimer's: First Responder Training, Alzheimer's Association.
alz.org/professionals/first-responders
- *Artificial Intelligence and Fraud* (May 2024), U.S. Senate Special Committee on Aging Hearing.
c-span.org/video/?531903-1/senate-special-aging-hearing-artificial-intelligence-fraud
- Bipartisan Policy Center, Tom Romanoff.
kpihp.org/bio/tom-romanoff/
- *Choosing a Trusted Contact* (November 2021), Consumer Financial Protection Bureau.
files.consumerfinance.gov/f/documents/cfpb_trusted-contacts-consumers_2021-11.pdf
- Dementia Resources for First Responders and Family Care Partners. Florida State University.
reach.med.fsu.edu/dementia-resources-for-first-responders-and-family-care-partners/
- EAGLE: Elder Abuse Guide for Law Enforcement (Post Certified), U.S. Department of Justice.
justice.gov/file/1083161/download
- Elder Justice Resources, COPS Training Portal.
copstrainingportal.org/resources-3/elder-justice-resources/
- *Fighting Fraud: Top Scams in 2021*, U.S. Senate Special Committee on Aging.
aging.senate.gov/imo/media/doc/aging_committee_fraud_book_2021.pdf

- Financial Planning for Aging Missourians, Missouri Department of Health and Senior Services.
health.mo.gov/seniors/financial-planning.php
- Missouri Disability Benefits 101: Tool to determine how working and going to school impacts benefits.
mo.db101.org/
- Money SMART for Older Adults, CFPB.
consumerfinance.gov/consumer-tools/educator-tools/resources-for-older-adults/
- MOSAFE Program.
- Older Investors, Investor.gov.
investor.gov/additional-resources/information/older-investors#anchor-point-6
- Pathways to Justice, The Arc.
thearc.org/our-initiatives/criminal-justice/pathway-justice/
- Preventing financial exploitation for caregivers, CFPB.
consumerfinance.gov/consumer-tools/educator-tools/resources-for-older-adults/
- Reframing Abuse, Neglect, and Exploitation, Frameworks Institute.
frameworksinstitute.org/toolkit/talking-elder-abuse/
- Reframing Aging, National Center to Reframe Aging.
reframingaging.org/
- Reframing Disability.
- Savvy Saving Seniors, National Council on Aging.
ncoa.org/article/savvy-seniors-financial-education-toolkit
- Scamicide, Steve Weisman.
scamicide.com/
- Senior Medicare Patrol, Missouri SMP.
missourismp.org/scams-fraud/
- Texas State Center for Analytics and Data Science (TXST CADS), Texas State University, Tahir Ekin.
cads.txst.edu/
- Tools for Financial Security in Later Life, CFPB.
consumerfinance.gov/consumer-tools/educator-tools/resources-for-older-adults/

Transportation and Mobility

Safe, Reliable, and Accessible Transportation for All

Getting people where they need and want to go is essential for maintaining independence, health and well-being for older adults, individuals with disabilities and their caregivers. According to American Association of Retired Persons (AARP), nearly 75% of older adults choose to age in place in their homes and communities,^{xliii} which requires transportation access to medical appointments and other essential services, as well as recreational and social activities. Figure 35 and Figure 36 are promising national models for improving access to transportation.

Increasing access to and offering alternative transportation options also helps to reduce social isolation and the need for long-term care facilities.^{xliv} *The 2023 Social Threats to Aging Well in America* report found that 18% of older adults missed out on needed medical care throughout the year due to lack of transportation. Additionally, one in eight older adults cited a lack of reliable transportation as a challenge for remaining in their homes as they age and a roadblock to maintaining their independence.^{xlv}

Community-Driven Priorities

According to the responses in the Community Assessment Survey for Older Adults (CASOA), most older adults, caregivers, and residents with disabilities can access a personal vehicle. Transportation is one of the most common forms of support caregivers provide. However, most survey respondents reported having inadequate access to public transit options. Specifically, individuals with disabilities reported having difficulty accessing transportation due to a lack of information about services available in their community and ability to cover the cost of transportation services (Figure 37 on page 78).

Example – ITNAmerica (National Network)

ITNAmerica is a nonprofit transportation model serving older adults and individuals with visual impairments. Through local affiliates, it provides arm-through-arm, door-through-door service using trained volunteer drivers. Riders can schedule rides in advance, and ITNAmerica's sustainable model has been replicated across the U.S.

Figure 35: Example of ITNAmerica

Example: National Aging and Disability Transportation Center (NADTC)

The NADTC is a national technical assistance center supporting suitable mobility planning for older adults and individuals with disabilities. It provides communities with toolkits, data, planning resources, and funding opportunities to improve transportation access.

Figure 36: NADTC example

Percent of respondents indicating they have regular access to and use each of the following forms of transportation	Older adults	Adults with disabilities	Caregivers	None of the above
Bus	5%	5%	3%	4%
Trolley/streetcar	1%	1%	1%	4%
Metro/train	2%	2%	2%	2%
OATS/SMTS	4%	5%	5%	4%
Paratransit (e.g., JeffCo Express/JCTransit, Go COMO, Ride KC, Metro St. Louis, Jefftran, etc.)	1%	2%	1%	2%
Public use bicycles, scooters, etc.	2%	2%	2%	4%
Personal vehicle	91%	82%	92%	98%
Taxi	5%	5%	3%	6%
Rideshare service (e.g., Uber, Lyft)	9%	8%	9%	15%
Rental vehicles	7%	4%	7%	19%
Rides from friends or family	37%	47%	38%	32%

Figure 37: 2024 CASOA, access to different forms of transportation

In 2022, Missouri conducted a statewide transit needs assessment, which found that transit providers receive \$0.28 per capita in state funding compared to the average of \$7.34 per capita of peer states ^{xlvi} as shown in Figure 38.

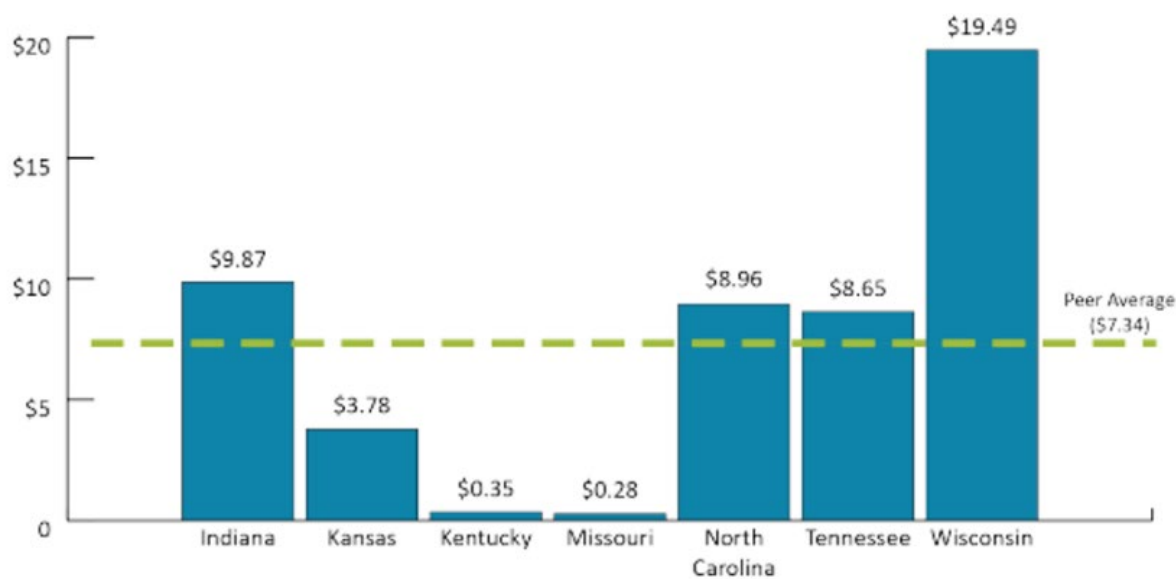


Figure 38: Per capita state funding for transit in Missouri and peer states. Source: Missouri Public Transit Association, May 2022

During the town halls, participants expressed the need for more flexible and affordable transportation options for older adults with limited mobility, especially in rural areas. Examples include enhanced bus accessibility for older adults who use wheelchairs or non-emergency transportation services, such as rides to medical appointments. Some participants were hesitant about using newer technologies, such as ride-sharing services, and shared that they would need assistance to navigate transportation systems. Participants also highlighted the need for infrastructure to accommodate aging adults, such as sidewalks and ramp accommodations.

Missouri has taken steps to improve transportation options for older adults and individuals with disabilities through both statewide programs and localized pilot efforts. The Missouri Elderly and Handicapped Transportation Assistance Program (MEHTAP) provides partial reimbursement to agencies offering mobility services. The Missouri Department of Transportation (MoDOT) supports a statewide mobility management resource, MO Rides, to help residents connect to transportation services in their area. Larger metro areas such as St. Louis and Kansas City have implemented reduced fare and free fare programs, and some rural communities have introduced volunteer driver initiatives and micro-transit pilots to bridge gaps in service. However, state funding for public transit remains significantly lower than peer states, and rural areas continue to face limited access and aging transportation infrastructure. MoDOT is considering whether to develop Missouri's first Statewide Active Transportation Plan, which may support improved coordination across state and local entities in the future.

Despite these efforts to expand transportation services in Missouri, options remain limited, and many public spaces are inaccessible, especially in rural areas. The Transportation subcommittee identified the following overarching themes and areas of priority.

Key Themes and Priorities:

- Expand access to affordable and reliable transportation options.
- Address transportation gaps in rural and underserved areas.
- Support infrastructure planning that considers aging and disability needs.
- Strengthen coordination among state agencies, transit providers, and local governments.
- Promote flexible, person-centered solutions such as volunteer driver programs and mobility managers.
- Invest in workforce recruitment, retention, and training for transportation providers.

The subcommittee focused on recommendations to improve transportation support for all, system coordination, and infrastructure planning, while also addressing impediments related to workforce shortages and accessibility. Each recommendation reflects a balance of immediate needs and long-term investment strategies tailored to Missouri's unique geography and population.

Vision, Recommendations, and Action Items

Vision Statement: Missourians will have access to safe and reliable transportation and mobility options so they can get to the places they need or desire to go.

Recommendation: Support state investments in transportation infrastructure to leverage federal funding. (TM1)

Strategic investment in public transit, active transportation infrastructure, and mobility services enables Missouri to more fully leverage available federal transportation funds. Prioritizing state funding helps modernize systems, improve access, and reduce long-term costs for older adults and individuals with disabilities.

Action Items:

- TM1.1: Continue investment in MEHTAP to cover a portion of the transportation costs incurred by agencies providing mobility services to older adults and individuals with disabilities. **M**
- TM1.2: Reduce hurdles from local match requirements that prevent providers from accessing federal funds. **M**
- TM1.3: Increase state funding for public transit to align with peer states (e.g., Kansas), reaching an average of \$3 per capita to ensure Missouri public transit is more adequately funded. **C**
- TM1.4: Increase state funding for transit capital match. **C**
- TM1.5: Establish a state funding source for bicycle/pedestrian projects, as Missouri currently has no dedicated state funding for active transportation projects. **C**
- TM1.6: Increase funding resources or other incentives for additional carriers to offer reduced fares/discounts for seniors and adults with disabilities (e.g., MEHTAP-funded fare reductions, free fare programs in Kansas City and St. Louis Metro). **C**
- TM1.7: Increase recurring state funding for the MO River Runner (Amtrak) and consider additional funding for other Amtrak routes and stops. **C**
- TM1.8: Implement a low-cost repair program for seniors to address transportation roadblocks due to vehicle disrepair. **C**

Examples and Promising Practices

- *MoDOT Long Range Transportation Plan (2022)*, based on input from over 7,700 residents, identified public support for new funding to expand transportation options, including public transit, rail, biking, and walking. The plan underscores the need for statewide planning to ensure “transportation choice” for the 1/3 of Missourians without a driver’s license. modot.org/2022-LRTP

Recommendation: Support expansion of coordination among agencies and transportation modes. (TM2)

Coordinated transportation systems across regions, providers, and services improve access and efficiency, especially for older adults and individuals with disabilities. Mobility management, technology, and shared service models are key strategies for expanding capacity and reducing service gaps.

Action Items:

- TM2.1: Conduct a statewide gap analysis to identify where providers do not have capacity to meet transportation needs, study other states' paratransit coordination models. **L**
- TM2.2: Promote awareness and expansion of online and phone-based mobility management resources (e.g., MO Rides). **L**
- TM2.3: Conduct regional training for transit and human services staff to increase knowledge of how to coordinate across transportation providers. **L**
- TM2.4: Improve access to book-ahead and on-demand transportation, including promoting and expanding subsidized options. **M**
- TM2.5: Expand use of regional call centers and booking apps while maintaining call-in options for those without smartphones or credit cards. **M**
- TM2.6: Engage public and private partners—including churches, senior centers, towns—to increase same-day or flexible ride options. **M**
- TM2.7: Increase funding for providers to improve call-handling capacity and prevent riders from being turned away. **M**
- TM2.8: Invest in state-supported mobility management infrastructure. **C**
- TM2.9: Invest in shared dispatch or trip scheduling systems that allow different providers to share rides or coordinate trips. **C**

Examples and Promising Practices

- *Missouri Statewide Transit Needs Assessment* (June 2025) by the Missouri Public Transit Association examined public transit access across the state. Findings will help Missouri's 30 transit providers and MoDOT prioritize federal, state, and local funding to improve mobility and transit service delivery. mopublictransit.org/

Recommendation: Improve or implement programs to assist with vehicle and driver shortages. (TM3)

Reliable transportation services depend on vehicle availability and a trained, supported driver workforce. Addressing maintenance, procurement, workforce compensation, and insurance challenges will strengthen the state's transportation infrastructure and resilience.

Action Items:

- TM3.1: Promote electric vehicles and alternative fuel transit fleets. **L**
- TM3.2: Explore opportunities for transportation insurance cooperatives or other strategies to reduce costs for programs relying on volunteer drivers. **L**
- TM3.3: Develop or expand statewide transportation operator training/apprenticeship programs to build workforce pipelines. **M**
- TM3.4: Address vehicle maintenance and availability by promoting awareness of repair funding options and encouraging investment from philanthropy or state resources to support emergency vehicle repairs. **M**
- TM3.5: Increase compensation for drivers and address regional wage disparities to support driver retention. **C**
- TM3.6: Work for the passage of the Volunteer Driver Tax Appreciation Act to increase the charitable mileage reimbursement rate from \$0.14 to the IRS business rate. **C**
- TM3.7: Develop state funding opportunities for vehicle and equipment procurement outside of the 5310 program to address federal backlog issues. **C**
- TM3.8: Expand use of electric vehicles or alternative fuel fleets and provide match funding to support federal grants or infrastructure development. **C**
- TM3.9: Increase pay for transportation drivers and address pay differences. **C**

Examples and Promising Practices

- MO Rides is a statewide referral service that connects Missourians to transportation options, particularly for medical appointments, work, and daily needs. It offers online and phone-based support and helps close service gaps through regional coordination. morides.org/

Recommendation: Encourage innovation in flexible transit options, including rural communities. (TM4)

Missouri should promote innovations that improve first/last mile connectivity, increase regional mobility, and ensure residents in all areas—including rural communities—can travel easily across county lines and access other transit modes. These solutions must include expanded micro-transit, intercity options, and greater support for existing MoDOT-funded providers and volunteer programs that fill key gaps in service.

Action Items:

- TM4.1: Support existing MoDOT-funded transit providers to continue delivering essential transportation services, especially in rural areas. **L**
- TM4.2: Support volunteer driver programs that help fill service gaps, such as Jewish Family Services Jet Express, New Growth Transit in West Central MO, and ITN in St. Charles County. **L**
- TM4.3: Improve intercity transit services to connect residents to other modes of transportation and across counties. **M**
- TM4.4: Expand micro-transit for first/last-mile connections to public transit. **M**
- TM4.5: Enhance connectivity between cities and towns to enable seamless travel statewide. **C**

Recommendation: Provide education and training to older drivers, including safe driving, information about transportation options other than personal vehicles, and how to use mobility apps. (TM5)

Education and outreach are critical for ensuring that older adults and individuals with disabilities feel safe and confident using available transportation options. User-friendly guides and training programs help reduce confusion and promote independent mobility.

Action Items:

- TM5.1: Maintain and promote safe driver and public transit rider training programs. **L**
- TM5.2: Provide accessible rider guides on how to use public transportation, including apps and other mobility tools. **L**
- TM5.3: Improve outreach and publication of transit options so that residents are aware of available services. **L | NWD**

Recommendation: Utilize the Built Environment concept when developing or revitalizing infrastructure to assure community walkability, increase pedestrian

safety, and provide accessible and connected transportation options for travelers of all ages and abilities. (TM6)

Investing in walkable infrastructure and age-friendly design promotes health, safety, and accessibility for all Missourians. State and local planning must support streets and neighborhoods that encourage movement, transit use, and aging in community.

Action Items:

- TM6.1: Train residents on how to identify and report environmental and infrastructure issues. **L**
- TM6.2: Sponsor trainings to support awareness and work to achieve accessibility and walkability. **L**
- TM6.3: Support local communities to create or implement active transportation plans and Complete Streets policies. **M**
- TM6.4: Develop and adopt Missouri's first Statewide Active Transportation Plan through MoDOT. **M**
- TM6.5: Advance legislative priorities that promote walkable communities, including a statewide Complete Streets policy, transit-oriented development policies, and the removal of parking minimums. **C**

Examples and Promising Practices

- Missouri Complete Streets promotes healthy, connected communities by encouraging the development of sidewalks, bike lanes, and accessible transportation options for people of all ages and abilities. Their Complete Streets Toolkit supports both urban and rural areas in designing safe streets that meet the needs of everyone.

mocompletestreets.com/resources/

Recommendation: Ensure older Missourians are engaged in meaningful ways to determine what the transportation and mobility needs are and what solutions will work for them. (TM7)

Transportation systems must be designed with input from the populations they serve. Creating regular, meaningful opportunities for engagement helps ensure policies reflect real-world needs and foster solutions for all older adults and individuals with disabilities.

Action Items:

- TM7.1: Include older Missourians on transportation-related commissions, councils, and advisory boards. **L**

- TM7.2: Provide regular, accessible opportunities for feedback on transportation issues and solutions. **L**
- TM7.3: Conduct routine transportation needs assessments focused on older adults and individuals with disabilities. **L**

Sources the Subcommittee leveraged to develop recommendations

- AARP Network of Age-Friendly Communities, AARP & WHO.
extranet.who.int/agefriendlyworld/network/aarp-network-of-age-friendly-communities-2/
- Centers for Medicare and Medicaid Services, Current Beneficiary Survey, Table 40 provides data on who made a change in transportation mode because of health or physical problem.
cms.gov/data-research/research/medicare-current-beneficiary-survey
- Communities for All Ages, Generations United.
gu.org/resources/communities-for-all-ages/
- GIS Maps, University of Missouri Libraries.
libraryguides.missouri.edu/maps
- Highway Safety Fit to Drive Booklet, Missouri Department of Transportation.
modot.mo.gov/HighwaySafetyOrderSystem/Home/Product/29
- Keep Your Keys, University of Missouri Health Care.
muhealth.org/conditions-treatments/emergency/trauma/injury-prevention/
- *Missouri Public Transit Needs Assessment* (June 2025), Missouri Public Transit Association (MPTA).
mopublictransit.org/
- *MoDOT Asset Management Plan, Summary* (2022), Missouri Department of Transportation.
epg.modot.org/
- Per Capita Transit Spending by State, Transportation for America.
t4america.org/transit-report-card/
- Regional Planning Commission and Metropolitan Planning Organization Transportation Advisory Committees and Transportation Plans.
- State Survey of Public Transit Funding (May 10, 2024), American Association of State Highway and Transportation Officials.
aashtojournal.transportation.org/aashto-issues-latest-state-survey-of-public-transit/
- State Transportation Statistics, U.S. Bureau of Transportation Statistics.
bts.gov/product/state-transportation-statistics

- Statewide Active Transportation Plan, Missourians for Responsible Transportation.
movingmissouri.org/advocacy/statewide-active-transportation-plan/
- Transit Workforce Education Dashboard, Transit Workforce Center.
transitworkforce.org/dashboard/

Whole Person Health

Promoting Health and Well-Being Across All Aspects of Life

Whole Person Health recognizes that aging well requires more than managing medical conditions. It involves creating environments, supports, and opportunities that promote physical, cognitive, behavioral, and social well-being. For Missourians, this means having access to healthy food, opportunities for physical activity, ways to stay socially connected and mentally engaged, and support in maintaining sensory health, including hearing, vision, and oral health so that we are able to thrive as we age. It also means having the information, transportation, and community infrastructure needed to access these resources. While clinical care remains important, the Whole Person Health subcommittee focused on addressing the upstream, community-based factors that shape daily health and quality of life for older adults and adults with disabilities in Missouri.

Community-Driven Priorities

Percent who said each potential challenge was a major or moderate problem.	Older adults	Adults with disabilities	Caregivers	None of the above
Having opportunities to socialize and meet new people	20%	34%	27%	13%
Feeling like your voice is heard in the community	20%	30%	28%	23%
Participating in activities with others (e.g., pickleball or other sports, arts and crafts, etc.)	17%	31%	21%	17%
Having friends or family you can rely on	16%	27%	21%	19%
Feeling lonely or isolated	16%	30%	21%	13%
Having interesting recreational or cultural activities to attend	16%	27%	20%	14%
Having interesting social events or activities to attend	16%	27%	21%	11%
Feeling bored	15%	27%	18%	15%
Feeling like you don't fit in or belong	13%	23%	18%	16%
Finding accessible locations to gather with people of similar age or ability (e.g., senior centers, regular clubs or support groups, etc.)	13%	24%	17%	7%
Being treated unfairly or discriminated against because of your age	9%	13%	12%	2%
Being treated unfairly or discriminated against because of a disability	6%	13%	8%	5%

Figure 39: 2024 CASOA, experiences with potential challenges

Town hall participants focused on holistic well-being of Missouri residents as they age, raising concerns about physical health, mental health, nutrition, and social isolation – a topic addressed by the Whole Person Health subcommittee from a health perspective and further explored in the Daily Life and Employment subcommittee. Among survey respondents, adults with disabilities experienced more challenges with social isolation with 34% reporting that having opportunities to socialize as a major or moderate problem compared to 20% of older adults (Figure 39 on page 87). Loneliness has a profound impact on health outcomes for older adults. Research shows its effect is comparable to smoking 15 cigarettes a day and links to poorer self-rated health, increased risks of frailty, sleep disturbances, obesity, cardiovascular events, and immune dysfunction.^{xlvi}

According to the 2023 Social Threats to Aging Well in America report, older adults say their physical health is the leading cause of depression and anxiety. Survey results show that 37% of older adults, 56% of adults with disabilities, and 42% of caregivers identified staying physically fit as a major or moderate challenge [See Figure 25 in long-term services and supports (LTSS) section]^{xlvi}. These findings highlight the interconnectivity of physical activity and fitness and social connection, independence, and mental well-being.

Percent of respondents who always, or frequently experienced each of the following in the last 12 months.	Older adults	Adults with disabilities	Caregivers	None of the above
I did not have adequate access to fruits and vegetables	25%	27%	23%	33%
There was not enough money available to eat balanced meals	30%	33%	32%	24%
Less food was eaten because there was not enough money	20%	26%	23%	18%
Meals were skipped because there was not enough money	17%	22%	20%	8%

Figure 40: 2024 CASOA, respondents’ access to food

Additional hurdles to whole-person health include access to nutritional foods and drinks due to people living in areas that are considered food deserts. In addition, Figure 40 shows that nearly 1/3 of survey respondents did not eat balanced meals because they did not have enough money. Yet only 30% of survey respondents reported awareness of food assistance programs.

More than one in five older adults cited a lack of nutritional foods to eat as a concern about negative impacts on their health. The reason for the lack of

nutritional foods was reported difficulty preparing meals and/or a lack of transportation.^{xlix} These challenges highlighted the need for more comprehensive interventions to improve access to nutritional foods.

Access to routine preventive services like dental care, vision exams, and hearing screenings remains a significant gap for older Missourians and adults with disabilities. For example, over half of adults with disabilities (57%) reported needing dental work, and nearly half (46%) needed new eyeglasses or repairs. Hearing care was also limited, with only 29% of older adults receiving a routine hearing test (Figure 41). Gaps in sensory health can increase the risk of communication barriers, isolation, and disengagement from community life, reinforcing the subcommittee’s focus on upstream, community-based strategies that improve education, prevention, and access to services that support healthy aging beyond traditional clinical care.

Please indicate whether each of the following were true for them.	Older Adults	Adults with disabilities	Caregiver	None of the above
I typically see a dentist for a check-up every 6 months	58%	47%	56%	84%
I typically get an eye exam every 12 months	69%	67%	66%	64%
I typically get a hearing test every 5 years	29%	34%	28%	20%
I need new eyeglasses or need my eyeglasses repaired	37%	46%	42%	21%
I need new contact lenses	9%	11%	15%	26%
I need dental work	43%	57%	48%	38%
I need new dentures or need my dentures repaired	22%	38%	21%	7%
I need new hearing aids or need my hearing aids repaired	17%	28%	17%	12%

Figure 41: 2024 CASOA, respondents' healthcare use and needs

Missouri has begun taking steps toward more integrated approaches that support both clinical and community-based needs. While health systems often operate in silos, there is growing recognition across the state that health must be addressed holistically, encompassing physical, mental, emotional, and social well-being.

Workforce development has been a major focus, particularly in addressing the shortage of primary care providers in rural and underserved areas. The state has invested in a range of recruitment and retention initiatives, including loan repayment programs, visa waivers for international medical graduates, and



targeted grants for rural placement. These efforts are complemented by investments in expanding graduate medical education capacity and strengthening Missouri’s medical residency infrastructure to grow and sustain the future health care workforce. This work spans the full continuum of health care professionals, from physicians and nurses to community health workers and other frontline providers, who all play a role in supporting healthier aging in Missouri.

In parallel, Missouri continues to explore innovative approaches to training, mentorship, and early pipeline development, often through partnerships with organizations dedicated to rural health and provider recruitment. These initiatives are designed to cultivate interest in primary and preventive care careers and ensure that providers are supported throughout their education, placement, and practice. Despite these efforts, health care access remains uneven, especially for Missourians in rural areas or those with complex medical, behavioral, or social needs. Many communities continue to experience provider shortages, gaps in mental health services, limited transportation, and fragmented care coordination. While statewide Medicaid programs and community-based services offer essential supports, system navigation is often difficult, and care is not consistently person-centered or integrated across domains.

As Missouri’s population ages and chronic conditions increase, the demand for coordinated, responsive care will continue to grow. Meeting this need requires not only sustained investment in workforce and service delivery but also support for prevention, wellness, and the integration of health and social care.

The Whole Person Health subcommittee recommendations are focused on aligning systems, services, and outreach around the full range of needs that influence well-being, including access to screenings, support for mental and cognitive health, and health-promoting environments.

State Example: Michigan’s Community Information Exchange (CIE)

United Way for Southeastern Michigan is leading a CIE to improve care coordination across health, social services, and community-based organizations. The CIE allows partners to securely share information, track referrals, and coordinate person-centered care across sectors like housing, food, and health. The system also provides data tools to identify service gaps and community trends, supporting more effective and equitable service delivery.

unitedwaysem.org/impact-stories/

Figure 42: State example – Michigan

Key Themes and Priorities:

- Facilitate increased access to services and programs that promote health and wellness. A critical part of access is having robust transportation so that people can get to health and wellness events, programs, and appointments.
- Strengthen community awareness and health literacy about health and wellness topics.
- Collaborate with the professional workforce to increase specialization and education for older adult health care.
- Adopt and integrate technological solutions to streamline older adult's experience accessing health and wellness initiatives. Ensure older adults have access to technology education to adopt and utilize technology. Create sustainable funding sources, including required insurance coverage, to ensure consistent availability of services and programs.

The subcommittee focused on interconnected domains such as physical health, behavioral health, cognitive health, nutrition, physical activity, and social well-being. Then they looked at how factors like stigma, isolation, health literacy, and access to preventive services might impact health. Their work considered both systemic gaps and community-level opportunities, identifying practical recommendations that could be implemented through communication campaigns, community partnerships, and low-impediment wellness programming. The subcommittee prioritized solutions that could help hard-to-reach populations, especially in rural areas, and promote whole-person support for healthy aging across the state.

Vision, Recommendations, and Action Items

Vision Statement: Missourians will have access to the care and services needed to help them live a safe, healthy life with maximum independence as they age.

Recommendation: Improve access to healthcare services and screenings. This may include recommendations for increased coverage of services by health insurance organizations. (WPH1)

Action Items:

- WPH1.1: Increase access to a variety of health care services in the community and health care settings, including:
 - Addiction and overdose prevention measures.
 - Cognitive health screenings.
 - Fall risk assessments.
 - Hearing screenings.

- Mental health screenings and support.
- Physical and oral health screenings and treatment.
- Suicide prevention measures.
- Vaccines.
- Vision screenings. **C**
- WPH1.2: Implement a variety of methods to increase access to health care, including:
 - Provide free and low-cost health care services in the community.
 - Enable transportation to and from health care appointments, paying special attention to rural communities. **TM**
 - Include vision, hearing, and oral health coverage as part of all health insurance plans, and require that insurance plans cover preventive services and more intensive services.
 - Enable providers to have adequate time allocated to meet with patients to discuss vision, hearing, and oral health issues.
 - Increase and/or expand state-level health insurance for health conditions impacting older adults and adults with disabilities, including behavioral health and cognitive health conditions.
 - Increase access to dietitians and other nutrition professionals to support healthy eating.
 - Enable virtual/telehealth appointments with health care providers, including physical therapists and exercise trainers. **C**

Recommendation: Increase access to and availability of programs that promote health and wellness. (WPH2)

Action Items:

- WPH2.1: Incorporate elements into fitness programs to help engage a variety of participants (for example, including music in wellness classes). **L**
- WPH2.2: Promote websites and apps that provide educational programs, cognitive games, and safe social groups for older adults to join. **L**
- WPH2.3: Provide transportation assistance for programming scheduled at night and in the winter months, considering vision issues when driving in the dark. **M | TM**
- WPH2.4: Create more flexible fitness offerings for older adults who are caregivers for children, grandchildren, or family members with disabilities. **M | DLE**

- WPH2.5: Offer more options for programming outside the standard 8:00 am-5:00 pm window. **M**
- WPH2.6: Have programs available in multiple languages and/or have translation services. **M**
- WPH2.7: Expand access to fitness opportunities, including outdoor spaces that are suitable for older adults and those with disabilities. **M**
- WPH2.8: Increase the variety of programming available across regions, enabling all demographics to be included. **M**
- WPH2.9: Build welcoming spaces that encourage physical activity for individuals from different backgrounds and abilities. **M**
- WPH2.10: Develop methods for attracting instructors with unique skills and experience to cater to varying levels of fitness. **M**
- WPH2.11: Increase access to and availability of a variety of programs that promote health and wellness topics, including:
 - Behavioral health.
 - Cardiovascular health.
 - Chronic disease.
 - Cognitive health.
 - Diabetes.
 - End-of-life decisions (advance planning, wills, medical power of attorney, and funeral arrangements).
 - Evidence-based programs and practices.
 - Fall prevention.
 - Healthy eating and nutrition, including cooking skills.
 - Health maintenance and overall wellness practices.
 - Lifelong learning.
 - Physical fitness classes.
 - Sleep hygiene.
 - Social connection.
 - Stress management, problem solving, and emotional regulation (interpersonal boundaries and self-care). **C**

- WPH2.12: Implement a variety of methods to increase access to health and wellness programs, including:
 - Create sustainable funding sources to ensure consistent availability of services and programs.
 - Enable all communities to have a voice in making decisions about access and programming from initial stages.
 - Provide virtual health and wellness programs.
 - Utilize evidence-based program locator tools. **C**
- WPH2.13: Increase access to affordable, healthy foods in a variety of ways, including: **C**
 - Enable access to healthy meals that can be home-delivered or congregate (and if needed, medically tailored and meet the needs of all).
 - Make procedural changes to make Supplemental Nutrition Assistance Program (SNAP) more accessible to older adults and adults with disabilities. These changes could include establishing an Elderly Simplified Application Project, a Combined Application Project, or a Restaurant Meals Program.

Recommendation: Strengthen community awareness and health literacy about health and wellness topics. (WPH3)

Action items:

- WPH3.1: Educate on emergency preparedness, helping older adults feel empowered and capable in emergencies. **L**
- WPH3.2: Increase awareness of fair counseling and open enrollment for Medicare and other supplemental insurances. **L**
- WPH3.3: Offer health literacy education to help individuals discern valid and reliable resources for accurate health information. **L**
- WPH3.4: Increase awareness of "988" and ensure suitable images of older adults and adults with disabilities in marketing materials. **L**
- WPH3.5: Encourage individuals to try different types of exercise, promoting variety for increased engagement and health benefits. **L**
- WPH3.6: Educate on adaptable exercise methods for different ages, fitness levels, and moods (e.g. walking for cardiovascular health with modifications). **L**
- WPH3.7: Increase awareness of existing programs and increase education related to nutrition. Include topics such as:
 - Nutrient density and hydration.

- Cooking for one person.
 - Maintaining an eating schedule.
 - Community health worker training.
 - Simplified nutritional information that is easy to read and understand on food packaging.
 - New and healthy recipes. **L**
- WPH3.8: Distribute communications using a variety of media methods (not all internet-based for example). **L**
 - WPH3.9: Improve education for Statewide Access to Nutrition Assistance Programs: SNAP, Commodity Supplemental Food Program, Double up Food Bucks/Senior Farmer's Markets, Food pantries/food banks, Area Agency on Aging (AAAs)/Senior Centers, home-delivered meals. **L**
 - WPH3.10: Education and information should be ADA-compliant (i.e. font size on a flyer or website, color and contrast, modifications for those with hearing impairment, plain language). **L**
 - WPH3.11: Provide education to reduce stigma around hearing loss and using hearing aids. **L**
 - WPH3.12: Educate about how hearing loss can impact other areas of health and provide information about different types of hearing devices and how they can be used. **L**
 - WPH3.13: Educate about the importance of using dentures and resources to repair or adjust dentures. **L**
 - WPH3.14: Increase awareness and education on sexually transmitted infections (STI) and prevention. **L**
 - WPH3.15: Increase access to literacy and education about behavioral health conditions. **L**
 - WPH3.16: Increase addiction and overdose education. **L**
 - WPH3.17: Increase suicide prevention awareness. **L**
 - WPH3.18: Increase awareness of what benefits are already covered by insurance for behavioral health and cognitive health conditions and provide accessible educational material that includes holistic approaches for managing behavioral health conditions (i.e., food options, recipes). **L**

- WPH3.19: Ensure education materials are available in multiple languages and/or have translation services. **L**
- WPH3.20: Provide education materials, screenings, and services in community-based settings such as AAAs, community centers, and other community-based organizations. **M**
- WPH3.21: Enable education about the importance and opportunities to access health screenings and vaccines. **M**
- WPH3.22: Enable evidence-based health literacy principles to be adopted in health communications. **M**
- WPH3.23: Increase education about how medications can affect taste and cause dry mouth, which can impact nutrition. **M**
- WPH3.24: Explain benefits to patients—for example, dentists don't always accept insurance. **M**
- WPH3.25: Educate the public on best practices to prevent negative outcomes related to behavioral health conditions. **M**
- WPH3.26: Provide stigma-reducing education about the signs and symptoms of behavioral health conditions that increase the willingness to seek treatment. **M**
- WPH3.27: Increase awareness of nutrition assistance services, such as nutrition counseling and weight management programs, that are covered by insurance. **M**
- WPH3.28: Provide stigma-reducing education about the signs and symptoms of conditions related to cognitive health, encouraging early diagnosis and treatment. **M**
- WPH3.29: Increase public awareness of the risk factors for cognitive impairment and dementia. **M**
- WPH3.30: Bridge the gap between recommended screenings and care and what is covered by insurance. **C**

Recommendation: Collaborate with the professional workforce to increase specialization and education for older adult health care. (WPH4)

Action Items:

- WPH4.1 Encourage older adults to attend “Welcome to Medicare” and Medicare Annual visits, along with all other preventive health care appointments (including vision/hearing/oral health) under any insurance provider. **L**
- WPH4.2 Enable older adults to undergo their annual falls risk assessment. **L**

- WPH4.3 Encourage service providers to inform patients about available transportation resources to reduce missed appointments. **L | NWD**
- WPH4.4 Educate health care providers to prevent the negative outcomes of cognitive health conditions. **M**
- WPH4.5 Educate health care providers about nutrition assistance services, such as nutrition counseling and weight management programs, that are covered by insurance. **M**
- WPH4.6 Partner with medical schools to provide programs that increase the number of health care professionals entering geriatric specialties. Work with health care providers to provide education related to geriatric care for providers currently providing care in Missouri. **M**
- WPH4.7 Enable medication to be taken as prescribed and for all medication (prescribed and over the counter) to be reviewed by a physician and pharmacist annually. **M**
- WPH4.8 Provide adequate and appropriate training to health care providers about potentially sensitive aspects of utilizing glasses (in some cases), hearing aids, etc., and how to engage an older adult in conversations about why these screenings are important for a higher quality of life. This could include Continuing Medical Education (CMEs). **M**
- WPH4.9 Enable primary care providers to educate patients about the importance of vision, dental, and hearing screening, especially as they relate to additional risk for chronic health conditions like diabetes and dementia. **M**
- WPH4.10 Collaborate with providers and specialists to enable medical devices (hearing aids, dentures, glasses, etc.) to be adequately fitted and comfortable through a variety of means, including provider education, raising consumer awareness, and/or exploring options for coverage of fitting and adjustment services. **M**
- WPH4.11 Crosstrain workforce/professionals working with older adults and adults with disabilities to consider the whole person, and can be referred to wraparound services. **M | NWD**
- WPH4.12 Support the identification and/or development of certifications for fitness instructors specializing in unique populations, including older adults. **M**
- WPH4.13 Ensure health care professionals are aware of what benefits are already covered by insurance for specific behavioral health conditions. **M**

- WPH4.14 Work upstream within health care systems to allow patients more time with providers when needed. **C**
- WPH4.15 Educate health care providers on best practices to prevent negative outcomes related to behavioral health conditions. **C**
- WPH4.16 Increase the number of health care professionals specializing in behavioral health conditions. **C**
- WPH4.17 Employ/train community health workers that specialize in health issues important to older adults to navigate complex health care systems. **C**

Recommendation: Adopt and integrate technological solutions to streamline the experience of older adults accessing and communicating health and wellness initiatives. Ensure older adults have access to technology education to adopt and utilize technology. (WPH5)

Action Items:

- WPH5.1: Promote the use of electronic health referrals. **L**
- WPH5.2: Educate on utilizing wearable health device data to improve health outcomes for both users and health care providers. **L**
- WPH5.3: Educate on adopting electronic health portals for improved care management. **L**
- WPH5.4: Encourage the use of wearable health monitors, emergency alert systems, and medication reminders to enhance safety and maintain independence while engaging in physical activity. **L**
- WPH5.5: Implement a Sequential Intercept Model to address gaps in behavioral health services and connect individuals to appropriate resources. **C**
- WPH5.6: Increase access to broadband internet across the state for older adults to access telehealth and other resources. **C**
- WPH5.7: Create infrastructure and incentives that allow and encourage medical, vision, hearing, and dental providers to share information and health records about the same patient to increase collaborative care. **C**
- WPH5.8: Enable tech support to be available for ongoing medical device usage when technology is involved (i.e. Bluetooth-enabled hearing devices). **C**
- WPH5.9: Maximize current services that are available by eliminating siloes (i.e. geography, funders, service areas) through creating a statewide consumer and provider database (Community Information Exchange pilot may be a model). **C**

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- Show Me Vax, Missouri.
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wellnessrecoveryactionplan.com/
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cdc.gov/wisewoman/php/about/index.html

Next Steps for Implementation

In May 2024, the Administration for Community Living (ACL) Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities developed a strategic framework for a National Plan on Aging, which will guide federal policy in addressing aging concerns and needs at the national level.

As Missouri continues to advance this work, our goals and strategies must be aligned with and supported by federal actions. These national frameworks will help inform the state's next steps as we move toward implementation.

The recommendations outlined in the Master Plan on Aging (MPA) can serve as a resource for community organizations, advocacy groups, and other stakeholders interested in pursuing legislative changes or driving local planning efforts to support Missourians as they age.

Appendix A: List of Advisory Council and Subcommittee Members

Master Plan on Aging Advisory Council Members

- Lieutenant Governor Mike Kehoe
- Senator Mike Moon
- Senator John Rizzo
- Representative Dean Plocher
- Representative Yolanda Fountain Henderson
- Paul Buckley, Office of Administration
- Ken Zellers, Office of Administration
- Chris Chinn, Department of Agriculture
- Jason Sumners, Department of Conservation
- Sara Parker Pauley, Department of Conservation
- Jennifer Battson-Warren, Department of Conservation
- Trevor Foley, Department of Corrections
- Jackie Barron, Department of Corrections
- Michelle Hataway, Department of Economic Development
- Maggie Kost, Department of Economic Development
- Kip Stetzler, Department of Economic Development
- Dr. Karla Eslinger, Department of Elementary and Secondary Education
- Shelly Wehmeyer, Department of Elementary and Secondary Education
- Sarah Willson, Department of Health and Senior Services
- Paula F. Nickelson, Department of Health and Senior Services
- Dr. Bennett Boggs, Department of Higher Education and Workforce Development
- Leroy Wade, Department of Higher Education and Workforce Development
- Angela Nelson, Department of Commerce and Insurance
- Chlora Lindley-Myers, Department of Commerce and Insurance
- Jeana Thomas, Department of Commerce and Insurance
- Anna Hui, Department of Labor and Industrial Relations

- Val Huhn, Department of Mental Health
- Sheila Wunning, Department of Mental Health
- Kurt Schaefer, Department of Natural Resources
- Aly Gatwood, Department of Natural Resources
- Mark James, Department of Public Safety
- Sandy Karsten, Department of Public Safety
- Trish Vincent, Department of Revenue
- Wayne Wallingford, Department of Revenue
- Jess Bax, Department of Social Services
- Robert J. Knodell, Department of Social Services
- Ed Hassinger, Department of Transportation
- Patrick McKenna, Department of Transportation
- Major General Levon Cumpton, National Guard
- Lana Johnson, Aging Matters and President of ma4
- Deb Hobson, Centers for Independent Living
- Nancy Pennington, Missouri Association of County Developmental Disability Services
- Tiffany Bayer, DHSS Centers for Local Public Health Services
- Tina Uridge, Senior Tax Levy Boards
- Cindy Hultz, Missouri Association of Councils of Governments
- Tim Brinker, County Commissioners Association of Missouri
- Richard Sheets, Missouri Municipal League
- Sheli Reynolds, UMKC Institute for Human Development
- Jon Doolittle, Missouri Hospital Association
- Brian Kinkade, Missouri Hospital Association
- Jay Hardenbrook, Missouri AARP
- Beth Brown, Senior Community Services Employment Program
- Paul Kirchoff, Missouri Veterans Commission
- LaTasha Barnes, St. Louis Housing Authority
- Angel Surdin, DHSS Office of Minority Health

- Jamie Opsal, Missouri Aging and Disability Advocacy Network
- Sarah Lovegreen, Alzheimer's Association Greater Missouri Chapter
- Jennifer Carter Dochler, Missouri Foundation for Health
- Angela Williams, Health Forward Foundation
- Jenni Miller, Missouri Housing Development Commission
- Gregg Ochoa, Missouri Housing Development Commission
- Craig Escude, M.D., IntellectAbility
- Oscar Cepeda, M.D.
- Jeanne Roth, Legal Services of Eastern Missouri

Ad Hoc Lived Experience Advisory Council

Candi Bockenstedt	Caregiver
Sharon Williams	Caregiver
Barbara Miller	Caregiver
James (Chris) Richardson	Caregiver
Diana Willard	Disabled Adult
Rene Powell	Disabled Adult
Patty Goss	Adult with I/DD
Sue Schaeffer	Sandwich Caregiver siblings with I/DD and older parents
Bob Pieper	Older Adult
Mary Wesche	Older Adult
John Kramer	Older Adult
Sara Kelley	Caregiver/Parent

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Courtney Fletcher	Jamie Padgett	
Nikki Gatlin	Bill Puett	

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Christy Evers	Jenni Kornfeld	Jenny Williams



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Karen Allen	Brenda Gregg	Wendy Orson
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Rex Archer	Rebecca Gunn	Desma Reno
Joyce Balls-Berry	Xandy Harker	Jeff Richards
Sylvia Bane Malta	Lindsey Haslag	Jaque Sample
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Appendix B: Town Hall Summaries

The Department of Health and Senior Services (DHSS) and Missouri's 10 Area Agencies on Aging (AAAs) hosted 12 public town hall meetings (10 in-person and two virtual). The town halls were held between February and March 2024 and were aimed at gathering input from older adults, family caregivers, and other key stakeholders. A total of 1,769 participants attended the town halls and provided over 15,000 comments. The details and summary of the town hall meetings is available at health.mo.gov/seniors/masterplanaging/.

Appendix C: Putting the MPA to Use – How Different Populations Can Use the MPA

The inherent nature of a Master Plan on Aging (MPA) that has had contributions from cross-sector governmental agencies and public and private partners means that messaging and implementation of the MPA and its initiatives also must be disseminated to a wide variety of audiences. The Master Plan on Aging is relevant to many different groups, including legislators, local governments, independent citizens, statewide associations, providers, and caregivers. While these groups are not siloed, the different groups may use the MPA in different ways.

- **Legislators** can use the MPA as a cross-check for legislation and to get a “pulse check” on the public’s prioritization around certain issues. They can also use it as a building block to become champions of certain issues and build bridges and relationships with local government, citizens, providers, or interested groups who also support similar issues.
- **Local Governments** can use the MPA as a guiding force for priorities and more targeted change, as well as a starting point to work for larger change at the state and federal level. They can also use it as a jumping off point to promote cross-collaboration systems change with other local governments, the state government, and various interest groups.
- **Citizens** can use the MPA to understand what Missouri’s plan is to support people aging in the state and where to ask for state accountability.
- **Providers** can use the MPA to cross-check the programs they have available and ask, “Are these positively contributing to making people’s lives better?” They can also use the MPA as a guide for examples of programs or services that are important to Missourians.
- **Educators and Researchers** can use the MPA to guide program development and research questions and track progress against it. Along with determining Missourians’ needs and devising the MPA, it is important to measure the success of various initiatives to understand whether and how well they are providing the requested services. Some initiatives and programs are harder to measure than others, so unique methodology and sufficient resources are required to evaluate and refine this long-term effort.
- **Caregivers** can use the MPA as conversation starters for supporting additional supports and education.
- **Interest groups** can use the MPA as a starting place for their work. They can use the topics and examples in the MPA as a basis for determining what legislators have relevant experience or are champions of certain issues.

Common messaging that can be useful for all groups to drive support of the MPA and the ideas contained in it are:

- **Everyone is aging.** The MPA is for all, not just current older adults, and can prepare and support all who are aging in a way that benefits everyone.
- **Cross-sector support, planning, and implementation.** The MPA was created by groups representing all sectors of Missouri's population, and thousands provided input. The MPA is meant to break down silos and promote cross-sector solutions that connect agencies, departments, industries, and people.
- **Person-centered.** The MPA was created for Missourians, by Missourians. Many of the recommendations were edited or changed based on comments by advocates, town hall attendees, and aims to prioritize individuals' needs and preferences and address what matters most to people, their families, and their caregivers.
- **Accountability.** Missouri plans to be accountable for the recommendations set forth in the MPA, and all levels of government and sectors of society should benefit from and feel connected to it.
- **Living document.** The MPA is an evolving document and will be updated on a regular basis to ensure relevance.

Appendix D: Acronyms

- **AAA:** Area Agency on Aging
- **AARP:** American Association of Retired Persons
- **ACL:** Administration for Community Living
- **ADRC:** Aging and Disability Resource Center
- **CASOA:** Community Assessment Survey for Older Adults
- **DHSS:** Department of Health and Senior Services
- **DMH:** Department of Mental Health
- **DSDS:** Division of Senior and Disability Services
- **DSS:** Department of Social Services
- **LIHTC:** Low-Income Housing Tax Credit
- **LTSS:** Long-term services and supports
- **MCoA:** Missouri Council on Aging
- **MCP:** Missouri Caregiver Program
- **MDT:** Multidisciplinary Teams
- **MEHTAP:** Missouri Elderly and Handicapped Transportation Assistance Program
- **MODDC:** Missouri Developmental Disabilities Council
- **MoDOT:** Missouri Department of Transportation
- **MPA:** Master Plan on Aging
- **NWD:** No Wrong Door
- **OAA:** Older Americans Act
- **PACE:** Program of All-Inclusive Care for the Elderly
- **PCC:** Person-centered Counseling
- **SCSEP:** Senior Community Service Employment Program
- **SELN:** State Employment Leadership Network
- **SNAP:** Supplemental Nutrition Assistance Program
- **SPA:** State Plan on Aging



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