

Missouri State Plan on Aging 2015-2019



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VERIFICATION OF INTENT

The Missouri Department of Health and Senior Services, Division of Senior and Disability Services hereby submits the State Plan on Aging for the period from October 1, 2015 through September 30, 2019. The State Plan on Aging has been developed in accordance with Section 307 of the Older Americans Act, as amended. The Division of Senior and Disability Services has been designated and given authority to develop and administer the State Plan on Aging in compliance with all requirements of the Act. This includes the development of comprehensive and coordinated systems for the purpose of promoting multipurpose senior centers; delivering supportive services, nutrition services, in-home services for frail older individuals, and evidence based health promotions services; advancing vulnerable elder rights protection activities; as well as establishing effective, visible advocacy organizations for the elderly and adults with disabilities residing in the state.

The plan is based upon projected receipts of federal, state and other funding and thus is subject to change depending upon actual receipts and/or changes in circumstances. Substantive changes to this plan will be incorporated into the annual amendment to the plan.

The State Plan on Aging is hereby approved by the Governor and constitutes authorization to proceed with activities contained within the plan upon approval from the Assistant Secretary on Aging, Administration on Aging.

6-3-15
Date

Celesta Hartgraves
Celesta Hartgraves, Director
Division of Senior and Disability Services

6-8-15
Date

Gail Vasterling
Gail Vasterling, Director
Department of Health & Senior Services

I hereby respectfully submit on this 30th day of June, 2015, the Missouri State Plan on Aging for the approval of the Assistant Secretary on Aging.

6-30-15
Date

Jeremiah W. (Jay) Nixon
Jeremiah W. (Jay) Nixon, Governor

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EXECUTIVE SUMMARY

In accordance with the Older Americans Act of 1965, as amended, the [Department of Health and Senior Services](#) (DHSS), [Division of Senior and Disability Services](#) (DSDS), as the designated State Unit on Aging, submits the State Plan on Aging to the Administration on Aging. The four-year State Plan on Aging outlines the fundamental concerns facing Missourians in anticipation of the projected increase in the elderly population and their necessity for long-term care services. The Plan identifies key strategic issues to successfully advance the statewide integration of person-centered principles into home and community-based services and supportive services while ensuring these services support the health, dignity, and independence of Missouri seniors and adults with disabilities.

The State Plan, for the period from October 1, 2015 through September 30, 2019, provides an overview of the organizational structure of the DHSS, as well as the collaborative partnerships developed among other agencies and organizations.

The development of the State Plan involved significant efforts and cooperation from aging and disability partners, consumers, caregivers, and providers of services. Staff from the DSDS met with the Executive Directors of the Area Agencies on Aging (AAAs) to develop goals and objectives that would address how the Aging and Disability Network will partner to meet the increasing health and service needs of seniors and adults with disabilities over the next four years.

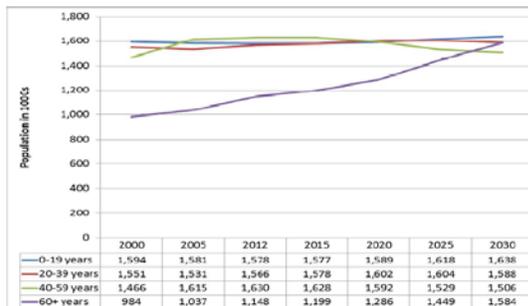
Missouri's senior population increased from 13.5% in 2000 to 14.0% in 2010. The population of seniors in Missouri increased again in 2013 to 15% of the total Missouri population.¹ By 2020 the population of 60 years and older is estimated to be approximately 1,285,000 or 21.2% of the total state population. By 2030, Missouri's senior population is estimated to substantially increase to approximately 1,584,000 persons of Missouri's projected total population of 6,316,000 or 25.1% of Missouri's total population (see chart below).²

THE NUMBER OF OLDER MISSOURIANS IS GROWING (POPULATION IN 1000S)

The proportion of Missouri's population that is over 60 is growing while the proportion that is under 60 is shrinking. The U.S. Census Bureau estimates that more than 25 percent of Missouri's population will be over age 60 by the year 2030, an increase of 29% percent from 2012.

Age Group	2012	2020	2030
0 to 19	26.6%	26.2%	25.9%
20 to 39	26.5%	26.4%	25.1%
40 to 59	27.5%	26.2%	23.8%
60+	19.4%	21.2%	25.1%

Source: U.S. Census Bureau 2009 Projections



Source: U.S. Census Bureau 2009 Projections

¹ <http://quickfacts.census.gov/qfd/states/29000.html>

² http://www.aoa.ac.gov/AoA_Programs/HPW/Behavioral/docs2/Missouri.pdf

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The rapid aging of the population is among the major public health challenges faced in chronic disease prevention and control. Older adults are disproportionately affected by chronic diseases, which are associated with disability, diminished quality of life, and increased costs for health care and long-term care.³

In 2013, according to the US census, 37.1% of Missourians over the age of 65 had one or more disabilities.⁴ This combined with an estimated 9.6% of seniors living below poverty and 35% of seniors in Missouri with incomes below 200% of poverty puts a large number of Missouri seniors at risk of spending down into Medicaid for needed long-term care services and supports.

During this plan cycle, it will be of paramount importance to improve and expand formal and informal community choices available to Missouri seniors. This must be done in a person-centered manner to ensure consumer choice directs the service plan. Partnering with all members of the Aging and Disability network will ensure that Older American Act resources are maximized to benefit the greatest number of recipients possible.

The mission of the Division of Senior and Disability Services is: *“To promote a comprehensive, coordinated and cost-effective continuum of long-term care options and protective services that support older persons (60+) and adults with disabilities (18+) to maintain their health and independence wherever they choose to live.”* In furtherance of that mission, the DSDS has established the following goals:

- Expand the capacity of the Aging and Disability Network to provide Older American Act Core Programs in response to the needs of Missouri Seniors.
- Strengthen and build services provided in concert with the Older Americans Act core programs to increase accessibility to services for Missouri Seniors.
- Missouri seniors will have access to high quality nutritional services.
- Provide Missouri seniors and adults with disabilities with person-centered long-term services and supports that meet their needs in the manner and environment of their choosing while continuously improving the quality of their care.
- Protect and promote elder rights by preventing, investigating and providing services to potential victims of adult abuse, neglect and exploitation.

As the population of Missouri continues to age, the State Plan will provide a framework for shaping policy development, priority setting and evaluation of the State’s activities related to the strategic goals. The Plan proposes to address the challenges, as well as the many opportunities available to the Aging and Disability Network to support a long-term care system that promotes dignity and independence of older people and individuals with disabilities.

³ <http://www.health.mo.gov/atoz/pdf/burdenofchronicdiseasesinmissouri.pdf>

⁴ <http://quickfacts.census.gov/qfd/states/29000.html>

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NARRATIVE

MISSOURI'S AGING AND DISABILITY NETWORK

The Department of Health and Senior Services (DHSS)

The mission of DHSS is, “*To be the leader in promoting, protecting and partnering for health.*” DHSS is organized into three different programmatic divisions and one administrative division.⁵ The programmatic divisions include the Division of Senior and Disability Services, the Division of Community and Public Health and the Division of Regulation and Licensure.

The role of the State Board of Health⁶ and State Board of Senior Services⁷ is to advise the Director of DHSS regarding: the promulgation of rules and regulations by the department; formulating the budget for the department; and planning for and operating the department. The boards each consist of seven members appointed by the Governor, by and with the advice and consent of the Missouri Senate.

As a division of DHSS, the Division of Senior and Disability Services (DSDS) is the designated State Unit on Aging. The DSDS is responsible for oversight, implementation and administration of state, federal and community-based programs designed to maximize independence for safety of adults who chose to remain independent in the community. In coordination with the DHSS director, the DSDS director, deputy division director and Financial Services Unit of the Division advise legislators, advocates, state agencies and other organizations and individuals regarding services and data available to support this function.

The [Bureau of Home and Community Services](#) investigates reports of elder abuse, neglect and financial exploitation and provides crisis intervention and Adult Protective Services for eligible adults (age 18 and over) that are determined to be unable or unwilling to provide or access services needed to meet their daily needs. Additionally, the bureau provides oversight to Medicaid funded [Home and Community Based Services](#) (HCBS) that are authorized on behalf of adults choosing to receive long-term care in the home or community. The bureau administers programs designed to maximize independence and safety for adults who choose to remain independent in the community by accessing state and federal community-based programs. The Central Registry Unit operates the state’s toll-free elder abuse hotline, registers hospital and home-health complaints, and completes registration into the Shared Care Program that offers tax credits to caregivers providing care to seniors in the community. The Home and Community Based Services Call Center serves as the statewide, centralized intake point for Medicaid (Title

⁵ <http://health.mo.gov/about/pdf/orgchart.pdf>

⁶ <http://www.moga.mo.gov/mostatutes/stathtml/19100004001.html>

⁷ <http://www.moga.mo.gov/mostatutes/stathtml/19200020301.html>

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XIX) funded in-home services authorized through the DSDS. Referrals are initially screened at the Call Center for preliminary eligibility.

The [Office of Long-Term Care Ombudsman](#) advocates for facility residents, has responsibility for complaint resolution on behalf of facility residents, educates and trains staff, consumers and community partners on issues related to long-term facility care and manages approximately 230 volunteer Ombudsman serving in facilities across the state. (Long-Term Care Ombudsman Regional Map, Appendix 2)

The [Bureau of Senior Programs](#) is responsible primarily for the oversight of programs authorized and funded through the Older Americans Act. The bureau is responsible for collaboration and coordination of programs within various state agencies and local communities as necessary to set policy and integrate state and federal goals for seniors within Missouri with emphasis on programs that enable seniors to maximize independence and safety in the community. Program implementation is administered by Area Agencies on Aging (AAAs) who are responsible for ensuring that federal funding is allocated in a manner that reflects the needs of seniors within each of the ten planning and service areas.

The Bureau of Senior Programs also administers numerous discretionary grants and cooperative agreements to support seniors and adults with disabilities with services and opportunities to enhance the lives of the individual, their families and their caretakers. The services provided via contractors are designed to meet a specific need while promoting independence, access to services, disease prevention and health promotion, employment opportunities, etc.

ALZHEIMER'S DISEASE AND RELATED DEMENTIA SERVICES

DSDS awarded a contract to the Alzheimer's Association of St. Louis to make respite funds and supportive services available to persons with Alzheimer's disease and related dementia and their caregivers. Respite funds and supportive services available include:

- assessment and care coordination which includes care options counseling and developing an individualized plan to meet the needs of the persons with Alzheimer's and the family caregivers;
- education programs to help the persons with Alzheimer's disease, the caregiver and family members to participate in educational classes and/or furnish information on the nature of the disease and its progression, disease management, treatments and medications, falls prevention and safety considerations, nutrition and health promotion, caregiver guidance and supports, emerging research advances and resource to the various community-based services;
- counseling service and support groups to the persons with Alzheimer's and their caregiver and family members;

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- adult day care services, which includes supervision, meaningful social activities, balanced nutrition, and other care to persons with Alzheimer's and related disorders in a group setting outside of the home for periods of two to twenty-four hours per day;
- safety and supportive programs to give relief to family caregivers through assistive services (e.g. legal assistance, transportation, therapeutic activities), and products (e.g. mobility devices, financial assistance for medication, nutrition and incontinence supplies); and
- outreach to promote the availability of services to the public with targeted efforts to reach and increase service to low income, minority and rural populations.

Through a partnership with the Heartland Chapter and the Greater Missouri Chapter Alzheimer's Associations, services will be available throughout the state of Missouri. Individuals can call the 24/7 Helpline: 1.800.272.3900, to be connected with the local Chapter.

DSDS also awarded a contract to Memory Care Home Solutions to provide consultations in the home for caregivers in the St. Louis area. The consultation includes personalized caregiver training to reduce caregiver stress, improve communication with the person suffering from memory loss and recommendations to make the home safer for individuals diagnosed with Alzheimer's disease to reduce risks of wandering and potential hazards in the home. Memory Care Home Solutions provides the following services and assistance to as part of the consultation in an effort to prevent premature institutionalization:

- Personalized caregiver training to modify daily activities to promote independence for the person suffering from memory loss;
- intake assessment home visits, care plan development, care plan implementation and follow up visits; and
- where necessary, assistive safety devices to help with activities of daily living and/or increase the safety and well-being of a person with dementia remaining within their home.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

The DSDS is the grant recipient of Title V funding also known as Senior Community Service Employment Program (SCSEP).⁸ SCSEP is a community service and work based training program for unemployed low income persons who are 55 years of age or older, particularly persons who have poor employment prospects. The DSDS utilizes a competitive bid process to contract with sub grantees, who in turn administer the program in Missouri. The sub grantees for Missouri are MERS/Goodwill, Experience Works and Catholic Charities of Kansas City and St. Joseph. The National grantees for Missouri are AARP Foundation and Experience Works. Many of the Area

⁸ State of Missouri Modified Senior Community Service Employment Plan 2014-2016
http://www.health.mo.gov/seniors/senioremployment/pdf/SCSEP_StratPlan.pdf

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Agencies on Aging and senior centers provide training as host agencies to the Title V participants.

The [Division of Community and Public Health](#) (DCPH) provides leadership in assessment, planning, and policy development and implementation of evidence-based approaches to prevent and control cancer, chronic diseases and falls, which are leading causes of death in Missouri. They administer programs addressing chronic disease prevention and nutrition services; early screening and protection; and health promotion interventions to reduce risk factors for chronic diseases.

The [Division of Regulation and Licensure](#) (DRL) is responsible for a number of long-term services and supports, including the Board of Nursing Home Administrators, Certificate of Need program, Adult Day programs, Home Health programs and the Family Care Safety Registry.

The [Family Care Safety Registry](#) was established by law to promote family and community safety. Families and employers can call the registry's toll-free line to request background information on registered child care, elder care and personal care workers.

The [Section for Long-Term Care Regulation](#) is responsible for conducting state inspections and federal surveys, and for investigating complaints regarding long-term care facilities. The section also conducts the federal participation survey of habilitative facilities servicing clients diagnosed with mental retardation and/or developmental disabilities that participate in the Medicaid program. The section oversees the Pre-Admission Screening and Annual Resident Review (PASARR) process, provides construction plan review services to healthcare facilities regarding new construction and extensive remodeling projects and maintains the level one medication aide register, certified medication technician register and the federally mandated nurse assistant register.

The Department of Social Services

The [Department of Social Services](#) has four program Divisions: [Children's Division](#), [Family Support Division](#), [MO HealthNet](#) and [Division of Youth Services](#). All four provide supportive community services to Missourians which include: kinship subsidies to family members caring for children, including grandparents caring for grandchildren; Supplemental Nutrition Assistance Program (SNAP), Low Income Home Energy Assistance Program (LIHEAP), Medicaid eligibility determinations; and the administration of Medicaid benefits.

The Department of Mental Health

The [Department of Mental Health](#) operates the Division of Behavioral Health and the Division of Developmental Disabilities. Through the Division of Developmental Disabilities, the Department of Mental Health operates five Medicaid Home and Community Based Waiver programs (See Appendix 5).

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The [Division of Behavioral Health](#) (DBH), formerly the Divisions of Alcohol and Drug Abuse and Comprehensive Psychiatric Services, is responsible for assuring the availability of substance abuse prevention, treatment, and recovery support services for the State of Missouri and is also responsible for making sure prevention, evaluation, treatment and rehabilitation services are available for individuals and families who need public mental health services throughout the State of Missouri.

The [Division of Developmental Disabilities](#) (DD), established in 1974, serves a population that has developmental disabilities such as intellectual disabilities, cerebral palsy, head injuries, autism, epilepsy and certain learning disabilities. Such conditions must have occurred before age 22, with the expectation that they will continue. To be eligible for services from the Division, persons with these disabilities must be substantially limited in their ability to function independently. DD administers the five Home and Community Based Medicaid Waiver programs for individuals with mental retardation or other developmental disabilities on behalf of the Missouri Department of Mental Health (See Appendix 5).

The Department of Elementary and Secondary Education (DESE)

Division of Vocational Rehabilitation (MDVR) currently operates under the [Missouri Department of Elementary & Secondary Education](#) (DESE). The Division is made up of three core programs: Vocational Rehabilitation (VR), Disability Determination Services (DDS) and Independent Living programs (IL). All three programs are dedicated to providing quality services to their consumers and to increasing their independence.

The [Division of Vocational Rehabilitation](#) (VR) has primary responsibility for state and federal education and rehabilitation programs for individuals with disabilities, enabling affected individuals to maintain control of their lives, exercise their rights and live independently through a range of choices minimizing reliance on others.

[Disability Determination Services](#) (DDS) determines medical eligibility for Missourians who have filed for disability benefits with the Social Security Administration (SSA). SSA manages two programs that award benefits because of disability or blindness.

The [Independent Living \(IL\)](#) program provides services to people with disabilities to increase their independence and their opportunity to participate in day-to-day life within their communities. There are 22 Centers for Independent Living (CILs) statewide that offer independent living services. The CILs are funded through Vocational Rehabilitation grants and are managed by individuals with disabilities who have been successful in establishing their own independent lifestyles. [Missouri Statewide Independent Living Council](#) (MOSILC) consists of a minimum of nine members and a maximum of 22 members. A minimum of 51 percent of the members must have significant disabilities. Members must represent a range of geographical areas and disabilities. The governor of Missouri appoints the membership. MOSILC promotes

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independent living for individuals with disabilities. The goal of the Council is to ensure the provision of community-based, consumer-controlled, cross-disability services in compliance with requirements of Title VII of the Rehabilitation Act of 1973 and in accordance with Independent Living philosophy. The independent living concept is based on the philosophy that people with all types of disabilities should have the same civil rights as those without disabilities. They have a right to control their lives based on options that minimize their reliance on others.⁹

The Department of Insurance, Financial Institutions and Professional Registration (DIFP)

The [Department of Insurance, Financial Institutions and Professional Registration \(DIFP\)](#) administers the State Health Insurance Assistance Program (SHIP) and provides oversight for the Medigap and Long-Term Care Insurance policies for Missourians. The DIFP also provides funding for [CLAIM](#), a non-profit State Health Insurance Assistance Program, which provides free, unbiased information about Medicare to Missourians. CLAIM's goal is, "to provide local counselors to help you get the most from your Medicare benefits."

The Department of Economic Development

The [Department of Economic Development's Division of Energy](#) administers the Weatherization Program through Community Action Agencies and other related agencies throughout the state. The program provides cost-effective energy-efficient home improvements to Missouri's low income households, especially the elderly, children, those with physical disadvantages, and others hit hardest by high utility costs. The program aims to lower utility bills and improve comfort while ensuring health and safety. Examples of weatherization provided include installing weather-stripping to doors and windows, adding insulation to walls or roofs and making heating and cooling equipment more efficient.

The Attorney General's Office

The [Attorney General's Office's Medicaid Fraud Control Unit](#) (MFCU) investigates fraud committed by providers of services to Medicaid participants. The MFCU participates in stakeholder meetings hosted by the Senior Medicare Patrol program, or Missouri SMP. The MFCU investigates and prosecutes allegations of abuse or neglect of Missouri Medicaid funded facilities. The MFCU coordinates investigations with the DSDS to ensure that there is no duplication of investigations or services.

Department of Public Safety

[Missouri Veterans Commission](#) housed within the Department of Public Safety has responsibility for the Missouri Veterans homes that provide long-term skilled nursing with 1350 beds in eight

⁹ MOSILC Website- <http://www.mosilc.org/about-us-2/>

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locations to aged and disabled veterans. They assist veterans to apply for eligible benefits, request service records and provide counseling and assistance to veterans.

Missouri SMP (Senior Medicare Patrol)

The Missouri SMP¹⁰ is administered by Care Connection for Aging Services. The DSDS provides technical assistance to the SMP staff as requested. The objectives of the project are to: foster national and statewide program coverage, improve beneficiary education and inquiry resolution, foster national program visibility and consistency, improve the efficiency of the SMP program while increasing the results for both operational and quality measures, and target training and education to better serve identified priority populations, specifically the rural, low-income, and disabled populations.

From July 1, 2011 through June 30, 2014 the Missouri SMP has achieved the following outcomes:

- 158 volunteers statewide
- 1,718 outreach and education events
- 94,165 people educated at events
- 25,880 inquiries resolved

DSDS participates in the quarterly statewide stakeholders meetings hosted by the Missouri SMP. The program staff and volunteers work closely with the State Health Insurance Assistance Program (SHIP) to identify potential Medicare fraud and report possible violations to the Department of Insurance Financial Institutions and Professional Registration (DIFP), the Attorney General's Office and Centers for Medicare and Medicaid Services.

Naturally Occurring Retirement Communities

Missouri funds Naturally Occurring Retirement Communities (NORC) in Creve Coeur, Missouri and in Kansas City, Missouri. The NORC model is designed to support the healthy aging of seniors in their own homes by providing opportunities for meaningful community involvement and increased access to support services.

The Creve Coeur NORC was originally funded through a grant from Administration on Aging in 2004. It has continued to provide services to elders within a 3 mile radius of the center and their membership has remained stable at about 600 paying members. The outcomes for this program have demonstrated how wrap around services and care coordination can help elders age successfully in their community.

¹⁰ <http://missourismp.org/>

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In FY 2014, additional funding was appropriated by the Missouri Legislature to provide for a NORC in Kansas City. The designated NORC program has worked closely with the NORC in Creve Coeur and received support and technical assistance from them. The Kansas City, MO NORC submitted their first progress report in January 2015 which detailed their progress in contacting seniors in the community to make them aware of the variety of benefits and opportunities available to them. The reports also included an analysis of a neighborhood survey conducted to get a better understanding of how aware the community was of the Palestine Senior Activity Center and provide information on the NORC project. The survey analysis was conducted by Jack Wagner, Associate Professor of Urban Planning & Design, Director of Urban Studies Program at the University Of Missouri-Kansas City. The analysis described a pathway for community development to expand partnerships to ensure the continuity of the NORC program.

Senior support specialists within Area Agencies on Aging are providing valuable expertise regarding the needs of seniors to urban planners developing livable communities and housing with universal design. For example, the Mid-America Regional Council (MARC) in Kansas City, Missouri has received a grant to incorporate “age-friendly” community planning efforts to help area cities prepare for rapidly growing numbers of older residents. Their efforts to make communities age friendly can include improving mobility and walkability; informing regional planning efforts; designing affordable accessible housing; promoting healthy lifestyles; improving access to public services; and increasing volunteer, intergenerational, and social opportunities.¹¹ Other communities are initiating their own versions of “Villages”, such as in the Central West End neighborhood of St. Louis. Their goal is to have a way to connect those ages 50 and up to various services and social activities. Examples of the types of services and social activities provided include a ride to the doctor or finding a reliable handyman to planning a happy hour or a night at the ball game.¹²

Home and Community Based Waiver Services

The Department of Social Services’ MO HealthNet Division provides funding for Missouri’s ten Home and Community Based Waiver programs (see Appendix 5- Missouri Medicaid Waivers). The DSDS manages three of these waiver programs, the Adult Day Care Waiver, the Aged and Disabled Waiver and the Independent Living Waiver.

There have been several changes to the way HCBS has done initial assessment and reassessment over the course of the last State Plan. The HCBS program has developed an initial intake

¹¹ <http://www.marc.org/News-Releases/November-2014/KC-Communities-for-All-Ages-receives-grant-to-cont>

¹² http://www.stltoday.com/news/local/metro/older-adults-in-central-west-end-building-a-village/article_95984ef9-7dbf-5395-a0ef-d798fc85981a.html

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assessment process with a single call center housed in the Department of Health and Senior Services' central office that determines a potential consumer's eligibility for HCBS services.

In addition to the HCBS reassessments conducted by DSDS staff, DSDS has entered into agreements with provider agencies such as Area Agencies on Aging, HCBS providers and Centers for Independent Living to conduct a portion of the annual reassessments required for each participant. Once completed, the reassessment is then reviewed by DSDS staff for accuracy.

Area Agencies on Aging (AAA)

Missouri's ten AAAs serve 114 counties and the City of St. Louis (see appendix 3). They are responsible for programs designed to address the needs of seniors within specifically defined geographic boundaries. In order to receive funding from the DHSS, each Area Agency is required to submit an area plan for review and approval that addresses the wide variety of issues affecting the needs of seniors in their respective planning and service area, or PSA. In accordance with the Older American Act guidance, the AAAs develop and administer programs for seniors age 60 and over who are of greatest social or economic need and are required to ensure that services are delivered with particular attention to low-income older individuals, including low-income minority, limited English and older individuals living in rural areas.

Core services provided by the AAAs include:

- Access--which includes transportation, information and assistance, advocacy, outreach, and case management at some AAAs;
- In-Home Services--which might include homemaker, chore, personal care or respite;
- Legal Services;
- National Family Caregiver;
- Nutrition--both congregate and home-delivered; and
- Disease Prevention/Health Promotion.

Missouri's ten Area Agencies established the [Missouri Association of Area Agencies on Aging \(ma4\)](#) to provide the opportunity to have direct input into broad issues at the state and national level. The mission of ma4 is to "promote the continued physical, social, and economic self-sufficiency of Missouri's seniors." Ma4 supports seniors' right to choice and dignity in daily living and strives to furnish its members with the essential informational and educational resources to deliver quality service toward this end.

The DSDS meets monthly with the Area Agencies on Aging to collaborate as to how to improve and effectively deliver services to Missouri seniors. DSDS staff members routinely provide technical assistance to the AAAs regarding the delivery of Older Americans Act services and

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programs developed locally in each planning and service area. The DSDS also monitors the AAAs' progress in seeking collaborative partnerships and innovative contract opportunities that align with their mission and strengths as the Aging and Disability Network seeks to expand services. The DSDS staff research statutory and regulatory guidance to ensure that the Area Agencies on Aging programs are in compliance.

Silver-Haired Legislature

Missouri's [Silver Haired Legislature](#) (SHL) is a bicameral model legislature of citizens 60 years of age and older that are elected through a formal voting process and is patterned after the Missouri General Assembly. All members are volunteers who serve without pay. SHL's purpose is to promote legislative and community advocacy by increasing the awareness and participation of older Missourians in governmental decision-making. They also assess the legislative needs and priorities of older Missourians and encourage group participation and leadership concerning local, state and national legislation.

TRENDS AND DEMOGRAPHICS

There has been a decline in the percent of persons over 60 living in nursing homes or other institutions from 3.9% to 3.2%.¹³ Along with more readily available information regarding the availability of public and private resources designed to maintain an aging individual's safety and independence in his or her home, the data also reflects the effectiveness of the Money Follows the Person (MFP) program in Missouri. In 2014, one hundred and sixty-one individuals were transitioned from a nursing home to the community through the MFP program. So far in 2015, fifty-two individuals have transitioned from a nursing home to a home in the community of their choosing through the MFP program. This trend also shows the effectiveness of the Balancing Incentives Program in helping seniors' receive services in their home or community setting.

Missouri ranks 38th overall in the United Health Foundation's 2015 Senior Report,¹⁴ a measure of various health determinants and outcomes. Specific measures include the percentage of older adults visiting the dentist in the last 12 months (ranked 43rd), obesity (ranked 24th), food insecurity (ranked 40th), poverty (ranked 30th) and premature deaths (ranked 39th). This information highlights the need to provide high quality evidence based chronic disease prevention programs to enhance the quality of life for Missouri seniors as they age.

The most recently available data from FY2014 regarding adult protection in Missouri shows that the Missouri Adult Abuse Hotline received 34,534 documented calls involving abuse, neglect and/or exploitation of adults in Missouri. Of those calls, 27,092 abuse, neglect and/or exploitation reports were taken and referred to the regional areas for investigation. According

¹³<http://www.agid.acl.gov/StateProfiles/Profile/Pre/?id=27&topic=1&startyear=2012&endyear=2012>

¹⁴<http://cdnfiles.americashealthrankings.org/SiteFiles/StateProfiles/Missouri-Senior-Health-Profile-2015.pdf>

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to the Administration for Community Living, “Every year an estimated 5 million older Americans are victims of elder abuse, neglect, or exploitation. And that’s only part of the picture: Experts believe that for every case of elder abuse or neglect reported; as many as 23 cases go unreported.”¹⁵ Unreported cases occur due to a lack of training and knowledge regarding what signs to look for in cases of abuse, neglect and exploitation.

Demographics (see Appendix I)

Missouri, along with the rest of the nation, is in the midst of the most phenomenal growth of the senior population experienced in recent history. By the year 2030 the population over 60 is estimated to be 26.21% of the total population in Missouri. The population of seniors 85 years and older is estimated to grow from 2015 to 2030 by over 51,000.¹⁶

African Americans make up the largest senior minority population of those 65+ years in Missouri at 8.7%. Hispanics are next at 7.4%; followed by Asian Americans at 3.8%; and Native Americans at 0.5%.¹⁷ The foreign-born Low English Proficiency (LEP) elders are typically located in the urban populations along the I-70 corridor, and are approximately 8.5% of the population in Missouri.

Among all Missourians, 15.8% live below poverty level; 9.6% of seniors over age 65 live below 100% of the poverty level and 10.5% of seniors over age 65 live between 100-149% of the poverty level.¹⁸

In 2011, about 95% of Missouri seniors over the age of 65 had at least one chronic disease or condition. More than 80% had at least two chronic diseases or conditions and approximately 65% had at least three chronic diseases or conditions.¹⁸

NEEDS ASSESSMENT AND PUBLIC INPUT ACTIVITIES

The DSDS met with The Missouri Association of Area Agencies on Aging (ma4) to discuss the most requested services from the AAAs, results of their needs assessments, unmet needs in communities in each PSA and the development of goals and objectives they will use in their upcoming Area Plans. Needs assessments completed by the Area Agencies on Aging and available Information and Assistance data from NAPIS describe the needs of the senior and adult with disabilities populations. There has been an increase in the number of service units for Information and Assistance, assisted transportation and Legal Services. Area Agencies on Aging

¹⁵ <http://www.acl.gov/NewsRoom/Observances/WEAAD/Tools-Tips-Resources/Index.aspx>

¹⁶ Missouri Office of Administration: <http://archive.oa.mo.gov/bp/projections/MFCcombined.pdf>

¹⁷ http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_S0103&prodType=table

¹⁸ <http://health.mo.gov/atoz/pdf/burdenofchronicdiseasesinmissouri.pdf>

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Information and Assistance programs report that the most requested unmet need is financial assistance. Benefits counseling, including assistance with accessing Low Income Heat and Energy Assistance Program (LIHEAP) and Supplemental Nutrition Assistance Program (SNAP) are in increasing demand. This is also borne out in the demographics with over 37.1% of Missouri seniors living below 200% of poverty. In addition, the Area Agencies on Aging report the most frequently unmet medical needs reported by seniors they serve are a lack of access to dental care, hearing and vision aids and cross county transportation to non-emergency medical appointments and dialysis programs.

A draft of the State Plan on Aging will be posted on the Missouri Department of Health and Senior Services website to elicit input from the public. All input will be recorded as part of the final plan.

FOCUS AREAS

OLDER AMERICANS ACT CORE PROGRAMS

Title III B

Under section 307 (a) of the Older Americans Act, the DSDS requires each Area Agency on Aging to spend 30% of its Title III B funds on Access services, 20% of Title III B funds on In-Home services and 1% of their Title III B funds on Legal Services.

All the Area Agencies on Aging provide information and assistance and the accompanying short-term case management as a direct service in-house. All of the Area Agencies on Aging have AIRS trained staff and most have AIRS certified staff who answer the Information and Assistance (I&A) phone lines. The AAA staff work with United Way's 211 staff in an effort to ensure accurate up to date information is shared with consumers.

All the Area Agencies on Aging provide non-emergency medical transportation to seniors to assist with access to doctor's appointments and care. Most provide transportation to senior centers for congregate meals. AAAs contract with private and public entities to provide transportation and the system varies by county. The Area Agencies on Aging work with their Regional Planning Councils to ensure that seniors are included in the regional plans.

Area Agencies provide Medicare Boot Camps for the new to Medicare beneficiaries, which include training in preventing Medicare fraud and abuse through partnership with the Missouri SMP, and collaboration with other community partners.

The availability and duration of In-Home Services are determined by each AAA Planning and Service Area (PSA), and may include homemaker, chore, personal care or respite. Due to increasing demand and limited funding, many of the AAAs changed the way they provide the in-

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home services, from long-term services to short-term services with a maximum time limit of 6 months. This has allowed them to serve more seniors and also provide an increased focus upon transition services for seniors discharged from hospitals who are in need of supportive services for a recuperative period when returning home. The AAAs have made an effort to ensure that persons in need of in-home services who are Medicaid eligible are referred to DSDS for eligibility assessment and enrollment in Medicaid HCBS to maximize the available funding for all seniors.

Title III B Legal Services in Missouri are provided via contracts the AAAs have established with Regional Legal Services Corporations. One AAA, the Central Missouri Area Agency on Aging, provides legal assistance through contracts directly with attorneys or legal aid agencies. The AAAs give priority to seniors in need of legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect and age discrimination. The Missouri Seniors' Legal Helpline has provided Missouri seniors with a statewide toll free number, 1-800-235-5503, and a website, www.moaging.com/legalhelp, which provides access to legal information and services of interest to seniors. This toll free helpline and website have been integrated into the AAA's Information and Assistance programs and the website is maintained by the DSDS Legal Services Developer.

Title III C

Title III C meals in Missouri are funded through a combination of the Older Americans Act funds, Missouri general revenue funds, local county mill levy funds, local fundraising and participant contributions. The Missouri AAAs worked closely with DSDS to incorporate the 2010 Daily Recommended Intakes standards into their nutrition programs to meet the new recommendations within the first year following publication. To maximize the availability of services, the AAAs have implemented the most efficient and cost effective nutritional service delivery systems for the senior centers and home delivered meal programs with whom they work. This includes central site preparation and delivery to distant centers and the reduction in center personnel where possible.

The Missouri Association of Area Agencies on Aging (ma4) states that there are 232 senior centers. The AAAs report that the senior centers are seeing fewer "younger" seniors and increasing numbers of much older seniors utilizing the senior centers. Most AAAs believe this is a combination of work force retention and later retirement, and in some instances, the perception that the senior center in the community is "where our parents went." The AAAs are piloting programs in an effort to find new ways to reach the aging Baby Boomers. For example, one senior center experimented with changing the time of the meal from lunch to evening and found a new clientele of younger seniors living alone who still worked or volunteered in the day.

AAAs also provide home delivered meals to eligible homebound clients, or other eligible participants at the client's residence. These meals comply with Dietary Guidelines for Americans,

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and provides at least one-third of the current Daily Required Intakes. For many homebound seniors, the home-delivered meal program is vital to their continued independence. AAAs use senior centers and catering contractors to ensure the broadest possible availability of home delivered meals for seniors. Based on the recipient's frailty, available support system and distance from the nearest senior center, service may include hot meals or frozen meals. Meals might be delivered by volunteers, paid staff or picked up at the Senior Center by caring friends or family.

Title III D

Six of the Missouri Area Agencies on Aging partner with the DSDS, the Regional Arthritis Foundation and the Division of Community and Public Health to provide Chronic Disease Self-Management Education (CDSME). This is an evidence based program that has been very successful wherever it has been implemented. DHSS currently has a grant from the Administration for Community Living to provide this education, however this grant concludes as of August 31, 2015. DHSS will continue to work with the AAAs to provide CDSME classes through community partnerships and Title III D and additional funding opportunities. Currently the Regional Arthritis Foundation is in the process of contracting with Primaris, a healthcare consulting firm, to provide funding to add additional CDSME and train the trainer classes.

All ten AAAs have Evidence Based Disease Prevention and Health Promotion programs. The AAAs are committed to providing the highest level of evidence based programs, as required by the Administration on Aging for payment of Title III D funds, by October 1, 2016.

Missouri's [Show Me Falls Free Missouri Coalition](#) provides falls prevention educational information and advocacy. The AAAs routinely use their Title III D funds to provide evidence-based falls prevention resources and education to seniors as well as training and exercise opportunities.

Title III E

Each Area Agency on Aging provides Family Caregiver Services individualized to meet the specific needs of their consumers. Most provide some assistance to grandparents and older kinship foster parents through respite and support groups. Some Area Agencies on Aging use Family Caregiver funding to provide care coordination and case management services to assist older caregivers caring for elders or adult children with disabilities. Some AAAs fund adult daycare and most provide some support groups. One AAA has developed a support group using group Skype and extensive technical assistance to consumers. This program has been very successful and there have been attempts to replicate it within some of the other PSAs.

Missouri has two very active coalitions under this title, Lifespan Respite Coalition and the Grand Families Coalition. The Grand Families Coalition is hosted by Parent Link with the DSDS providing support and technical assistance as requested. DSDS provides support and technical

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assistance to the Lifespan Respite Coalition on an as needed and requested basis. The Lifespan Respite Coalition has developed a county by county respite resource listing that is being made available as a resource to other support groups and coalitions. Both Coalitions meet every quarter and are well attended by a variety of stakeholders.

Title VI

Missouri has no recipients of a formally recognized Title VI program. The AAAs provide services to Native Americans who are eligible for services. Groups representing Native Americans are invited to participate in Aging and Disability Network activities. Each year 0.3% of the populations served by Missouri Area Agencies on Aging are Native American. Appendix 4 shows the population distribution of Missouri Native American residents 60 years of age and older by gender.¹⁹

Title VII

Long-Term Care Ombudsman Program

Missouri's State Long-Term Care Ombudsman Program (LTCOP) consists of ombudsmen and volunteers serving residents of nursing homes and residential care facilities to provide support and assistance with any problems or complaints. The LTCOP is housed within the Department of Health and Senior Services' Division of Senior and Disability Services (DSDS). The Long-Term Care Ombudsman (LTCO) is the highest reporting authority for the state and local ombudsman programs. The Missouri LTCO coordinates the activities between DHSS, the Regional Ombudsmen and the local ombudsmen volunteers. The Long-Term Care Ombudsman works with advocacy groups, associations and other interested entities for the purpose of promoting the ombudsman program.

Missouri's ten AAAs administer the program on the local level by designating a regional ombudsman coordinator. This coordinator may be an AAA staff person or may be a person contracted with the AAA. Responsibilities of the coordinator include recruitment, training and supervision of the nearly 230 Ombudsman volunteers. In addition to the regional ombudsman coordinator, some AAAs have hired additional ombudsmen utilizing Title III B funds or community resources.

The program seeks to diminish the sense of isolation experienced by residents, especially those without family. The volunteer ombudsman can assist the resident in achieving a sense of empowerment and self-determination. Ombudsman volunteers strive to reinforce the importance of residents' rights. While residents are provided information regarding their rights

¹⁹ <https://suburbanstats.org/race/missouri/how-many-american-indian-people-live-in-missouri>

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upon admission, the ombudsman is there as the resident adjusts to his/her new home to reiterate those rights and offer assistance in exercising those rights.

Title VII EA

Legal Services Developer

The Legal Services Developer provides access to legal services to assist Missourians 60 and older. Currently the Legal Services Developer is working on improving the reporting system with the help of The Center for Social Gerontology (TCSG) and National Association of Legal Services Developers (NALSD). The Legal Services Developer is a member of the NALSD executive committee, which works to emphasize the importance of the role of the Legal Services Developer and the need for Title III B legal services for seniors. The LSD updates Missouri Seniors' Legal Helpline website regularly. The Missouri Seniors' Legal Helpline is a product of a grant from ACL.

ADMINISTRATION OF COMMUNITY LIVING DISCRETIONARY GRANTS

Chronic Disease Self-Management Education (CDSME)

In Missouri the DSDS, the DHSS/Division of Chronic Disease and the Arthritis and Osteoporosis Foundation have collaborated on a grant to provide evidence based Chronic Disease Self-Management Education. The Area Agencies on Aging have been quick to provide the evidence based programs through their Title III D programs and the CDSME grant has been a good fit. Missouri's ACL Discretionary Grant for CDSME will come to an end on September 30, 2015. The DSDS will continue to work with the Area Agencies on Aging to provide evidence based Chronic Disease Self-Management Education to seniors through Title III D funds and partnerships with other community entities.

AFFORDABLE CARE ACT (ACA) FUNDED PROGRAMS

Balancing Incentive Program

As a result of the Balancing Incentive Program (BIP) Missouri now has a single point of entry to the Medicaid long-term care services and supports via the website MOCOR or the toll free number. This website allows consumers, their families and caregivers, and service staff to assess, learn and search for long-term support information and services throughout Missouri. MOCOR currently has local service sites in all 114 counties and the City of St. Louis.

Missouri is experiencing steady usage of the new toll free number and Level I screen embedded within the MOCOR website. The enhanced FMAP Missouri has received has allowed Missouri to

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add 2,916 individuals to the following waivers: Partnership for Hope Waiver, Missouri Children with Developmental Disabilities Waiver, the Comprehensive Waiver and the Adult Day Care Waiver.²⁰

Money Follows the Person

The Money Follows the Person (MFP) Program Transition Coordinators assists nursing home or state habilitation residents of at least 90 days, return to the community of their choice. Transition Coordinators, housed within each of the five regional HCS areas, will help with the planning process, including finding housing, applying for community supports and setting up their new household. Missouri MFP has contracted with the Centers for Independent Living (CILs) and Area Agencies on Aging to serve as Local Contact Agencies (LCAs).

The MFP program recently implemented the Minimum Data Set, Section Q algorithm (which is the component of the MDS that involves residents desire to learn about options of returning to the community) to help identify potential candidates for MFP currently in Missouri nursing facilities. Once an individual is identified using the algorithm, a selected LCA will contact the resident to ask them if they are interested in speaking with someone about their options in returning to the community. If they indicate they are interested, an Options Counseling referral will be made.²¹

As of January 1, 2015, the MFP program contracts with the University of Missouri- Kansas City (UMKC) to provide a housing coordinator and housing specialist position.

Both the BIP and MFP programs are administered by the Department of Social Services. The Division of Senior and Disability Services manages the community contract providers for these programs through the Bureau of Home and Community Services.

Medicare Improvements for Patients and Providers Act 2008 (MIPPA) Funding

All ten Area Agencies on Aging have increased their knowledge of Medicare and the new Medicare free preventive services through participation in the MIPPA program. In Missouri the state health insurance assistance program is provided by the Department of Insurance, Financial Institutions and Professional Registration.

²⁰ <http://www.balancingincentiveprogram.org/state-activities/missouri>

²¹ http://dss.mo.gov/mhd/providers/pdf/bulletin37-22_2015apr08.pdf

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PERSON-CENTERED PLANNING

Missouri Long-Term Services and Supports have long recognized the importance of person-centered planning. Since the inception of the Older Americans Act it has been an essential component. Missouri Area Agencies on Aging practice person-centered planning in their case management, care coordination and Information and Assistance programs. For the majority of Area Agencies on Aging, person-centered planning was a goal for all services. Every Area Agency on Aging has AIRS Certified or AIRS trained staff who respond to the Information and Assistance and Legal Services Helpline calls.

All Home and Community Based Services (HCBS) administered by DHSS/DSDS are planned with the participant's input. To ensure that the participant is in control of this process at all times there are several checks and balances in place. First, each participant is provided with a form, the Home and Community Based Services Care Plan and Participant Choice Statement during the planning of their services. This form goes over all of the participant's rights and explains their ability to make all of their care decisions themselves, have anyone of their choosing participate in the development of the person-centered plan or ask for assistance from DSDS staff. Each participant has to sign and date the form at the bottom indicating that they were informed of their rights and responsibilities. Second, each supervisor conducts monthly reviews of three HCBS State Plan or waiver cases per worker. Part of this process is ensuring participant-centered planning is taking place. Finally, central office staff, within the DSDS/Bureau of Program Integrity, annually reviews a statistically valid sample of HCBS waiver cases also ensuring, in-part, that participant-centered planning is occurring. Regional staff persons are able to remediate any errors found during this process.

DSDS is in the process of implementing an electronic Case Review System statewide in which all data regarding reviewed cases can be input. Currently, one region with DSDS is piloting this new electronic data collection system. The pilot project is scheduled to end at the end of May 2015. In June 2015 the rest of the regions will be trained on how to enter information into the system. Once they are all trained they will be able to implement the process. This will allow managers, supervisors, and central office staff involved with HCBS to see which cases have been reviewed, to track and trend any areas of concern, and provide training and technical assistance to staff. DSDS can run reports based off of the data entered and will be able to better ensure participant-centered planning is taking place in all reviewed cases.

ELDER JUSTICE

Adult Protective Services

The Missouri Adult Protective Services (APS) is housed within the DSDS, Bureau of Home and Community Services. APS investigates abuse, neglect and exploitation of vulnerable individuals

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60 and older and people with disabilities between 18 and 59 (192.2400, RSMo). For community-dwelling adults and persons with disabilities, protective services are provided on behalf of eligible adults who are unable to:

- manage their affairs;
- carry out the activities of daily living; or,
- protect themselves from abuse, neglect, or exploitation, which may result in harm or a hazard to themselves or others.

The purpose of Adult Protective Services is to:

- promote independence;
- maximize client choice and provide for meaningful client input for preferences;
- keep the adult at home by providing quality alternatives to institutional care; and,
- empower the older adult to attain or maintain optimal self-determination.

Reports made to the Adult Abuse and Neglect Hotline, regarding allegations involving a victim who lives in their own home or in the community are reviewed to determine if they meet the definition of abuse, neglect, or exploitation. Reports that meet the criteria are forwarded to an Adult Protective Services Investigator. The investigator will work with the alleged victim to determine the services or interventions needed to stop or alleviate the abuse, neglect or exploitation. The services might include:

- Community supportive services, such as personal care, respite or chore services;
- Home-delivered nutrition services;
- Financial or legal assistance and protections, such as representative payee, direct deposit, trusts, protective services, civil suit or criminal charges;
- Counseling for the victim;
- Referral to other community resources, and;
- When needed, guardianship proceedings or nursing home placement.

Reports involving victims who live in long-term care facilities are forwarded to the department's Division of Regulation and Licensure staff to conduct an investigation.

Special Investigations Unit

Missouri also has a Special Investigations Unit (SIU) housed within the Department of Health and Senior Services in the Division of Senior and Disability Services. This unit investigates cases of elder abuse/neglect and financial exploitation that may result in referrals to local prosecutors for prosecution. The SIU also provides assistance to department staff by conducting investigation-techniques training and consultation on ongoing investigations, and assists in carrying out the department's mission. The SIU provides educational outreach programs, informational training seminars and other related program activities to senior citizen groups, law enforcement agencies, prosecuting attorney office personnel, other governmental agencies and community

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groups in an effort to increase awareness of the threat of exploitation and abuse of senior Missourians and adults with disabilities.

In cooperation with the Missouri Secretary of State's Office, the Missouri Department of Insurance and Professional Registration, and the Missouri Attorney General's Office, DSDS is conducting trainings geared toward protecting vulnerable adults from being victims of financial exploitation. The trainings are being provided to major investment corporations in Missouri such as Wells Fargo and Edward Jones Investments. DSDS also provides training with the Missouri Banking Industry to educate financial institutions to recognize when a bank patron might be the victim of financial exploitation.

Multidisciplinary Team Approach

APS regional staff persons rely on a multidisciplinary team approach to investigating allegations of abuse, neglect and exploitation and in providing services or interventions to victims. Many staff members are on councils or committees that work with or provide services to seniors and adults with disabilities. The list below illustrates just a few of the many partnerships utilized by APS staff in all five regions of the state:

- Senior Centers
- Universities
- Housing Agencies
- Centers for Independent Living
- Area Agencies on Aging
- Alzheimer's Associations
- Public Administrators/ Courts
- Law Enforcement/ Crisis Intervention Teams
- Health Care Agencies/ Physicians
- Faith Based Organizations/ Churches
- Mental Health Agencies
- Senior Services Agencies
- Long-Term Care Ombudsman
- Financial Institutions
- Other State Agencies
- Other States (through National Pathways)

DSDS is exploring opportunities to increase the use of Multidisciplinary Teams (MDTs) in investigating and providing services to victims of abuse, neglect and exploitation which includes a more intensive approach in cases determined to have chronic, systemic nature of allegations in which repeat maltreatment has occurred indicating significant patterns. It is the Bureau's intent to utilize a team approach to better address the individual/family's needs and to focus on

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assessment, treatment and evaluation of vulnerable person's progress so that the vulnerable person receives comprehensive services to head off future incidents of abuse, neglect or exploitation. DSDS will continue to train and build an organized Aging and Disability Network to meet the extensive and diverse needs of older adults and adults with disabilities.

Victimization Taskforce

The Division of Senior and Disability Services has partnered with the Missouri Developmental Disabilities Council and representatives from multiple state and federal agencies to form a Victimization Task Force. The Task Force has come together to raise awareness of victimization among vulnerable adult populations and foster an improved process for ensuring victims' are heard. The preliminary goals of the task force include:

- 1) Identifying the difference between criminal incidents by strangers vs. caregivers or service-focused traumatic events;
- 2) Include stakeholders for change such as Missouri Police Chiefs' Association, the Sheriffs' Association, and the Missouri Prosecuting Attorneys' Association and garner their buy in and agreement to participate in training;
- 3) Review the Multidisciplinary Team (MDT) model, which is a trauma-informed model currently used in the field of child abuse, and determine if it can be replicated successfully for use with vulnerable adults; and,
- 4) Determine who with the Missouri State Highway Patrol (MSHP) receives information from the Missouri Department of Mental Health (DMH) then streamline the investigative process, including the possibility of creating a Special Investigation Team to support the work of the MDT model.

Crisis Intervention Teams (CIT)

In recognition of the diminishing mental health resources available for those in need, who are not exhibiting suicidal or homicidal tendencies, DSDS partners with the Department of Mental Health Crisis Intervention Team (CIT) project. The project is currently only in a few police jurisdictions in Missouri, however it is expanding. The CIT program arms police officers with the knowledge and skills to improve their responses to individuals with mental illnesses. During 2014, CIT has been expanded and is making headway throughout Franklin County, Jefferson County, Linn County, St. Francois County and St. Charles County. Most recently, Missouri CIT Council has invited DSDS staff to attend the workgroups in St. Charles County and St. Louis Metropolitan area. DSDS anticipates partnering with each jurisdiction in pursuit of enhancing our response to those individuals in crisis.

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Constituent Services Office

The DSDS Constituent Services Office rebranded the Missouri Adult Abuse Hotline and initiated an awareness campaign to promote awareness to the public and encourage reporting. A public service announcement was developed in partnership with the Governor's Office and placed on the Department website as well as promoted through social media. A widespread message was delivered to community partners to offer informational booths or presentations locally, and 159 events throughout the state were attended by DSDS staff to promote the Hotline through grassroots efforts. This effort has been very successful and Missouri plans to continue these outreach events.

Long-Term Care Ombudsman Program

In addition to their duties previously explained, the LTC Ombudsman staff provides ongoing outreach to communities throughout the state through participation in health fairs, conferences and speaking engagements. The LTC Ombudsman Program provides training to all new volunteers and LTC Ombudsman staff, through the regional program.

QUALITY MANAGEMENT

Data collection

DSDS has several data collection systems, one for Home and Community Services Waiver programs known as the Web Tool within CyberAccesssm, Case Compass for the Central Registry Unit and NAPIS for Area Agency on Aging programs. The DSDS is working with the NAPIS developer to gain greater oversight of the NAPIS data in real time, so that state staff will be able to better provide technical assistance, review statewide trends and share statewide data with the Aging and Disability Network.

The Missouri DSDS has moved to an independent audit of both the Older Americans Act funding and the programs. These are reviewed annually by the fiscal office. DSDS staff members provide technical assistance to the Area Agencies on Aging and review program implementation and compliance.

Remediation of Problem Areas

In accordance with the "Uniform Administrative Requirements, Cost Principles, & Audit Requirements for Federal Awards" that went into effect December 26, 2014, the Missouri DHSS has upgraded its scrutiny of contractor compliance when contractors are reimbursed in whole or in part with federal funds. Programs receiving federal funds must complete grant monitoring semi-annually or as otherwise required by the federal government along with the required

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federal financial reporting. The responsible program coordinator completes a review of the contractor's compliance with the grant requirements in the Department of Health and Senior Services Subrecipient Monitoring Tracking System. The scope of the monitoring review includes compliance with federal and state requirements in addition to any requirements within the deliverables of the contract. The program coordinator determines contractor compliance with the approved grant monitoring plan the coordinator developed in accordance with the DHSS Financial Assistance and Subrecipient Monitoring Policy. Programmatic risk is determined during this review, and if compliance issues are revealed, the program coordinator can work with the grant monitoring database coordinator to determine a plan of action. The contractor is notified of perceived discrepancies in their performance and given an opportunity to mitigate the concerns noted.

Missouri's Adult Protective Services (APS) is housed in the DSDS Bureau of Home and Community Services (HCS). The Bureau of HCS is working on a plan to address cases of chronic repeated maltreatment. Each of the five regions is gathering the cases that have the highest recidivism rates to determine what process can be put into place to address the individual's needs in a way that respects the individual rights while also providing safety to prevent serious harm or neglect.

Continuous Improvement

The Division of Senior and Disability Services (DSDS) administers three Home and Community Based Waivers; Aged and Disabled Waiver, Independent Living Waiver and the Adult Day Care Waiver. The Centers for Medicare & Medicaid Services (CMS) requires each Waiver program have its own quality assurance system. States develop and measure performance indicators in areas such as health and welfare of participants, financial integrity of the program, quality providers, level of care determination and service planning and delivery.

In addition, the Bureau of HCS is working to educate county Prosecuting Attorney's Offices in issues regarding adult abuse, neglect and exploitation. Many of the regional offices are setting up meet and greet opportunities with HCS staff and the Prosecuting Attorney Office Staff.

Senate Bill 244 has passed and is awaiting the Governor's signature. This bill would allow financial professionals who suspect an older resident is the target of financial fraud to intervene, with legal protection, by placing a hold on transactions they deem as suspicious.

Missouri will host the first annual Missouri State Crisis Intervention Team (CIT) Conference this June in Columbia, MO. This conference is open to all law enforcement officers, mental health professionals, students and others with an interest in the adoption, adaptation and development of CIT programs in their local communities. DSDS has committed to sending five staff from each of the five regions to attend this conference. The Bureau of Special Investigations Unit is

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providing training to the police academy for the Kansas City Police Department in the areas of adult abuse, neglect and financial exploitation.

Intrastate Funding Formula

See attachment C

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Goal 1: Expand the capacity of the Aging and Disability Network to provide Older American Act Core Programs in response to the needs of Missouri Seniors.	
<p>Objectives</p> <ol style="list-style-type: none"> 1. The Missouri DSDS will seek opportunities for the Aging and Disability Network to enhance and expand services to Missouri Seniors. 2. The LTC Ombudsman program will continue to develop additional training for new and experienced volunteer ombudsmen to reflect the on-going commitment to person-centered services and quality outcomes in the culture change model. 3. DSDS will ensure adherence to the requirements of the Older Americans Act as the Area Agencies on Aging explore opportunities as community business organizations. 	<p>Completion Date</p> <ol style="list-style-type: none"> 1. Ongoing 2. October 2017 3. September 2017
<p>Strategies</p> <ul style="list-style-type: none"> • In partnership with other members of the Aging and Disability Network will explore opportunities to supplement core services over the next four years. • The Aging and Disability Network will continue to evaluate and adopt evidenced-based programs that have proven effectiveness in improving the lives and health of seniors. • The LTC Ombudsman program will recruit volunteers to achieve a net gain of one new volunteer per year of the State Plan. • DSDS will provide information and access to new training opportunities for the Aging and Disability Network designed to improve the delivery of services to seniors and adults with disabilities. • DSDS will continue to monitor Area Agencies on Aging expenditure activity as they develop new programs. 	
<p>Outcome: Seniors will continue to receive services to help them remain safe and healthy in their home or community environment.</p>	
Goal 2: Strengthen and build services provided in concert with the Older Americans Act core programs to increase accessibility to services for Missouri Seniors.	
<p>Objectives</p> <ol style="list-style-type: none"> 1. DSDS will explore additional funding opportunities beyond the Older Americans Act formulary grants. 2. Missouri's Aging and Disability Network will increase their capacity to assist seniors in reducing their economic insecurity through benefits counseling. 3. DSDS will work with the Missouri Chronic Disease Self-Management Education grantee and the participating Area Agencies on Aging as well as other community partners to continue to provide CDSME to seniors through Title III D funds and seeking additional partnerships. 	<p>Completion Date</p> <ol style="list-style-type: none"> 1. Annually 2. June 2016 3. September 2016
<p>Strategies</p> <ul style="list-style-type: none"> • DSDS will evaluate the applicability of discretionary funding opportunities to expand the services offered by the Area Agencies on Aging. • DSDS will partner with the CDSME grantee to encourage involvement of the AAAs in the CDSME grant. 	

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- DSDS will facilitate integration of the AAAs providing CDSME into the CMS-funded health improvement education project offered by Primaris.
- DSDS will work closely with the training in the Medicare Boot Camps/New to Medicare training sessions.

Outcome: The Aging and Disability Network will be able to continue to provide person-centered services under the Older Americans Act core programs to a larger population of seniors.

Goal 3: Missouri seniors will have access to high quality nutritional services.

Objectives

1. Missouri will implement the 2015 daily required intake (DRI) for seniors.
2. Enrollment of Medicaid funded HCBS home delivered meal participants will increase by 4%.
3. Improve knowledge of the availability and benefits of the senior nutrition program.

Completion Date

1. March 2017
2. Annually
3. July 2016

Strategies

- DSDS will assist the Area Agencies on Aging to incorporate the newly updated DRIs for seniors into their nutritional programs.
- Area Agencies on Aging will continue to complete reassessments for Medicaid funded HCBS participants receiving home delivered meals.
- DSDS will encourage all ten Area Agencies on Aging to complete provider training to become eligible to provide reassessments for HCBS participants receiving Medicaid funded home delivered meals.
- DSDS will provide education to the Missouri Silver Haired Legislature regarding priorities related to senior nutrition.
- DSDS will publicize the availability of the senior nutrition program.

Outcome: Missouri seniors will experience less food insecurity and be healthy for life.

Goal 4: Provide Missouri seniors and adults with disabilities with person-centered long-term services and supports that meet their needs in the manner and environment of their choosing while continuously improving the quality of their care.

Objectives

1. 100% of Home and Community Services provided by DSDS will be person-centered with services based on an individualized assessment.
2. The Aging and Disability Network will provide information and assistance to consumers that continue to meet AIRS or other accreditation standards.
3. DSDS will collaborate with aging and disability partners to ensure seamless access to Older American Act core services for eligible individuals.

Completion Date

1. September 30, 2019
2. Ongoing
3. Ongoing

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<p>Strategies</p> <ul style="list-style-type: none"> • DSDS will implement the person-centered planning requirements of the HCBS home care rule by updating policy and providing training to DSDS staff and HCBS providers. • DSDS will evaluate the utility of implementing a “case mix” model to increase the speed at which care plan changes are implemented and allow greater flexibility for consumers of HCBS services • DSDS staff will monitor a statistically valid sample of HCBS cases to ensure that person-centered planning is used in development of each participants care plan. 	
<p>Outcome: Seniors and adults with disabilities will have an active role in in the development and implementation by choosing their own services and supports ensuring the best results for each individual.</p>	
<p>Goal 5: Protect and promote elder rights by preventing, investigating and providing services to potential victims of adult abuse, neglect and exploitation.</p>	
<p>Objectives</p> <ol style="list-style-type: none"> 1. DSDS will improve the awareness of seniors and adults with disabilities of their rights to be free of abuse, neglect and exploitation. 2. DSDS will educate seniors, adults with disabilities and the public at large of the availability of the Missouri Adult Abuse Hotline for reporting incidents of abuse, neglect and exploitation. 3. A representative of the Ombudsman program will visit each nursing facility in Missouri. 4. The DSDS will expand the Multidisciplinary Teams to better serve victim of abuse, neglect and exploitation and to provide the diverse services needed for this population. 	<p>Completion Date</p> <ol style="list-style-type: none"> 1. June 2016 2. January 2018 3. Ongoing 4. December 2017
<p>Strategies</p> <ul style="list-style-type: none"> • The Missouri DSDS will provide outreach and education regarding adult abuse neglect and exploitation to the community at large, through presentations and distribution of printed materials. • DSDS staff will attend events, health fairs, conferences and other events to promote awareness of abuse, neglect and exploitation hotline and protective services available for seniors and adults with disabilities. • The LTCOP will focus on recruitment of volunteers in communities where existing volunteers are retiring from the program. • The DSDS will continue to partner with entities that can build and train comprehensive and coordinated Multidisciplinary Teams throughout Missouri. 	
<p>Outcomes:</p> <ul style="list-style-type: none"> ➤ Seniors will be aware of their rights and how to protect themselves from abuse, neglect and exploitation. ➤ The community at large will be educated about the rights of seniors and adults with disabilities, be able to identify signs of abuse, neglect and exploitation, and will know where to report suspected abuse, neglect and exploitation. 	

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Attachment A

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

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States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural

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- areas in accordance with their need for such services; and
- (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
- (4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall—
- (I) identify the number of low-income minority older individuals residing in rural areas in the planning and service area;
 - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).
- (4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on—
- (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement.
- (4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and

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treatment and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency-- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and (ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

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(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

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

(11)(A) The plan shall provide assurances that area agencies on aging will—

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect and age discrimination.

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(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

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

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

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- (A) identify individuals eligible for assistance under this Act, with special emphasis on—
- (i) older individuals residing in rural areas;
 - (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
 - (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
 - (iv) older individuals with severe disabilities;
 - (v) older individuals with limited English-speaking ability; and
 - (vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and

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benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made-- (A) to coordinate services provided under this Act with other State services that benefit older individuals; and (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

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(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

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(ii) if the release of such information is to a law enforcement agency, public protective service agency,

(iii) licensing or certification agency, ombudsman program, or protection or advocacy system; or upon court order

Sec. 307(a) STATE PLANS

(1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services and multipurpose senior centers within the State; and

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

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(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

Section 705(a)(7) In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307: (7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). (Note: Paragraphs (1) of through (6) of this section are listed below) In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section

307: 21 (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

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(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5); (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for: (i) public education to identify and prevent elder abuse; (ii) receipt of reports of elder abuse; (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except— (i) if all parties to such complaint consent in writing to the release of such information; (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or (iii) upon court order



Signature and Title of Representative

July 20, 2015

Date

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ATTACHMENT B **Information Requirements**

Section 305(a)(2)(E) *Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;*

- The Intrastate Funding Formula (IFF) is based on the estimated number of older individuals in greatest social and economic need including low income older individuals, low income older minority individuals and older individuals residing in rural areas.
- Each year Area Agencies on Aging (AAAs) are required to specifically address how they have met the needs of their low income minority populations and rural populations in their Area Plans and updated plans.
- In addition, the DSDS and AAAs work closely with agencies through contracts within the state that specialize in serving the non-English speaking population in Missouri.
- DSDS monitors the number and percent of low income minority seniors who are served by each AAA and review outreach efforts annually through updated Area Plans and NAPIS data.
- The DSDS Audits the AAAs annually to assure compliance.

Section 306(a)(17) *Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.*

- Each AAA has an emergency response plan (ERP) and a continuity of operations plan (COOP). The DSDS's Disaster Response Coordinator (DRC) provides technical assistance, continuing education and trainings/exercises for regularly updating the plans. The DRC provides information and instruction to each agency on how to locate and coordinate with their local emergency response organizations as well as how to be involved in local COADs (Community Organizations Active in Disaster).
- The DRC also coordinates with each agency during disasters and recovery to inform and collaborate on needed resources and operations. The DRC coordinates between the

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agencies and state-level voluntary organizations, state departments and with federal agencies, including the Administration for Community Living. Communication strategies include e-mail, phone and texting and are regularly tested. All protocols for communication and support for the AAAs are detailed in the DSDS's emergency operations and continuity of operations plans. Communication and support of the AAAs is listed as the #4 top essential functions of the DSDS in the COOP plan.

Section 307(a)(2) The plan shall provide that the State agency will: (C) *Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (Note: those categories are access, in-home and legal assistance). Provide specific minimum proportion determined for each category of service.*

- The DSDS specifies in the Area Agency on Aging contracts under section 4.3.1, 4.3.2 and 4.3.3 the expenditure percent for each of the categories, Access 30%, In-home 20%, and Legal Assistance 1%.

Section (307(a)(3) The plan shall: (B) with respect to services for older individuals residing in rural areas: (i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000. (ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).* (iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

- State will apply the Intrastate Funding Formula utilizing the most recent available data from the U.S. Census Bureau in conjunction with special data tabulations provided by the Administration for Community Living to provide projections of minimum expenditures required to meet this assurance.
- Based on the 2012 census, approximately 1/3 of Missouri's 60+ individuals reside in rural areas. Missouri estimates Title III expenditures for services to seniors living in rural areas, including access services, will be \$7,858,309. Rural expenditures are projected to be approximately 36.2% of the \$21,707,038 total Title III projected to be expended statewide by all AAAs during each year of the plan.
- Missouri has ten Area Agencies on Aging, seven of which have seniors living in rural areas comprising 45% - 66% of their total elderly population. Missouri ensures all AAAs receive a substantial base funding allocation of \$409,600 to ensure viability in the most isolated rural Missouri regions. Additionally, the current IFF includes a "hold-harmless" provision, funded exclusively by Missouri General Revenue, to ensure rural areas are

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insulated to the maximum extent feasible from depopulation of rural areas as the statewide elderly population continues to grow.

Section 307(a)(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

- Each year the Area Agencies on Aging update their Area Plans, which includes a section on the needs of older individuals residing in rural areas. Only one Area Agency on Aging does not cover a rural area. In addition, the intrastate funding formula takes the number of seniors in the rural areas into consideration for distribution of funds.

Section 307(a)(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared— (A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

- Approximately 2.9% of Missouri’s senior population is foreign born and about 1.6% of Missouri’s population speaks English less than “very well.” Most of this population resides in the I-70 corridor (see Appendix I). Each AAA as part of their community needs assessment attempts to identify populations of foreign born elders so service efforts can be inclusive. Where available, the AAAs work with cultural community centers, charitable organizations and faith-based organizations to identify these populations and provide access to services in a culturally relevant and respectful manner. DSDS has the advantage of having a close cooperative relationship with an agency whose mission is to provide services to the foreign born that also works closely with the St. Louis Area Agencies on Aging to identify needs and provide case management. DSDS has a contract with this agency to provide naturalization services to foreign born legal immigrants and refugees who cannot participate in regular citizenship classes due to illness or chronic conditions. In 2014, this agency provided cultural competency training to DSDS HCBS and APS staff persons.
- Approximately 23.5% of Missouri’s senior population lives below the poverty level.²²

Section 307(a)(21) The plan shall: (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (*title III*), if applicable, and *specify the ways in which the State agency intends to implement the activities.*

²² <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

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- Missouri does not operate an Older Americans Act Title VI grant. However, all the Area Agencies on Aging provide services to eligible Native Americans and work with the local Native American Organizations wherever possible. The census reports that 0.5% of Missouri Seniors are Native American, and 0.3% of those served by Area Agencies on Aging are Native American.

Section 307(a)(29) *The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness and any other institutions that have responsibility for disaster relief service delivery.*

- The State Office of Aging is a part of the Missouri Department of Health and Senior Services (DHSS) and is the Division of Senior and Disability Services (DSDS). DSDS staff serves on the Department's Emergency Response Teams and has a station dedicated to DSDS within the Department's Emergency Response Center (ERC). DSDS has an appointed staff person, the Disaster Response Coordinator (DRC), to coordinate emergency management with division staff, providers, AAAs, and other partners. The Senior and Disability ERC Team includes fourteen staff members. These staff are provided with ongoing training and education to include: quarterly trainings, an average of two exercises per year, and all DSDS staff are trained on COOP annually. When the department activates the ERC, this team is also activated.
- The DSDS DRC is responsible for providing leadership, oversight and management of disaster operations which involves all response and recovery plans for the Division in order to minimize the loss of life and/or property for Division clients, and Missouri's senior and disabled adult populations. This position will continue to collaborate with the State Emergency Management Agency staff, DHSS Staff, and external partners such as in-home providers, area agencies on aging (AAAs) and consumer directed service vendors to provide training and education on emergency preparedness and the Division's emergency response plan. The DRC participates in planning with the Governor's Faith-based and Community Service Partnership for Disaster Recovery/State Citizen Council, Access and Functional Needs Committee, Government Relations Committee, Public Health Preparedness Advisory Committee, DHSS COOP Workgroup, Planning & Intelligence Section, Kansas City Urban Area Mental Health and Functional and Access Needs Subcommittee, Strategic National Stockpile Advisory Committee and MO Weatherization Policy Advisory Committee. The DRC also provides regular information and emergency preparedness tips through the DSDS Update that is delivered via e-mail to all relevant associations as well as over 200 individuals active in providing services to DSDS clients. DRC attends multiple trainings, conferences and workshops throughout

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the year that are related to disaster planning/preparedness and then brings the information back for the division administration and for training of other staff and teams.

- All DSDS staff is required to update their skills assessment survey twice annually, which builds a database that can be used in emergencies and COOP events to quickly and easily reassign staff to areas that support the Division in continuing essential services no matter what the event.
- DSDS continuously provides information, update and collaboration opportunities to AAAs in regards to emergency preparedness and mitigation, as well as current events or trends that relate to disaster preparedness/response.

Section 307(a)(30) *The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.*

- The DSDS annually, at a minimum, updates their division emergency response and continuity of operations plans. The DRC is responsible for collaborating with internal department staff and other divisions to provide input and guidance on developing and maintaining the State Public Health Emergency Preparedness and Response Plan to advocate for seniors and adults with disabilities. The DRC is housed in the Division Director's office and regularly updates and gathers information from the Director on DSDS needs and requests. The DRC is also a Domain Lead on the department's Public Health Accreditation Board Team. This team is directly responsible for gathering all information needed to meet the guidelines to become accredited. Currently DHSS has submitted all documentation and will be receiving the first site visit in August 2015. The DSDS Director reviews and approves all changes and updates of the emergency response and continuity of operations plans and has been trained in Incident Command System and is ready to fill in on an emergency response team, when needed.

Section 705(a)(7) *In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307: (7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). (Note: Paragraphs (1) of through (6) of this section are listed below) In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section*

307: 21 (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

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(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5); (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for: (i) public education to identify and prevent elder abuse; (ii) receipt of reports of elder abuse; (iii) active participation of older individuals participating in programs under this Act through outreach, conferences and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except— (i) if all parties to such complaint consent in writing to the release of such information; (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program or protection or advocacy system; or (iii) upon court order

- The state of Missouri agrees to include all of these assurances in their State Plan Assurances Attachment.

Attachment C

FY 2015 State Plan Guidance

INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS

Each State IFF submittal must demonstrate that the requirements in Sections 305(a)(2)(C) have been met: OAA, Sec. 305(a)(2)

“States shall, (C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account– (i) the geographical distribution of older individuals in the State; and (ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals.”

- For purposes of the IFF, “best available data” is the most recent census data (year 2010). More recent data of equivalent quality available in the State may be considered.
- As required by Section 305(d) of the OAA, the IFF revision request includes: a descriptive Statement; a numerical Statement; and a list of the data used (by planning and service area).
- The request also includes information on how the proposed formula will affect funding to each planning and service area.
- States may use a base amount in their IFFs to ensure viable funding across the entire state.

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The Missouri Department of Health and Senior Services collaborated with Missouri's Area Agencies on Aging over a sixteen month period to develop the current Intrastate funding formula (IFF). The formula was approved by the then US Administration on Aging (AoA) on July 22, 2009 for allocation of all Older Americans Act Title III funding awarded beginning with the state fiscal year commencing July 1, 2009. (See Funding Formula Approval Letter in Appendix 6.)

The formula uses a two (2) tiered approach by first classifying indicators of great social need and great economic need and then weighting each at 50%. Allocation percentages are derived in proportion to each respective portion of the data element representing social and economic need.

The Allocation Percentage Worksheet found below (in Attachment C) illustrates the IFF indicators of social and economic need, the data for each AAA, and resulting allocation percentages. Data is from the most current US Census tabulations obtained from the US Administration for Community Living's web site in December 2014.

Consistent with the Older American's Act, of the estimated \$27,379,533 in federal and state funding to be allocated in SFY 2016 by the IFF, \$4,096,000 will be distributed equally to provide a \$409,600 base for viability across the entire state, with the balance distributed by IFF allocation percentage.

The 2016 Funding to Distribute worksheet found below (in Attachment C) sets forth total projected Older American's Act and related funding available and illustrates the distribution to each AAA.

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Missouri Department of Health and Senior Services Intrastate Funding Formula Older American's Act Title III Funding (Allocation Percentages)

Greatest Economic Need (GEN) Chart A

Greatest Social Need (GSN) Chart B

	Greatest Economic Need (GEN) Chart A			Greatest Social Need (GSN) Chart B			AAA Allocation Percentages = sum GEN % x 50% + GSN % x 50%
	Counts (Detailed below in Chart A)	AAA % of GEN Counts	AAA GEN% x 0.5 = 50% Weighted %	Counts (Detailed below in Chart B)	AAA % of GSN Counts	AAA GSN% x 0.5 = 50% Weighted %	
AAA							
Southwest	42,906	15.42377%	7.7119%	440,145	14.0173%	7.0086%	14.7205%
Southeast	35,090	12.61409%	6.3070%	279,903	8.9141%	4.4570%	10.7641%
District III	18,910	6.79773%	3.3989%	189,746	6.0428%	3.0214%	6.4203%
Northwest	15,768	5.66825%	2.8341%	159,497	5.0795%	2.5397%	5.3739%
Northeast	14,572	5.23832%	2.6192%	161,102	5.1306%	2.5653%	5.1845%
Central	31,470	11.31278%	5.6564%	366,463	11.6707%	5.8354%	11.4918%
MARC	36,679	13.18538%	6.5927%	493,060	15.7025%	7.8512%	14.4439%
Mid-East	46,065	16.55936%	8.2797%	795,022	25.3190%	12.6595%	20.9392%
St. Louis	25,745	9.25477%	4.6274%	143,611	4.5736%	2.2868%	6.9142%
Region X	10,976	3.94563%	1.9728%	111,470	3.5500%	1.7750%	3.7478%
Missouri	278,181	100%	50%	3,140,019	100%	50%	100%

(A) SFY 2016 Greatest Economic Need (GEN) Factors and Counts

AAA	Low-Income 60+ (2010)	Low-Income Minority 60+ (2010)	Low-Income 60+ With Physical Disability (2010)	Low-Income Rural 60+ (2010)	Low-Income Female 60+ (2010)	Total GEN
Southwest	15,784	699	8,335	8,038	10,050	42,906
Southeast	11,621	1,191	7,470	6,968	7,840	35,090
District III	6,668	423	3,690	3,944	4,185	18,910
Northwest	5,647	287	2,970	3,334	3,530	15,768
Northeast	4,951	276	2,770	3,420	3,155	14,572
Central	11,586	806	5,905	5,948	7,225	31,470
MARC	14,115	5,305	6,855	1,029	9,375	36,679
Mid-East	18,964	4,369	8,650	1,132	12,950	46,065
St. Louis	9,010	6,205	4,870	-	5,660	25,745
Region X	3,975	230	2,145	1,871	2,755	10,976
Missouri	102,321	19,791	53,660	35,684	66,725	278,181

(B) SFY 2016 Greatest Social Need (GSN) Factors and Counts

AAA	Total 60+ (2012)	Minority 60+ (2012)	60+ With Physical Disability (2012)	Rural 60+ (2012)	Limited English 60+ (2012)	Female 60+ (2012)	Aged > Average Life Expectancy (2012)	Total GSN
Southwest	168,219	5,685	53,235	83,857	690	91,652	36,807	440,145
Southeast	101,347	5,289	39,205	55,600	110	55,504	22,788	279,903
District III	67,516	2,561	23,720	43,737	195	36,113	15,904	189,746
Northwest	59,080	1,909	18,975	32,270	160	32,369	14,734	159,497
Northeast	57,852	1,991	18,855	38,036	65	31,157	13,146	161,102
Central	135,883	6,834	45,685	75,452	645	72,978	28,986	366,463
MARC	206,844	36,047	60,685	23,886	2,275	115,856	47,467	493,060
Mid-East	344,325	47,798	92,535	29,873	3,935	194,334	82,222	795,022
St. Louis	51,710	26,597	19,450	-	1,270	30,073	14,511	143,611
Region X	42,510	2,218	14,890	19,139	185	23,267	9,261	111,470
Missouri	1,235,286	136,929	387,235	401,850	9,530	683,363	285,826	3,140,019

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Missouri Division of Senior and Disability Services
Area Agency on Aging Funding
SFY 2016
Supplementary Schedule 1

2016-2

05/21/15

	OLDER AMERICANS ACT FUNDING											
	Title III Part B	Title III Part C-1	Title III Part C-2	Title III Part E	Title III Part D	Title III State Admin Release to Programs	Title III - B Ombudsman	Title VII Ombudsman	Title VII Elder Abuse Prevention	Title III /VII Ombudsman.	N S I P Meals Incentive	
	Total Funding	7,016,089	8,467,047	4,134,686	2,836,149	395,543		0	303,518	97,643	401,161	3,860,926
State Administration	(350,804)	(423,352)	(206,735)	(141,808)	(19,777)		0	0	0	0	0	
Sub-Total	6,665,285	8,043,695	3,927,951	2,694,341	375,766		0	303,518	97,643	401,161	3,860,926	
O.A.A. Ombudsman	(67,681)						67,681	0	0	67,681		
State Ombudsman							0	(314,609)	0	(314,609)		
E. A. Tsf. to Ombud.								97,643	(97,643)	0		
State Admin.: State Fair												
State Admin Released:						0						
						0						
Funding to AAAs	6,597,604	8,043,695	3,927,951	2,694,341	375,766	0	0	67,681	86,552	0	154,233	3,860,926

	MISSOURI GENERAL REVENUE							TRUST	D.H.S.S.	SPECIAL	TOTALS	
	OAA State Match	Home Delivered Meals	SSBG Replacement	HDM by Prior Year HDM Meals	Hold Harmless Transition to New IFF	HDM Funding Transition to New IFF	Ombudsman Grants	Total Mo. Gen. Revenue	Missouri H.D.M. Trust Fund	Social Services Block Grant	SPECIAL PROGRAMS	SENIOR SERVICES
	Total Funding	399,108	3,171,741	1,434,016	2,726,079	1,254,378	2,206,941	150,000	11,342,263	22,015	1,204,745	20,000
State Administration	0	0	0	0	0	0	0	0	0	0	0	(1,142,476)
Sub-Total	399,108	3,171,741	1,434,016	2,726,079	1,254,378	2,206,941	150,000	11,342,263	22,015	1,204,745	20,000	38,558,148
O.A.A. Ombudsman												0
State Ombudsman												(314,609)
State Admin.: State Fair											2,500	2,500
State Admin Released:												0
												0
Funding to AAAs	399,108	3,171,741	1,434,016	2,726,079	1,254,378	2,206,941	150,000	11,342,263	22,015	1,204,745	22,500	38,246,039

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SUPPLEMENTARY SCHEDULE 2											05/21/15
2016-2	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Intra State Formula %	14.7205%	10.7641%	6.4203%	5.3739%	5.1845%	11.4918%	14.4439%	20.9392%	6.9142%	3.7478%	100.00%
Ombudsman											
% III - B Allocation	6,870	5,025	2,997	2,509	2,420	5,364	6,743	9,775	3,228	1,750	46,681
III - B Facilities / Volunteers	3,364	4,344	3,666	1,452	621	3,187	493	2,951	672	250	21,000
% VII Allocation	1,699	1,243	742	621	599	1,328	1,669	2,419	799	433	11,552
VII % of Beds	5,846	5,701	3,237	3,014	2,933	5,429	6,814	12,749	2,093	1,183	48,999
VII State Ombudsman Discretion	2,501	2,500	2,500	2,500	2,500	3,000	2,500	4,500	1,500	2,000	26,001
Total	20,280	18,813	13,142	10,096	9,073	18,308	18,219	32,394	8,292	5,616	154,233
Health Promotion Formula %	14.7205%	10.7641%	6.4203%	5.3739%	5.1845%	11.4918%	14.4439%	20.9392%	6.9142%	3.7478%	100.0000%
O.A.A. TITLE III D:											
PART D											
Base Allocation	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	17,500	175,000
% Allocation	29,653	21,611	12,890	10,789	10,409	23,072	28,998	42,039	13,881	7,524	200,766
Total	47,053	39,111	30,390	28,289	27,909	40,572	46,498	59,539	31,381	25,024	375,766
NSIP:											
FFY 2015											
NSIP Meals 7/1/14 - 9/30/14	198,581	236,519	86,886	115,731	120,583	215,053	103,655	168,853	95,723	53,274	1,394,858
Funding Per Meal	\$ 0.7186165	\$ 0.7186165	\$ 0.7186165	\$ 0.7186165	\$ 0.7186165	\$ 0.7186165	\$ 0.7186165	\$ 0.7186165	\$ 0.7186165	\$ 0.7186165	\$ 0.7186165
Total	142,705	169,967	62,438	83,166	86,653	154,540	74,488	121,340	68,788	38,284	1,002,369
FFY 2016											
NSIP Meals 10/1/14 - 6/30/15	552,727	639,401	256,563	343,269	341,417	616,129	317,859	494,799	254,897	160,797	3,977,858
Funding Per Meal	\$ 0.7186165	\$ 0.7186165	\$ 0.7186165	\$ 0.7186165	\$ 0.7186165	\$ 0.7186165	\$ 0.7186165	\$ 0.7186165	\$ 0.7186165	\$ 0.7186165	\$ 0.7186165
Total	397,189	459,485	184,371	246,679	245,348	442,761	228,419	355,571	183,173	115,551	2,858,557
Total NSIP	539,904	629,452	246,809	329,845	332,001	597,301	302,907	476,911	251,961	153,835	3,860,926

(See NSIP notes at the end of Supplementary Schedule 2)

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2016-2

SUPPLEMENTARY SCHEDULE 2

05/21/15

	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Intra State Formula %	14.7205%	10.7641%	6.4203%	5.3739%	5.1845%	11.4918%	14.4439%	20.9392%	6.9142%	3.7478%	100.00%

O.A.A. TITLES III/VII: (IFF)

Part B

Base Allocation	98,701	98,701	98,701	98,701	98,701	98,701	98,701	98,701	98,701	98,701	987,010
% Allocation	825,909	603,928	360,216	301,506	290,879	644,756	810,387	1,174,813	387,926	210,274	5,610,594
Total	924,610	702,629	458,917	400,207	389,580	743,457	909,088	1,273,514	486,627	308,975	6,597,604

Part C 1

Base Allocation	120,334	120,334	120,334	120,334	120,334	120,334	120,334	120,334	120,334	120,334	1,203,340
% Allocation	1,006,935	736,301	439,170	367,592	354,636	786,077	988,012	1,432,315	472,954	256,363	6,840,355
Total	1,127,269	856,635	559,504	487,926	474,970	906,411	1,108,346	1,552,649	593,288	376,697	8,043,695

Part C 2

Base Allocation	58,762	58,762	58,762	58,762	58,762	58,762	58,762	58,762	58,762	58,762	587,620
% Allocation	491,714	359,556	214,459	179,505	173,178	383,863	482,473	699,438	230,956	125,189	3,340,331
Total	550,476	418,318	273,221	238,267	231,940	442,625	541,235	758,200	289,718	183,951	3,927,951

Part E

Base Allocation	40,308	40,308	40,308	40,308	40,308	40,308	40,308	40,308	40,308	40,308	403,080
% Allocation	337,285	246,633	147,105	123,129	118,790	263,306	330,947	479,772	158,422	85,872	2,291,261
Total	377,593	286,941	187,413	163,437	159,098	303,614	371,255	520,080	198,730	126,180	2,694,341

Missouri State Plan on Aging 2015-2019

2016-2		SUPPLEMENTARY SCHEDULE 2										05/21/15
		Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Home Del. Meals												
SFY 2015	Non-Medicaid HDM	430,068	570,229	162,308	234,000	289,000	521,554	289,469	488,772	381,750	119,090	3,486,240
% of Prior Year Non-Medicaid HDM Allocation		12.3362%	16.3566%	4.6557%	6.7121%	8.2897%	14.9604%	8.3032%	14.0200%	10.9502%	3.4160%	100%
Total		222,317	294,773	83,903	120,964	149,395	269,611	149,637	252,665	197,341	61,563	1,802,169
Intra State Formula %		14.7205%	10.7641%	6.4203%	5.3739%	5.1845%	11.4918%	14.4439%	20.9392%	6.9142%	3.7478%	100%
IFF Transitioning - Home Delivered Meals												
% Allocation		324,872	237,557	141,692	118,598	114,418	253,616	318,768	462,116	152,592	82,712	2,206,941
Redistribution for Transition		-2,939	-2,142	-1,424	1,567	-1,187	-2,498	352	1,931	7,124	-784	0
Total		321,933	235,415	140,268	120,165	113,231	251,118	319,120	464,047	159,716	81,928	2,206,941
Operational Grants - Hold Harmless												
Transition to New IFF		0	0	0	179,100	0	0	40,238	220,689	814,350	0	1,254,377
% Allocation		0	1	0	0	0	0	0	0	0	0	1
Total		0	1	0	179,100	0	0	40,238	220,689	814,350	0	1,254,378
Operational Grants - Ombudsman												
Legislative Appropriation		15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	150,000
Total		15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	150,000
Total General Revenue		1,393,685	1,276,585	643,576	801,539	651,419	1,230,422	1,268,504	2,016,375	1,630,558	429,600	11,342,263
Intra State Formula %		14.7205%	10.7641%	6.4203%	5.3739%	5.1845%	11.4918%	14.4439%	20.9392%	6.9142%	3.7478%	100.00%
Elderly Home Delivered Meals Trust Fund												
(State Income Tax Check Off)												
% Allocation		3,241	2,370	1,413	1,183	1,141	2,530	3,180	4,610	1,522	825	22,015
Total H.D. Meals Trust Fund		3,241	2,370	1,413	1,183	1,141	2,530	3,180	4,610	1,522	825	22,015

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2016-2

SUPPLEMENTARY SCHEDULE 2

05/21/15

	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Intra State Formula % (eff. 7/1/09)	14.7205%	10.7641%	6.4203%	5.3739%	5.1845%	11.4918%	14.4439%	20.9392%	6.9142%	3.7478%	100.00%
Missouri General Revenue											
O.A.A. State Match											
Base Allocation	5,971	5,971	5,971	5,971	5,971	5,971	5,971	5,971	5,971	5,971	59,710
% Allocation	49,961	36,533	21,790	18,239	17,596	39,003	49,022	71,067	23,467	12,720	339,398
Total	55,932	42,504	27,761	24,210	23,567	44,974	54,993	77,038	29,438	18,691	399,108
Home Del. Meals											
Base Allocation	47,449	47,449	47,449	47,449	47,449	47,449	47,449	47,449	47,449	47,449	474,490
% Allocation	397,049	290,334	173,171	144,947	139,838	309,961	389,588	564,783	186,492	101,088	2,697,251
Total	444,498	337,783	220,620	192,396	187,287	357,410	437,037	612,232	233,941	148,537	3,171,741
GR SSBG Replacement - Transportation											
Base Allocation	12,243	12,243	12,243	12,243	12,243	12,243	12,243	12,243	12,243	12,243	122,430
% Allocation	102,448	74,913	44,682	37,400	36,081	79,977	100,522	145,727	48,119	26,083	695,952
Total	114,691	87,156	56,925	49,643	48,324	92,220	112,765	157,970	60,362	38,326	818,382
GR SSBG Replacement - Nutrition											
Base Allocation	9,210	9,210	9,210	9,210	9,210	9,210	9,210	9,210	9,210	9,210	92,100
% Allocation	77,067	56,354	33,612	28,134	27,142	60,163	75,619	109,624	36,198	19,621	523,534
Total	86,277	65,564	42,822	37,344	36,352	69,373	84,829	118,834	45,408	28,831	615,634
Home Del. Meals											
SFY 2015 Total HDM	744,548	1,110,289	314,954	351,000	438,000	731,554	307,165	547,901	419,750	205,529	5,170,690
% of Prior Year Total HDM	14.3994%	21.4727%	6.0911%	6.7883%	8.4708%	14.1481%	5.9405%	10.5963%	8.1179%	3.9749%	100.0000%
Allocation	133,037	198,389	56,277	62,717	78,263	130,716	54,885	97,900	75,002	36,724	923,910
TOTAL	133,037	198,389	56,277	62,717	78,263	130,716	54,885	97,900	75,002	36,724	923,910

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2016-2	SUPPLEMENTARY SCHEDULE 3 (Maximum Administration)										05/21/15
	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
O.A.A. Title III Related											
Title III Parts B or C	265,963	202,605	132,869	115,864	112,744	214,161	261,240	365,662	140,490	89,664	1,901,262
Title III Part E	37,759	28,693	18,741	16,342	15,909	30,361	37,125	52,008	19,872	12,617	269,427
Total Title III	303,722	231,298	151,610	132,206	128,653	244,522	298,365	417,670	160,362	102,281	2,170,689
GR SSBG REPLACEMENT:	139,692	127,895	64,498	80,272	65,256	123,295	127,168	202,098	163,208	43,042	1,136,424
Total GR SSBG Repl.	139,692	127,895	64,498	80,272	65,256	123,295	127,168	202,098	163,208	43,042	1,136,424
SOCIAL SERVICES BLOCK GRANT:	71,876	76,706	33,679	40,965	40,883	74,358	47,986	73,019	34,405	21,350	515,227
Total SSBG	71,876	76,706	33,679	40,965	40,883	74,358	47,986	73,019	34,405	21,350	515,227
Total Maximum Administration	515,290	435,899	249,787	253,443	234,792	442,175	473,519	692,787	357,975	166,673	3,822,340
SUPPLEMENTARY SCHEDULE 4 (Funding Allocated by Equal Base)											
O.A.A. TITLE III:											
Part B	98,701	98,701	98,701	98,701	98,701	98,701	98,701	98,701	98,701	98,701	987,010
Part C 1	120,334	120,334	120,334	120,334	120,334	120,334	120,334	120,334	120,334	120,334	1,203,340
Part C 2	58,762	58,762	58,762	58,762	58,762	58,762	58,762	58,762	58,762	58,762	587,620
Part E	40,308	40,308	40,308	40,308	40,308	40,308	40,308	40,308	40,308	40,308	403,080
Missouri General Revenue											
O.A.A. State Match	5,971	5,971	5,971	5,971	5,971	5,971	5,971	5,971	5,971	5,971	59,710
MO H.D. Meals	47,449	47,449	47,449	47,449	47,449	47,449	47,449	47,449	47,449	47,449	474,490
GR SSBG Repl. Transportation	12,243	12,243	12,243	12,243	12,243	12,243	12,243	12,243	12,243	12,243	122,430
GR SSBG Repl. Nutrition	9,210	9,210	9,210	9,210	9,210	9,210	9,210	9,210	9,210	9,210	92,100
Social Services Block Grant											
Transportation	9,486	9,486	9,486	9,486	9,486	9,486	9,486	9,486	9,486	9,486	94,860
Nutrition	7,136	7,136	7,136	7,136	7,136	7,136	7,136	7,136	7,136	7,136	71,360
Total by Equal Base	409,600	409,600	409,600	409,600	409,600	409,600	409,600	409,600	409,600	409,600	4,096,000

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SUPPLEMENTARY SCHEDULE 2

05/21/15

	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Intra State Formula %	14.7205%	10.7641%	6.4203%	5.3739%	5.1845%	11.4918%	14.4439%	20.9392%	6.9142%	3.7478%	100.00%
Social Services Block Grant											
Transportation											
Base Allocation	9,486	9,486	9,486	9,486	9,486	9,486	9,486	9,486	9,486	9,486	94,860
% Allocation	79.376	58.042	34.620	28.977	27.956	61.966	77.885	112.909	37.283	20.209	539.223
Total	88,862	67,528	44,106	38,463	37,442	71,452	87,371	122,395	46,769	29,695	634,083
Nutrition											
Base Allocation	7,136	7,136	7,136	7,136	7,136	7,136	7,136	7,136	7,136	7,136	71,360
% Allocation	59.713	43.663	26.043	21.798	21.030	46.614	58.589	84.936	28.046	15.202	405.634
Total	66,849	50,799	33,179	28,934	28,166	53,750	65,725	92,072	35,182	22,338	476,994
Ombudsman											
Data System Access	900	900	900	1,800	900	1,800	900	1,800	0	900	10,800
% Allocation	12.199	8.920	5.320	4.453	4.296	9.523	11.969	17.352	5.730	3.106	82.868
Total	13,099	9,820	6,220	6,253	5,196	11,323	12,869	19,152	5,730	4,006	93,668
Total SSBG	168,810	128,147	83,505	73,650	70,804	136,525	165,965	233,619	87,681	56,039	1,204,745
Special Programs:											
State Fair	0	0	2,500	0	0	0	0	0	0	0	2,500
Automation	0	0	20,000	0	0	0	0	0	0	0	20,000
Legal Helpline	0	0	0	0	0	0	0	0	0	0	0
MIPPA AAA	0	0	0	0	0	0	0	0	0	0	0
MIPPA ADRC	0	0	0	0	0	0	0	0	0	0	0
CDSME / DSME	0	0	0	0	0	0	0	0	0	0	0
Total Special Programs	0	0	22,500	0	22,500						
Total AAA Funds	5,152,921	4,359,001	2,520,390	2,534,439	2,347,935	4,421,765	4,735,197	6,927,891	3,579,758	1,666,742	38,246,039

NSIP Notes:

- ¹ NSIP funding projections within this table are based on each AAA's estimate of SFY 2015 meals to be served July 1, 2014 - June 30, 2015. SFY 2016 final allocations will be based on final SFY 2015 meals served data.
- ² The FFY 2015 NSIP per meal rate of \$0.7186 is based on the FFY 2014/3 award of \$4,031,525 divided by 5,610,120 FFY 2013 base/prior year meals served.
- ³ The FFY 2015 NSIP per meal planning rate within this table is an estimate based on the FFY 2014 rate of \$ 0.7186 per base/period meal served.

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APPENDIX I

POPULATION 60 YEARS AND OVER IN THE UNITED STATES

2011-2013 American Community Survey 3-Year Estimates

Subject	Missouri			
	Total		60 years and over	
	Estimate	Margin of Error	Estimate	Margin of Error
Total population	6,026,255	*****	1,238,821	+/-4,712
SEX AND AGE				
Male	49.00%	+/-0.1	44.90%	+/-0.1
Female	51.00%	+/-0.1	55.10%	+/-0.1
Median age (years)	38.1	+/-0.1	69.7	+/-0.1
RACE AND HISPANIC OR LATINO ORIGIN				
One race	97.60%	+/-0.1	99.10%	+/-0.1
White	82.90%	+/-0.1	89.70%	+/-0.1
Black or African American	11.40%	+/-0.1	8.00%	+/-0.1
American Indian and Alaska Native	0.40%	+/-0.1	0.30%	+/-0.1
Asian	1.70%	+/-0.1	0.90%	+/-0.1
Native Hawaiian and Other Pacific Islander	0.10%	+/-0.1	0.00%	+/-0.1
Some other race	1.10%	+/-0.1	0.20%	+/-0.1
Two or more races	2.40%	+/-0.1	0.90%	+/-0.1
Hispanic or Latino origin (of any race)	3.70%	+/-0.1	1.20%	+/-0.1
White alone, not Hispanic or Latino	80.50%	+/-0.1	88.80%	+/-0.1
RELATIONSHIP				
Population in households	5,852,007	*****	1,193,323	+/-4,557
Householder or spouse	59.60%	+/-0.2	92.50%	+/-0.3
Parent	0.80%	+/-0.1	2.90%	+/-0.2
Other relatives	33.90%	+/-0.2	2.80%	+/-0.2
Nonrelatives	5.60%	+/-0.1	1.90%	+/-0.1
Unmarried partner	2.40%	+/-0.1	0.80%	+/-0.1
HOUSEHOLDS BY TYPE				
Households	2,353,778	+/-5,662	768,664	+/-4,229
Family households	64.90%	+/-0.3	56.50%	+/-0.4
Married-couple family	48.30%	+/-0.3	47.30%	+/-0.4
Female householder, no husband present, family	12.30%	+/-0.2	7.00%	+/-0.2

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Nonfamily households	35.10%	+/-0.3	43.50%	+/-0.4
Householder living alone	29.00%	+/-0.3	41.00%	+/-0.4
MARITAL STATUS				
Population 15 years and over	4,859,594	+/-1,373	1,238,821	+/-4,712
Now married, except separated	49.70%	+/-0.3	59.00%	+/-0.4
Widowed	6.40%	+/-0.1	21.70%	+/-0.3
Divorced	12.20%	+/-0.1	13.70%	+/-0.3
Separated	1.90%	+/-0.1	1.10%	+/-0.1
Never married	29.80%	+/-0.2	4.50%	+/-0.1
EDUCATIONAL ATTAINMENT				
Population 25 years and over	4,027,255	+/-1,916	1,238,821	+/-4,712
Less than high school graduate	11.90%	+/-0.1	16.40%	+/-0.3
High school graduate, GED, or alternative	31.50%	+/-0.2	36.80%	+/-0.3
Some college or associate's degree	30.10%	+/-0.2	25.50%	+/-0.3
Bachelor's degree or higher	26.50%	+/-0.2	21.30%	+/-0.3
RESPONSIBILITY FOR GRANDCHILDREN UNDER 18 YEARS				
Population 30 years and over	3,627,005	+/-1,757	1,238,821	+/-4,712
Living with grandchild(ren)	3.10%	+/-0.1	3.80%	+/-0.2
Responsible for grandchild(ren)	1.40%	+/-0.1	1.50%	+/-0.1
VETERAN STATUS				
Civilian population 18 years and over	4,601,455	+/-1,183	1,238,821	+/-4,712
Civilian veteran	10.20%	+/-0.1	22.40%	+/-0.2
DISABILITY STATUS				
Civilian noninstitutionalized population	5,913,412	+/-928	1,198,367	+/-4,624
With any disability	14.20%	+/-0.1	33.50%	+/-0.4
No disability	85.80%	+/-0.1	66.50%	+/-0.4
RESIDENCE 1 YEAR AGO				
Population 1 year and over	5,954,730	+/-2,191	1,238,821	+/-4,712
Same house	83.70%	+/-0.2	93.40%	+/-0.2
Different house in the United States	15.90%	+/-0.2	6.40%	+/-0.2
Same county	9.00%	+/-0.2	3.60%	+/-0.2
Different county	7.00%	+/-0.1	2.90%	+/-0.2
Same state	4.40%	+/-0.1	1.70%	+/-0.1
Different state	2.60%	+/-0.1	1.10%	+/-0.1
Abroad	0.40%	+/-0.1	0.20%	+/-0.1

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PLACE OF BIRTH, NATIVITY AND CITIZENSHIP STATUS, AND YEAR OF ENTRY				
Total population	6,026,255	*****	1,238,821	+/-4,712
Native	5,787,717	+/-4,996	1,202,921	+/-4,613
Foreign born	238,538	+/-4,996	35,900	+/-1,609
Entered 2010 or later	11.70%	+/-0.8	3.80%	+/-1.1
Entered 2000 to 2009	36.90%	+/-1.1	10.60%	+/-2.3
Entered before 2000	51.40%	+/-1.2	85.60%	+/-2.5
Naturalized U.S. citizen	43.00%	+/-1.2	75.00%	+/-2.3
Not a U.S. citizen	57.00%	+/-1.2	25.00%	+/-2.3
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH				
Population 5 years and over	5,647,166	+/-817	1,238,821	+/-4,712
English only	93.80%	+/-0.1	96.60%	+/-0.1
Language other than English	6.20%	+/-0.1	3.40%	+/-0.1
Speak English less than "very well"	2.30%	+/-0.1	1.60%	+/-0.1
EMPLOYMENT STATUS				
Population 16 years and over	4,779,258	+/-2,532	1,238,821	+/-4,712
In labor force	63.90%	+/-0.2	27.10%	+/-0.3
Civilian labor force	63.50%	+/-0.1	27.10%	+/-0.3
Employed	58.10%	+/-0.2	25.70%	+/-0.3
Unemployed	5.40%	+/-0.1	1.40%	+/-0.1
Percent of civilian labor force	8.50%	+/-0.1	5.30%	+/-0.3
Armed forces	0.40%	+/-0.1	0.00%	+/-0.1
Not in labor force	36.10%	+/-0.2	72.90%	+/-0.3
INCOME IN THE PAST 12 MONTHS (IN 2013 INFLATION-ADJUSTED DOLLARS)				
Households	2,353,778	+/-5,662	768,664	+/-4,229
With earnings	76.50%	+/-0.2	44.90%	+/-0.4
Mean earnings (dollars)	64,581	+/-365	50,614	+/-945
With Social Security income	31.40%	+/-0.2	78.90%	+/-0.3
Mean Social Security income (dollars)	16,991	+/-81	18,029	+/-88
With Supplemental Security Income	5.30%	+/-0.1	5.80%	+/-0.2
Mean Supplemental Security Income (dollars)	8,789	+/-131	8,737	+/-218
With cash public assistance income	2.50%	+/-0.1	1.60%	+/-0.1
Mean cash public assistance income (dollars)	3,055	+/-127	4,359	+/-416
With retirement income	19.10%	+/-0.2	45.50%	+/-0.4

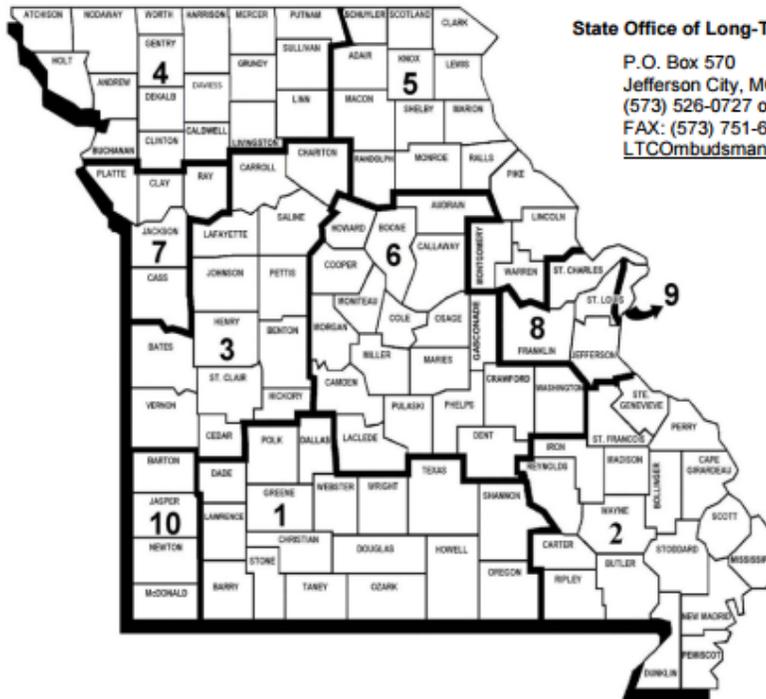
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Mean retirement income (dollars)	20,329	+/-343	20,650	+/-383
With Food Stamp/SNAP benefits	14.20%	+/-0.2	8.60%	+/-0.3
POVERTY STATUS IN THE PAST 12 MONTHS				
Population for whom poverty status is determined	5,844,350	+/-2,071	1,198,367	+/-4,624
Below 100 percent of the poverty level	16.00%	+/-0.2	9.30%	+/-0.3
100 to 149 percent of the poverty level	10.00%	+/-0.2	10.70%	+/-0.2
At or above 150 percent of the poverty level	74.10%	+/-0.2	80.00%	+/-0.4
Occupied housing units	2,353,778	+/-5,662	768,664	+/-4,229
HOUSING TENURE				
Owner-occupied housing units	67.60%	+/-0.2	80.60%	+/-0.3
Renter-occupied housing units	32.40%	+/-0.2	19.40%	+/-0.3
Average household size of owner-occupied unit	2.57	+/-0.01	1.93	+/-0.01
Average household size of renter-occupied unit	2.3	+/-0.01	1.48	+/-0.02
SELECTED CHARACTERISTICS				
No telephone service available	2.70%	+/-0.1	1.70%	+/-0.1
1.01 or more occupants per room	1.60%	+/-0.1	0.40%	+/-0.1
Owner-occupied housing units	1,592,014	+/-6,368	619,324	+/-4,216
SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS				
Less than 30 percent	77.70%	+/-0.3	77.00%	+/-0.5
30 percent or more	22.30%	+/-0.3	23.00%	+/-0.5
OWNER CHARACTERISTICS				
Median value (dollars)	135,100	+/-744	126,600	+/-1,133
Median selected monthly owner costs with a mortgage (dollars)	1,198	+/-5	1,090	+/-10
Median selected monthly owner costs without a mortgage (dollars)	388	+/-2	389	+/-2
Renter-occupied housing units	761,764	+/-6,004	149,340	+/-2,700
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS				
Less than 30 percent	54.50%	+/-0.5	50.10%	+/-1.0
30 percent or more	45.50%	+/-0.5	49.90%	+/-1.0
GROSS RENT				
Median gross rent (dollars)	728	+/-4	623	+/-8

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APPENDIX 2

Missouri Long-Term Care Ombudsman Program



State Office of Long-Term Care Ombudsman

P.O. Box 570
Jefferson City, MO 65102
(573) 526-0727 or (800) 309-3282
FAX: (573) 751-6499
LTCOmbudsman@health.mo.gov

- | | | |
|--|---|--|
| <p>1/10. Council of Churches of the Ozarks
627 N. Glenstone
P.O. Box 3947 G.S.
Springfield, MO 65808
(417) 862-3598 FAX: (417) 862-2129
www.ccozarks.org</p> <p>2. Aging Matters
1219 N. Kingshighway, Suite 100
Cape Girardeau, MO 63701
(573) 335-3331 or (800) 392-8771
FAX: (573) 335-3017
www.agingmatters2u.com</p> <p>3. Care Connection for Aging Services
106 W. Young St., P.O. Box 1078
Warrensburg, MO 64093
(660) 747-3107 or (800) 748-7826
FAX: (660) 747-3100
www.ccaaging.org</p> | <p>4. Northwest MO Area Agency on Aging
Ombudsman Program
607 A Lana Drive, P.O. Box 185
Cameron, MO 64429
(816) 749-0034 or (888) 844-5626
FAX: (816) 749-0034
www.nwmoaaa.org</p> <p>5/9. VOYCE (NEMO and City of St. Louis)
8702 Manchester Road
Brentwood, MO 63144
(866) 918-8222 FAX: (314) 918-9188
www.voycestl.org</p> <p>6. Central MO Area Agency on Aging
1121 Business Loop 70 E. Suite 2A
Columbia, MO 65201
(573) 443-5823 FAX: (573) 875-8907
www.cmaaaa.net</p> | <p>7. Mid-America Regional Council
600 Broadway, Suite 200
Kansas City, MO 64105-1536
(816) 474-4240 FAX: (816) 421-7758
www.marc.org</p> <p>8. VOYCE (Mid-East Area Agency on Aging)
8702 Manchester Road
Brentwood, MO 63144
(314) 918-8222 or (866) 918-8222
FAX: (314) 918-9188
www.voycestl.org</p> |
|--|---|--|

Missouri State Plan on Aging 2015-2019

APPENDIX 3



Missouri Association of Area Agencies on Aging ma-4

<p>1. Southwest Office on Aging Starr Kohler, CEO 1735 S. Fort Ave Springfield, MO 65807 (417) 862-0762 Fax: (417) 865-2683 Toll Free: 1-800-497-0822</p> <p>Email: swmoa@swmoa.com Website: www.swmoa.com</p>	<p>2. Southeast MO AAA Lana Johnson, Executive Director 1219 N. Kingshighway, Suite 100 Cape Girardeau, MO 63701 (573) 335-3331 Fax: (573) 335-3017 Toll Free: 1-800-392-8771</p> <p>Email: lanaj@agingmatters2u.com Website: www.agingmatters.2u.com</p>
<p>3. Care Connection for Aging Services Diane Hoemann, Director 106 W. Young St., P.O. Box 1078 Warrensburg, MO 64093 (660) 747-3107 Fax: (660) 747-3100 I & A Toll Free: 1-800-748-7826</p> <p>Email: information@goaging.org Website: www.goaging.org</p>	<p>4. Northwest MO AAA Becky Flaherty Exec. Director 504 E Hwy 136, P.O. Box 265 Albany, MO 64402 (660) 726-3800 Fax: (660) 726-4113 Toll Free: 1-888-844-5626</p> <p>Email: nwmoaaa@nwmoaaa.org Website: www.nwmoaaa.org</p>
<p>5. Northeast MO AAA Pam Windtberg, Exec. Director 815 N. Osteopathy Kirksville, MO 63501 (660) 665-4682 Fax: (660) 665-3924 Toll Free: 1-800-664-6338</p> <p>Email: nemoaaa@sbcbglobal.net Website: www.nemoaaa.com</p>	<p>6. Central MO AAA Jean Leonatti, CEO 1121 Business Loop 70 E., Suite 2A Columbia, MO 65201 (573) 443-5823 Fax: (573) 875-8907 Toll Free: 1-800-369-5211</p> <p>Email: cmaaa@cmaaa.net Website: www.cmaaa.net</p>
<p>7. Mid-American Regional Council Jacqui Moore, Dir. of Aging Services 600 Broadway Ste. 200 Kansas City, MO 64105-1554 (816) 474-4240 Fax: (816) 421-7758 I & A Toll Free: 1-800-593-7948</p> <p>Email: mbrown@marc.org Website: www.marc.org</p>	<p>8. Mid-East MO AAA Mary Schaefer, Exec. Director 14535 Manchester Rd. St. Louis, MO 63011-3960 (636) 207-0847 Fax: (636) 207-1329 Toll Free: 1-800-243-6060</p> <p>Email: info@mid-eastaaa.org Website: www.agingmissouri.org</p>
<p>9. St. Louis AAA David Sykora, Exec. Director 1520 Market St. Room 4086 St. Louis, MO 63103 (314)-657-1680 Fax: (314) 612-5915 Toll Free: 1-877-612-5918</p> <p>Email: shandsm@stlouis-mo.gov Website: www.slaaa.org</p>	<p>10. Region X AAA Stan Heater, Exec. Director 531 East, 15th Street Joplin, MO 64804 (417) 781-7562 Fax: (417) 781-1609</p> <p>Email: aaax@aaaregionx.org Website: www.aaaregionx.org</p>

Missouri State Plan on Aging 2015-2019

APPENDIX 4

Current American Indian Population demographics in Missouri 2014, 2015 by Gender and Age

Population of American Indian in households in Missouri	
Total Population:	26,666
Male Population:	13,270
60 and 61 years:	294
62 to 64 years:	381
65 and 66 years:	183
67 to 69 years:	278
70 to 74 years:	305
75 to 79 years:	171
80 to 84 years:	90
85 years and over:	59
Female Population:	13,396
60 and 61 years:	312
62 to 64 years:	378
65 and 66 years:	183
67 to 69 years:	228
70 to 74 years:	300
75 to 79 years:	172
80 to 84 years:	122
85 years and over:	94

<https://suburbanstats.org/race/missouri/how-many-american-indian-people-live-in-missouri>

Missouri State Plan on Aging 2015-2019

APPENDIX 5

Missouri Medicaid Waivers

Waiver Program	Administrative Department/Division
AIDS	Department of Health and Senior Services/Division of Community and Public Health
Autism	Department of Mental Health/Division of Developmental Disabilities
Independent Living	Department of Health and Senior Services/Division of Senior and Disability Services
Aged and Disabled	Department of Health and Senior Services/Division of Senior and Disability Services
Missouri Children's Developmental Disabilities (MOCDD)	Department of Mental Health/Division of Developmental Disabilities
Partnership for Hope (PfH)	Department of Mental Health/Division of Developmental Disabilities
Comprehensive	Department of Mental Health/Division of Developmental Disabilities
Community Support	Department of Mental Health/Division of Developmental Disabilities
Medically Fragile Adult	Department of Health and Senior Services/Division of Community and Public Health
Adult Daycare	Department of Health and Senior Services/Division of Senior and Disability Services

Missouri State Plan on Aging 2015-2019

APPENDIX 6

IFF Transmittal and Approval from AoA (7/22/09)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary
Administration on Aging

Washington, DC 20201

JUL 22 2009



Brenda Campbell, Director
Division of Senior and Disability Services
Missouri Department of Health and Senior Services
P.O. Box 570
Jefferson City, MO 65102-0570

Dear Ms. Campbell:

I am pleased to inform you that the Administration on Aging (AoA) has reviewed and approved the amendment to the Missouri State Plan for the period July 1, 2009 through June 30, 2011.

This specific Amendment maintains and carries forward all activities under the previously approved State Plan, and follows through with your process to change the Intrastate Funding Formula (IFF) to maximize access to care for Missouri's at-risk, vulnerable older adults now and into the future. This Amendment specially addressed the completion of an action step in Objective 5.4.4 in the previously approved current four-year State Plan that calls for an update of the Intrastate Funding Formula (IFF).

AoA commends you on the extensive involvement of Area Agencies on Aging within your process to create a more objective IFF. You have effectively utilized the public hearing process to provide opportunities for input of older adults and aging groups in your state.

AoA also recognizes and applauds the extensive work and efforts of your staff and others to achieve the consensus and support for this Amendment, specifically the support from the Missouri Alliance of Area Agencies on Aging (M4A).

AoA looks forward to working with you and your staff in the implementation of the State Plan as amended. Should you have any questions and/or concerns, please do not hesitate to contact us. Your dedication and commitment towards improving the lives of Missouri's older persons is appreciated.

Sincerely,

Kathy Greenlee
Assistant Secretary for Aging

Missouri State Plan on Aging 2015-2019



Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2866 VOICE 1-800-735-2488
Margaret T. Donnelly
Director



Jeremiah W. (Jay) Nixon
Governor

May 27, 2009

James Varpness, Director Region VII
US Administration on Aging
233 N. Michigan, Suite 790
Chicago, IL 60601-5519

Dear Jim,

The Missouri Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS), is herewith submitting for review and approval by the US Administration on Aging (AoA), amendments to the Missouri State Plan revising the Intrastate Funding Formula (IFF) for distributing Older American's Act Title III funding. Please refer to Attachments 1-3, which set forth a descriptive statement, a numerical statement, and a list of the data used alongside the resultant funding allocations and impact as required by Section 305(d) of the Older Americans Act (OAA) and Program Instruction AoA-PI-08-01 Sections IV and V.

In accordance with guidelines issued by the Assistant Secretary, the intended purpose of reformulating the IFF is to better ensure that Missouri's seniors age with dignity by:

- Securing and maintaining maximum independence;
- Removing individual and social barriers to economic and personal independence;
- Providing a care continuum for vulnerable older individuals; and
- Securing the opportunity for in-home and community based services.

Beginning in November 2007, the DHSS has worked in collaboration with the Missouri Alliance of Area Agencies on Aging (MA4) to review the existing IFF in light of amendments to the Older Americans Act (OAA), explore opportunities for improvement, and develop a revised formula to improve the distribution of OAA Title III funding, giving greater consideration to segments of the senior population anticipated to be at highest social and economic need. Through a series of meetings and briefings, the Missouri's Area Agencies on Aging (AAAs) have been provided thorough, in-depth analysis and underlying rationale regarding the proposed IFF and its impacts. The AAA Executive Directors, by majority, endorsed the revised IFF at the February 4, 2009, meeting of the MA4.

The proposed IFF employs approaches to weighting and use of best available data to better account for the geographic distribution of seniors within the state and the distribution among the Planning and Service Areas of seniors with the greatest social and economic need. The existing IFF arbitrarily assigns weights of 25% to the total, low-income and low-income minority 60+ populations, and 6.25% to a limited set of four high-risk socioeconomic subgroup population factors. The proposed IFF weights factors objectively, and incorporates additional high-risk sub-groups reflected in published studies and in accordance with the 2006 amendments to the OAA. The additional sub-groups include population at or above average life expectancy by race and gender; females 60+; and low-income senior females, rural residing, or with physical disability. In comparison to the existing formula, a much greater portion of the data will be updated annually based on published Census data.

Subject to appropriations, Missouri General Revenue funding will be used to ensure each AAA is effectively funded at or above AAA specific funding minimums established based on their State Fiscal Year 2008 allocations. Ideally, increases in funding distributed via formula will continue, thusly eliminating the need to impose these funding floors.

www.dhss.mo.gov

Healthy Missourians for life.

The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER. Services provided on a nondiscriminatory basis.

Missouri State Plan on Aging 2015-2019

Public review and comment on the proposed Intrastate Funding Formula (IFF) has been completed through:

- Announcement and publication of the formula on the DHSS website with an invitation to the public to submit comments via email and mail; and
- Two public hearings held in and near the planning and service areas which will experience the greatest impact resulting from the proposed changes in the formula.

A summary of the public review and comment opportunities is provided in Attachment 4. No dissenting comments have been received and all questions have been addressed.

Thank you for your consideration of the Missouri State Plan amendment. The revised funding formula has been developed in good faith in an effort to maximize access to care for Missouri's most vulnerable and at-risk seniors. Please feel free to contact me or Michael Patterson, Chief of our Bureau of Senior Programs at 573-526-8601, if you have any questions. I look forward to your response.

Sincerely,



Brenda F. Campbell, Director
Division of Senior and Disability Services

Attachment 1 – IFF Descriptive Statement

Attachment 2 – IFF Numerical Statement

Attachment 3 – Data List and Demonstrations of the Allocations and Impacts Pursuant Revisions to the IFF

Attachment 4 – Summary of Public Review of IFF

Exhibit 4a – IFF Public Notice

Exhibit 4b – Public Hearing Introduction

Exhibit 4c – Public Hearing Presentation

Missouri State Plan on Aging 2015-2019

Descriptive Statement

The Missouri Intrastate Funding Formula
For Area Agencies on Aging
March, 2009

Background:

In effort to preempt eminent demographic shifts and the socioeconomic implications therein, and to better reflect the spirit and intent of the Older Americans Act (OAA):

The Missouri Department of Health and Senior Services (DHSS) requests revision to the Intrastate Funding Formula (IFF) used to deliver funding to the state's ten Area Agencies on Aging (AAAs).

Beginning in 2007, DHSS conducted an in-depth review of the IFF used to allocate OAA funding to the state's ten AAAs. OAA funding is directed to the population aged sixty and older with numerous considerations for high-need and at-risk subgroups. This funding totaled over \$40.2 million in state fiscal year (SFY) 2008 with 69% coming from federal agencies, primarily the Administration on Aging, and 31% coming from Missouri General Revenue¹. The findings of the review were presented in late 2007 to the AAAs, the Missouri Senate Appropriations Committee, and the Missouri House of Representatives Subcommittee on Senior Nutrition. From that point and lasting thru February 2009, DHSS and the AAAs conducted a series of in-depth discussions surrounding the proposed changes to the IFF. The analysis revealed that the current IFF carries the potential to direct OAA funding to Missouri seniors with greater efficiency and equity, and with enhanced cohesion to the intent and spirit of the OAA, as most recently amended². Contemporary socioeconomic and demographic conditions in Missouri and the nation bolster the imperative to deliver aging program funding and services with maximum equity and efficiency.

Problem Statement:

- The front cusp of the Baby Boomers began eligibility for OAA programs in 2006.
 - With the emergence of this cohort, the population sixty and older in Missouri stands to grow 11% in the next five years, 26% in the next ten, and 49% from 2008 to 2030³.
 - Aging program funding is not anticipated to keep pace with this exorbitant population growth.
- The current economic turmoil will bear disproportionately adverse effects on older individuals.
 - Seniors have less time to recoup losses in housing equity, pensions and stock assets⁴.
 - On average, retirement accounts have devalued by 18% over the last year⁴.
 - According to the Office of Federal Housing Enterprise and Oversight, house prices in Missouri increased less than 1% last year⁵.
 - This modest growth was outpaced by the Consumer Price Index in the Midwest by more than four points over the same period⁶.
 - The National Association of Realtors reports that existing home sales fell by nearly 17% in Missouri over the last year⁷.
 - The demand for employment is rising among seniors, however the unemployment rate is approaching a twenty five-year high⁴.

Missouri State Plan on Aging 2015-2019

This implies that the aging network in Missouri faces an increasingly burgeoning group of potential recipients. Retirement nest eggs are rapidly diminishing, which will increase older individuals' dependence on home equity and labor force participation as supplements to retirement income. However, homes are depreciating (in real terms) and becoming more illiquid while the opportunity for gainful employment is becoming more elusive.

While the fallout from the current economic crisis has yet to unfold in its entirety, the rapid growth of the older population is certain. These conditions will impose a severe burden on the aging network in Missouri. In the absence of funding to accommodate this socioeconomic and demographic maelstrom, it is increasingly important to target scarce OAA resources to individuals with the most need and at the greatest risk of unwanted and unwarranted institutionalization.

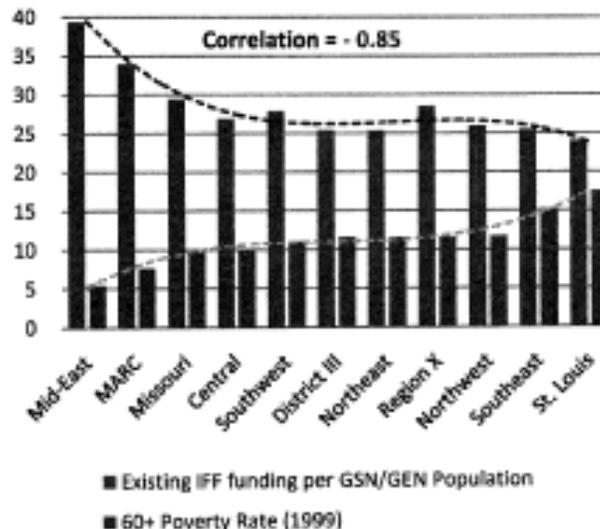
The Existing IFF in Missouri:

The current IFF is distributed to the ten AAAs as determined by the county-level distribution of the total 60+ population and six socioeconomic subgroups across the state. The factors are subjectively weighted as follow:

Table 1: Existing IFF Factors	Census Year	Factor Weight
Total 60+ Population	2007	25%
Low-Income 60+ Population (at or below poverty)	2000	25%
Low-Income Minority 60+ Population	2000	25%
Limited Mobility/Self-Care (LM/SC) Disability 60+ Population	2000	6.25%
Limited English Speaking 60+ Population	2000	6.25%
Minority 60+ Population	2000	6.25%
Rural 60+ Population	2000	6.25%

Coupled with the construct of the current IFF, extreme data volatility and changes in the measure of Limited Mobility/Self-Care (LM/SC) disability have combined to present a counterintuitive distribution of OAA funding to Missouri's ten AAAs. The per capita funding for each high-need individual identified by the current IFF fails to correlate with the 60+ poverty rate across AAA regions and the state (figure 1). This is counterintuitive for the fact that each of the socioeconomic subgroups included in the current IFF correlate strongly with poverty, and for the prevalence of the mandate within the language of the OAA that the IFF pay "particular attention to low-income older individuals"².

Figure 1: Current IFF Funding Per Individual 60+ with Great Social or Economic Need (GSN/GEN) and the 60+ Poverty Rate



Missouri State Plan on Aging 2015-2019

By updating the total 60+ population annually while keeping the low-income population constant from year to year, the current IFF makes the implicit assumption that the 60+ poverty rate is declining while current economic posture suggest it is advancing, most notably when evaluating more comprehensive measures of poverty⁸. This aspect of the current distribution leaves AAAs susceptible to volatile shifts in funding when new 10-year Census data is manifested. This also bears a disproportionately adverse impact on smaller, less affluent areas with higher concentrations of indigent elderly.

Beginning in SFY 2005 the IFF reflected the LM/SC⁹ disability population under new 2000 Census disability classifications. The new classification moved from three types of disability in the previous decennial census to six types and an overall disability indicator¹⁰. The result of this definitional change produced an increase in the 60+ LM/SC population of more than 2.5 fold in Missouri. The asymmetrical increases in the St. Louis and Southeast AAA regions resulted in significant annual funding losses for the state's two most impoverished areas.

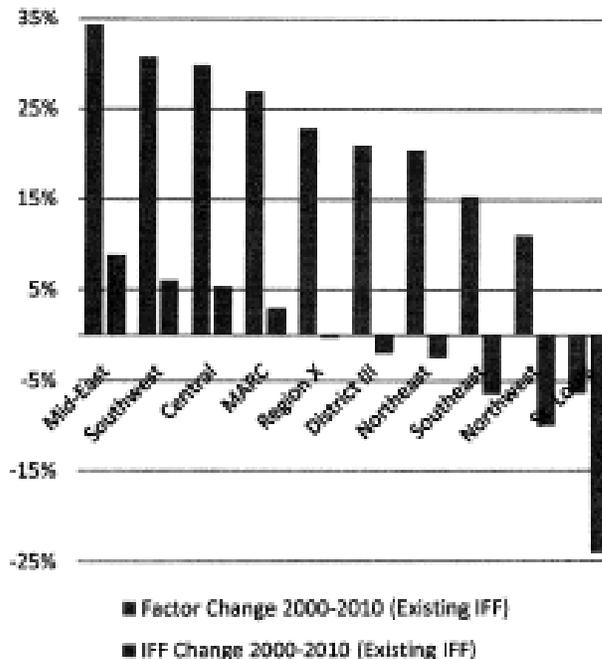
Another serious consideration for the current IFF is the rate at which the gap between factor growth and formula percentage is widening. Extreme variation in size among the AAA regions and the inability of the current IFF to annually update subgroup data alongside total 60+ population data has led to significant IFF percentage decreases in spite of significant factor increases, most notably among the state's smaller regions which feature larger ratios of high-need populations to total population (figure 2).

The distance between the two series in figure two represents the gap between growth in the factors of the existing IFF and changes in AAA percentages. Ideally we would see no gap—funding growth would reflect factor growth.

The Recommended IFF for Missouri:

Simulations of the recommended IFF reveal its ability to reverse the inequitable and counterintuitive aspects of the current IFF. This is accomplished by implementing four basic revisions:

**Figure 2: Factor and IFF Percentage Change:
sfy2000-sfy2010 Existing IFF**



Missouri State Plan on Aging 2015-2019

Numerical Statement (continued):

Assume: $IFF_{7^{10}} = \$18,317,051$

$$IFF_{7^{10}} = (GEN_{7^{10}} + GSN_{7^{10}})$$

$$GEN_{7^{10}} = \frac{IFF_{7^{10}}}{2} \left[\frac{LIP_{7^{10}}}{LIP_{7^{10}}} \left(\frac{LIP_{7^{10}}}{ENP_{7^{10}}} \right) + \frac{LIM_{7^{10}}}{LIM_{7^{10}}} \left(\frac{LIM_{7^{10}}}{ENP_{7^{10}}} \right) + \frac{LID_{7^{10}}}{LID_{7^{10}}} \left(\frac{LID_{7^{10}}}{ENP_{7^{10}}} \right) + \frac{LIR_{7^{10}}}{LIR_{7^{10}}} \left(\frac{LIR_{7^{10}}}{ENP_{7^{10}}} \right) + \frac{LIF_{7^{10}}}{LIF_{7^{10}}} \left(\frac{LIF_{7^{10}}}{ENP_{7^{10}}} \right) \right]$$

⇒

$$GEN_{7^{10}} = \frac{\$18,317,051}{2} \left[\frac{12,981}{9,1315} \left(\frac{9,1315}{24,3989} \right) + \frac{526}{16,895} \left(\frac{16,895}{24,3989} \right) + \frac{5,595}{37,750} \left(\frac{37,750}{24,3989} \right) + \frac{8,038}{35,684} \left(\frac{35,684}{24,3989} \right) + \frac{8,545}{62,345} \left(\frac{62,345}{24,3989} \right) \right]$$

$$\Rightarrow GEN_{7^{10}} = \$9,158,526 \left(\frac{ENP_{7^{10}}}{ENP_{7^{10}}} \right)$$

$$\Rightarrow GEN_{7^{10}} = \$9,158,526 \left(\frac{35,685}{24,3989} \right)$$

$$\underline{GEN_{7^{10}} = \$1,339,495}$$

$$GSN_{7^{10}} = \frac{IFF_{7^{10}}}{2} \left[\frac{P_{7^{10}}}{P_{7^{10}}} \left(\frac{P_{7^{10}}}{SNP_{7^{10}}} \right) + \frac{M_{7^{10}}}{M_{7^{10}}} \left(\frac{M_{7^{10}}}{SNP_{7^{10}}} \right) + \frac{D_{7^{10}}}{D_{7^{10}}} \left(\frac{D_{7^{10}}}{SNP_{7^{10}}} \right) + \frac{R_{7^{10}}}{R_{7^{10}}} \left(\frac{R_{7^{10}}}{SNP_{7^{10}}} \right) + \frac{E_{7^{10}}}{E_{7^{10}}} \left(\frac{E_{7^{10}}}{SNP_{7^{10}}} \right) + \frac{F_{7^{10}}}{F_{7^{10}}} \left(\frac{F_{7^{10}}}{SNP_{7^{10}}} \right) + \frac{L_{7^{10}}}{L_{7^{10}}} \left(\frac{L_{7^{10}}}{SNP_{7^{10}}} \right) \right]$$

⇒

$$GSN_{7^{10}} = \frac{\$18,317,051}{2} \left[\frac{13,9793}{10,82785} \left(\frac{10,82785}{27,11552} \right) + \frac{4,396}{11,2597} \left(\frac{11,2597}{27,11552} \right) + \frac{34,585}{25,5310} \left(\frac{25,5310}{27,11552} \right) + \frac{66,065}{32,5740} \left(\frac{32,5740}{27,11552} \right) + \right.$$

$$\left. \frac{303}{5,806} \left(\frac{5,806}{27,11552} \right) + \frac{78,352}{61,3369} \left(\frac{61,3369}{27,11552} \right) + \frac{39,887}{31,5945} \left(\frac{31,5945}{27,11552} \right) \right]$$

$$\Rightarrow GSN_{7^{10}} \approx \$9,158,526 \left(\frac{SNP_{7^{10}}}{SNP_{7^{10}}} \right)$$

$$\Rightarrow GSN_{7^{10}} \approx \$9,158,526 \left(\frac{363,371}{2,711,552} \right)$$

$$\underline{GSN_{7^{10}} = \$1,227,320}$$

$$IFF_{7^{10}} = (\$1,339,495 + \$1,227,320) = \$2,566,815$$

Missouri State Plan on Aging 2015-2019

MO DHSS: Per OAA Title III (2015)(0)(3-4)

- A listing of the population, economic, and social data to be used for each planning and service area in the State
- A demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State

Funding Based on SFY 2010-1 Allotment Tables, Supplement 2-4

\$18,317,051 is the AoA funding distributed via IFF (base allocation excluded) for OAA Titles III (B, C1, C2, E, and Ombudsman-B), and IV (Ombudsman)

Greatest Economic Need @ 50%		\$ 9,158,526									
Greatest Social Need @ 50%		\$ 9,158,526									
Total Allocation		\$ 18,317,051									
Derivation of Weights: Greatest Economic Need (GEN) Factors											
Subfactor	Counts	GEN Weight	Allocation IFF Weight								
Low-income 60+	91,315	37.43%	\$ 3,427,658 18.73%								
Low-income Minority 60+	16,895	6.92%	\$ 634,181 3.40%								
Low-income 60+ With Physical Disability	37,750	15.47%	\$ 1,417,008 7.74%								
Low-income Rural 60+	35,684	14.63%	\$ 1,339,457 7.31%								
Low-income Female 60+	62,345	25.55%	\$ 2,340,221 12.78%								
Total	243,989	100.00%	\$ 9,158,526 50.00%								
Derivation of Weights: Greatest Social Need (GSN) Factors											
Subfactor	Counts	GSN Weight	Allocation IFF Weight								
Total 60+	1,082,785	39.93%	\$ 3,657,210 19.97%								
Minority 60+	112,597	4.15%	\$ 380,307 2.08%								
60+ With Physical Disability	255,310	9.42%	\$ 862,334 4.71%								
Rural 60+	325,740	12.01%	\$ 1,100,218 6.01%								
Limited English 60+	5,806	0.21%	\$ 19,610 0.11%								
Female 60+	613,369	22.62%	\$ 2,071,712 11.31%								
> Average Life Expectancy	315,945	11.65%	\$ 1,067,134 5.83%								
Total	2,711,552	100.00%	\$ 9,158,526 50.00%								
SFY2010 Greatest Economic Need (GEN) Factors											
Subfactor	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	Total
Low-income 60+	12,981	12,411	6,278	5,916	5,087	9,772	11,669	13,470	9,928	3,803	91,315
Low-income Minority 60+	526	1,351	288	166	317	657	4,074	2,680	6,568	268	16,895
Low-income 60+ With Physical Disability	5,595	5,655	2,535	2,470	2,080	4,225	4,885	4,835	3,880	1,590	37,750
Low-income Rural 60+	8,038	6,968	3,944	3,334	3,420	5,948	1,029	1,132	-	1,871	35,684
Low-income Female 60+	8,545	8,570	4,060	4,095	3,385	6,550	7,975	9,820	6,795	2,550	62,345
Total	35,685	34,955	17,105	15,981	14,289	27,152	29,632	31,937	27,171	10,082	243,989
SFY2010 Greatest Social Need (GSN) Factors											
Subfactor	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	Total
Total 60+	139,793	91,345	60,241	54,103	50,643	114,768	180,038	298,298	55,537	38,019	1,082,785
Minority 60+	4,396	4,790	2,232	1,482	1,857	5,323	29,032	34,867	26,695	1,923	112,597
60+ With Physical Disability	34,585	26,605	15,545	14,995	12,190	27,715	39,650	55,815	18,410	9,800	255,310
Rural 60+	66,065	46,695	36,890	29,515	32,575	60,450	16,340	22,155	-	15,055	325,740
Limited English 60+	303	169	119	113	79	459	1,305	2,030	1,085	144	5,806
Female 60+	78,352	52,026	33,621	30,956	28,290	63,323	102,066	169,054	34,212	21,469	613,369
> Average Life Expectancy	30,877	26,976	18,523	17,553	15,338	31,690	50,902	82,917	21,278	10,891	315,945
Total	363,371	248,606	167,171	148,717	140,972	303,728	419,333	665,136	157,217	97,901	2,711,552

Demonstration: Data and Distribution of Funds (1 of 2)

Missouri State Plan on Aging 2015-2019

DHSS (continued): Per OAA Title III (305)(d)(3-4)

- A listing of the population, economic, and social data to be used for each planning and service area in the State

- A demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State

Funding Based on SFY 2010-1 Allotment Tables, Supplement 2-4

\$1,317,051 is the AoA funding distributed via IFF (base allocation excluded) for OAA Titles III (B, C1, C2, E, and Ombudsman-B), and IV (Ombudsman)

Funding Distribution: sfy2010 Greatest Economic Need (GEN) Factors

Factor	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	Total
Low-Income 60+	\$ 487,263	\$ 465,867	\$ 235,655	\$ 222,067	\$ 190,949	\$ 366,808	\$ 438,015	\$ 505,618	\$ 372,664	\$ 142,792	\$ 3,427,658
Low-Income Minority 60+	\$ 19,744	\$ 50,712	\$ 10,811	\$ 6,231	\$ 11,899	\$ 24,862	\$ 152,924	\$ 100,598	\$ 246,541	\$ 10,060	\$ 634,181
Low-Income 60+ With Physical Disability	\$ 210,017	\$ 212,270	\$ 95,155	\$ 92,715	\$ 78,076	\$ 158,592	\$ 183,366	\$ 181,490	\$ 145,642	\$ 59,683	\$ 1,417,008
Low-Income Rural 60+	\$ 301,719	\$ 261,555	\$ 148,044	\$ 125,147	\$ 128,375	\$ 223,268	\$ 38,625	\$ 42,491	\$ -	\$ 70,231	\$ 1,339,457
Low-Income Female 60+	\$ 320,751	\$ 321,689	\$ 152,399	\$ 153,713	\$ 127,062	\$ 245,865	\$ 299,355	\$ 368,610	\$ 255,061	\$ 95,718	\$ 2,340,271
Total	\$ 1,339,495	\$ 1,312,093	\$ 642,064	\$ 599,873	\$ 536,361	\$ 1,019,195	\$ 1,112,286	\$ 1,198,807	\$ 1,019,908	\$ 378,444	\$ 9,158,526

Funding Distribution: sfy2010 Greatest Social Need (GSN) Factors

Factor	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	Total
Total 60+	\$ 472,164	\$ 308,526	\$ 203,470	\$ 182,738	\$ 171,052	\$ 387,640	\$ 608,096	\$ 1,007,530	\$ 187,582	\$ 128,413	\$ 3,657,210
Minority 60+	\$ 14,848	\$ 16,179	\$ 7,539	\$ 5,006	\$ 6,272	\$ 17,979	\$ 98,058	\$ 117,767	\$ 90,165	\$ 6,495	\$ 380,307
With Physical Disability	\$ 116,814	\$ 89,861	\$ 52,505	\$ 50,647	\$ 41,173	\$ 93,610	\$ 133,922	\$ 188,520	\$ 62,182	\$ 33,100	\$ 862,334
Total 60+	\$ 223,141	\$ 157,717	\$ 124,999	\$ 99,690	\$ 110,025	\$ 204,176	\$ 55,190	\$ 74,831	\$ -	\$ 50,830	\$ 1,100,218
Limited English 60+	\$ 1,023	\$ 571	\$ 402	\$ 382	\$ 267	\$ 1,550	\$ 4,408	\$ 6,857	\$ 3,665	\$ 486	\$ 19,610
Male 60+	\$ 264,641	\$ 175,723	\$ 113,558	\$ 104,557	\$ 98,552	\$ 213,879	\$ 344,738	\$ 570,996	\$ 115,554	\$ 72,514	\$ 2,071,712
Average Life Expectancy	\$ 134,688	\$ 91,114	\$ 62,563	\$ 59,287	\$ 51,806	\$ 107,056	\$ 171,926	\$ 280,060	\$ 71,868	\$ 36,785	\$ 1,067,134
Total	\$ 1,227,320	\$ 839,690	\$ 564,636	\$ 502,306	\$ 476,146	\$ 1,025,870	\$ 1,416,337	\$ 2,246,560	\$ 531,015	\$ 338,643	\$ 9,158,526

Percent Total sfy2010 Funding Distribution

Factor	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	Total
Proposed IFF Percentage	14.01%	11.75%	6.59%	6.02%	5.53%	11.16%	13.80%	18.81%	8.47%	3.80%	100.00%

Data Sources:

Low-Income 60+	U.S. Department of Commerce, Census Bureau, Census 2000 Special Tabulations on Aging, Tables P076 available at: http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html Accessed March 2, 2009.
Low-Income Minority 60+	U.S. Department of Commerce, Census Bureau, Census 2000 Special Tabulations on Aging, Tables P076 available at: http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html Accessed March 2, 2009.
Low-Income Rural 60+	U.S. Department of Commerce, Census Bureau, Census 2000 Special Tabulations on Aging, Tables P076 available at: http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html Accessed March 2, 2009.
Low-Income 60+ With Physical Disability	U.S. Department of Commerce, Census Bureau, Census 2000 Special Tabulations on Aging, Tables P086 available at: http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html Accessed March 2, 2009.
Low-Income Female 60+	U.S. Department of Commerce, Census Bureau, Census 2000 Special Tabulations on Aging, Tables P093 available at: http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html Accessed March 2, 2009.
Total 60+	U.S. Department of Commerce, Census Bureau, Population Estimates Program, County population estimates - characteristics; County Population by Age, Sex, Race, and Hispanic Origin: April 1, 2000 through July 1, 2007. Available at: http://www.census.gov/popest/counties/asrh/files/coest2007-01data-29.csv Accessed March 2, 2009.
Minority 60+	U.S. Department of Commerce, Census Bureau, Population Estimates Program, County population estimates - characteristics; County Population by Age, Sex, Race, and Hispanic Origin: April 1, 2000 through July 1, 2007. Available at: http://www.census.gov/popest/counties/asrh/files/coest2007-01data-29.csv Accessed March 2, 2009.
Male 60+	U.S. Department of Commerce, Census Bureau, Population Estimates Program, County population estimates - characteristics; County Population by Age, Sex, Race, and Hispanic Origin: April 1, 2000 through July 1, 2007. Available at: http://www.census.gov/popest/counties/asrh/files/coest2007-01data-29.csv Accessed March 2, 2009.
Average Life Expectancy	U.S. Department of Commerce, Census Bureau, Census 2000 Special Tabulations on Aging, Tables P086 available at: http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html Accessed March 2, 2009.
With Physical Disability	U.S. Department of Commerce, Census Bureau, Census 2000 Special Tabulations on Aging, Tables P086 available at: http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html Accessed March 2, 2009.
Rural 60+	U.S. Department of Commerce, Census Bureau, Census 2000 Special Tabulations on Aging, Tables P007 available at: http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html Accessed March 2, 2009.
Limited English 60+	U.S. Department of Commerce, Census Bureau, Census 2000 Special Tabulations on Aging, Tables P017 available at: http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html Accessed March 2, 2009.

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MO DHSS: Program Instruction AoA-PI-08-01 (section V attachment A)

- Information on how the proposed formula will affect funding to each planning and service area

- Funding Based on SFY 2010-1 Allotment Tables, Supplement 2-4 (\$18,317,051 allocated via IFF and \$2,982,060 allocated equally via base)

Existing IFF sfy2010											
	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Intra State Formula %	13.60%	9.78%	6.46%	5.67%	5.45%	11.55%	14.89%	22.56%	6.42%	3.62%	100.00%
Part B Base Allocation	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 933,440
Part B % Allocation	\$ 779,773	\$ 560,749	\$ 370,392	\$ 325,097	\$ 312,483	\$ 662,234	\$ 853,737	\$ 1,293,506	\$ 368,099	\$ 207,557	\$ 5,733,626
Part B Total	\$ 873,117	\$ 654,093	\$ 463,736	\$ 418,441	\$ 405,827	\$ 755,578	\$ 947,081	\$ 1,386,850	\$ 461,443	\$ 300,901	\$ 6,667,066
Part C1 Base Allocation	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 1,136,200
Part C1 % Allocation	\$ 949,144	\$ 682,546	\$ 450,843	\$ 395,709	\$ 380,356	\$ 806,075	\$ 1,039,173	\$ 1,574,462	\$ 448,052	\$ 252,640	\$ 6,979,000
Part C1 Total	\$ 1,062,764	\$ 796,166	\$ 564,463	\$ 509,329	\$ 493,976	\$ 919,695	\$ 1,152,793	\$ 1,688,082	\$ 561,672	\$ 366,260	\$ 8,115,200
Part C2 Base Allocation	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 507,620
Part C2 % Allocation	\$ 424,044	\$ 304,938	\$ 201,421	\$ 176,789	\$ 169,930	\$ 360,126	\$ 464,266	\$ 703,415	\$ 200,174	\$ 112,871	\$ 3,117,973
Part C2 Total	\$ 474,806	\$ 355,700	\$ 252,183	\$ 227,551	\$ 220,692	\$ 410,888	\$ 515,028	\$ 754,177	\$ 250,936	\$ 163,633	\$ 3,625,593
Part E Base Allocation	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 404,800
Part E % Allocation	\$ 338,157	\$ 243,175	\$ 160,625	\$ 140,982	\$ 135,512	\$ 287,185	\$ 370,233	\$ 560,944	\$ 159,630	\$ 90,010	\$ 2,486,452
Part E Total	\$ 378,637	\$ 283,655	\$ 201,105	\$ 181,462	\$ 175,992	\$ 327,665	\$ 410,713	\$ 601,424	\$ 200,110	\$ 130,490	\$ 2,891,252
% IIB Ombuds Allocation	\$ 6,349	\$ 4,565	\$ 3,016	\$ 2,647	\$ 2,544	\$ 5,392	\$ 6,951	\$ 10,531	\$ 2,997	\$ 1,690	\$ 46,681
% VII Ombuds Allocation	\$ 12,661	\$ 9,105	\$ 6,014	\$ 5,278	\$ 5,074	\$ 10,752	\$ 13,862	\$ 21,002	\$ 5,977	\$ 3,370	\$ 93,095
Ombudsman Total	\$ 19,010	\$ 13,670	\$ 9,030	\$ 7,925	\$ 7,618	\$ 16,144	\$ 20,813	\$ 31,533	\$ 8,974	\$ 5,060	\$ 139,776
Total:	\$ 2,808,334	\$ 2,103,284	\$ 1,490,517	\$ 1,344,708	\$ 1,304,103	\$ 2,429,970	\$ 3,046,428	\$ 4,462,066	\$ 1,483,134	\$ 966,343	\$ 21,438,887

Proposed IFF sfy2010											
	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Intra State Formula %	14.01%	11.75%	6.59%	6.02%	5.53%	11.16%	13.80%	18.81%	8.47%	3.86%	100.00%
Part B Base Allocation	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 933,440
Part B % Allocation	\$ 803,281	\$ 673,701	\$ 377,846	\$ 345,164	\$ 317,070	\$ 639,873	\$ 791,240	\$ 1,078,495	\$ 485,638	\$ 221,318	\$ 5,733,626
Part B Total	\$ 896,625	\$ 767,045	\$ 471,190	\$ 438,508	\$ 410,414	\$ 733,217	\$ 884,584	\$ 1,171,839	\$ 578,982	\$ 314,662	\$ 6,667,066
Part C1 Base Allocation	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 1,136,200
Part C1 % Allocation	\$ 977,758	\$ 820,033	\$ 459,916	\$ 420,136	\$ 385,939	\$ 778,856	\$ 963,102	\$ 1,312,750	\$ 591,121	\$ 269,389	\$ 6,979,000
Part C1 Total	\$ 1,091,378	\$ 933,653	\$ 573,536	\$ 533,736	\$ 499,559	\$ 892,476	\$ 1,076,722	\$ 1,426,370	\$ 704,741	\$ 383,009	\$ 8,115,200
Part C2 Base Allocation	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 507,620
Part C2 % Allocation	\$ 436,828	\$ 366,362	\$ 205,474	\$ 187,702	\$ 172,424	\$ 347,966	\$ 430,280	\$ 586,491	\$ 264,092	\$ 120,354	\$ 3,117,973
Part C2 Total	\$ 487,590	\$ 417,124	\$ 256,236	\$ 238,464	\$ 223,186	\$ 398,728	\$ 481,042	\$ 637,253	\$ 314,854	\$ 171,116	\$ 3,625,593
Part E Base Allocation	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 404,800
Part E % Allocation	\$ 348,352	\$ 292,158	\$ 163,857	\$ 149,684	\$ 137,501	\$ 277,488	\$ 343,130	\$ 467,702	\$ 210,602	\$ 95,977	\$ 2,486,452
Part E Total	\$ 388,832	\$ 332,638	\$ 204,337	\$ 190,164	\$ 177,981	\$ 317,968	\$ 383,610	\$ 508,182	\$ 251,082	\$ 136,457	\$ 2,891,252
% IIB Ombuds Allocation	\$ 6,540	\$ 5,485	\$ 3,076	\$ 2,810	\$ 2,581	\$ 5,210	\$ 6,442	\$ 8,781	\$ 3,954	\$ 1,802	\$ 46,681
% VII Ombuds Allocation	\$ 13,043	\$ 10,939	\$ 6,135	\$ 5,604	\$ 5,148	\$ 10,389	\$ 12,847	\$ 17,511	\$ 7,885	\$ 3,593	\$ 93,095
Ombudsman Total	\$ 19,583	\$ 16,424	\$ 9,211	\$ 8,415	\$ 7,730	\$ 15,599	\$ 19,289	\$ 26,292	\$ 11,839	\$ 5,395	\$ 139,776
Total:	\$ 2,884,007	\$ 2,466,883	\$ 1,514,511	\$ 1,409,307	\$ 1,318,869	\$ 2,357,988	\$ 2,845,248	\$ 3,769,935	\$ 1,861,499	\$ 1,010,640	\$ 21,438,887

Impact											
IFF Percentage Change	0.41%	1.97%	0.13%	0.35%	0.08%	-0.39%	-1.09%	-3.75%	2.05%	0.24%	0.00%
Funding Percent Change	2.69%	17.29%	1.61%	4.80%	1.13%	-2.96%	-6.60%	-15.51%	25.51%	4.58%	0.00%
Funding Change	\$ 75,673	\$ 363,599	\$ 23,994	\$ 64,599	\$ 14,765	\$ (71,982)	\$ (201,179)	\$ (692,131)	\$ 378,365	\$ 44,296	\$ -

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1. Including five additional factors of economic and social need (see table 2, the new factors appear in italics); these factors are identified by recent literature as high-risk subgroups in the older population¹¹. Including these factors increases the precision with which the IFF can identify individuals who are socioeconomically disadvantaged, and at highest risk of unwanted institutionalization—the key tenets of the OAA as amended in 2006². The population aged beyond average life expectancy at birth by race and gender is a measure of frailty, often referred to as an “oldest-old” factor. The key difference is that typical oldest-old factors use an arbitrary benchmark age which neglects to consider disparities in the longevity of minorities and males, fostering inequitable distributions.
2. Adjusting the factor weights to more objectively reflect the socioeconomic and demographic environment for older individuals from region to region; this is accomplished by setting equal precedence on the overall factors of social and economic need and setting proportional weights on the subgroups within each overall factor.
3. Updating a greater portion of IFF data annually.
4. Employing a more stable measure of the older population suffering disability.

Table 2: Proposed IFF Factors and Weights

Total Allocation

Greatest Economic Need @ 50%

Greatest Social Need @ 50%

Greatest Economic Need Factors	Counts	Weight of Economic Need	(By 0.5) Total IFF Weight
Low-Income 60+	91,315	37.43%	18.71%
Low-Income Minority 60+	16,895	6.92%	3.46%
<i>Low-Income with Physical Disability 60+</i>	37,750	15.47%	7.74%
<i>Low-Income Rural 60+</i>	35,684	14.63%	7.31%
<i>Low-Income Female 60+</i>	62,345	25.55%	12.78%
Total	243,989	100.00%	50.00%

Greatest Social Need Factors	Counts	Weight of Social Need	(By 0.5) Total IFF Weight
Total 60+*	1,082,785	39.93%	19.97%
Minority 60+*	112,597	4.15%	2.08%
Physical Disability 60+	255,310	9.42%	4.71%
Rural 60+	325,740	12.01%	6.01%
Limited English 60+	5,806	0.21%	0.11%
<i>Female 60+*</i>	613,369	22.62%	11.31%
<i>Aged > Average Life Expectancy by Race and Sex*</i>	315,945	11.65%	5.83%
Total	2,711,552	100.00%	50.00%

* Updated with 2007 Census Intercensal Estimates. All other data from the 2000 Census.

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An example of the objective proportional weights within the overall factor of greatest economic need is the 91,315 older individuals identified as living below the poverty level in Missouri in 2000. This is 37.43% of all of the 243,989 older individuals falling into the economic need category. Because the overall factor of economic need is designated to carry half of the total formula weight, the Low-Income 60+ group carries 18.71% of the total formula weight—this is half of the 37.43% it carries in the overall economic need factor.

Figure 3: Proposed IFF Funding Per Individual 60+ with Great Social or Economic Need (GSN/GEN) and the 60+ Poverty Rate

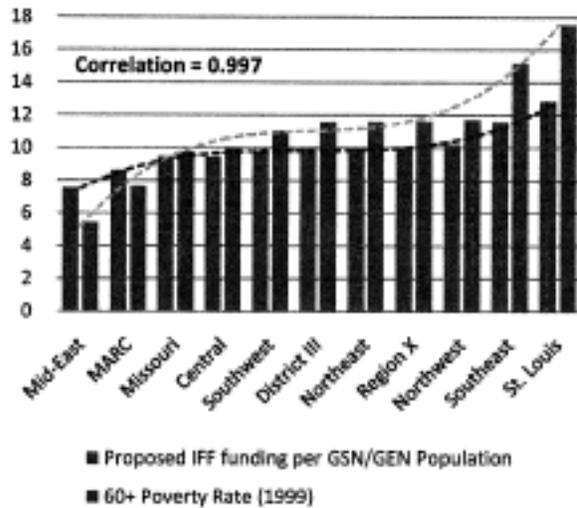
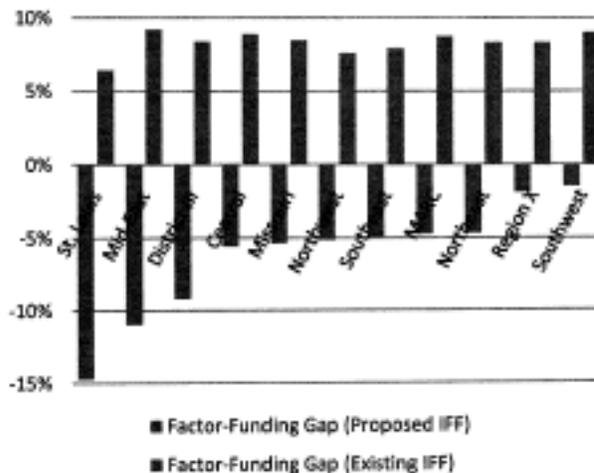


Figure three is a companion to figure one above, the former depicting the same series under the recommended IFF. This is the recommended IFF funding per individual with great social or economic need against the 60+ poverty rate for each AAA region and the state. The chart depicts the enhanced ability of the recommended IFF to deliver a vastly more equitable transfer of OAA funding and more closely emulate the spirit and intent of the Act. It is worth noting that the existing and proposed formulas depict similar relationships with various determinants of socioeconomic status, including 60+ median household income and the ratio of GSN/GEN to total 60+ population.

Figure four shows the gaps between factor and funding change for each IFF since SFY2000. The red bars, depict the gap experienced under the existing IFF; the blue bars represent the same gap simulated under the proposed IFF. From SFY2000 to SFY2010, factor growth has outpaced funding growth by 8% in the state under the current IFF. Simulating the same years using identical funding and data sources, the recommended IFF shows funding outpacing factor growth by 5% in the state. Based on the assumption that the recommended IFF factors more accurately depict the high-need and

Figure 4: Factor-Funding Gap, Existing IFF vs. Proposed IFF: sfy2000 - sfy2010



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at-risk older population in the state, each AAA is made better off under the new distribution, meeting standard efficiency criteria. This gap will be further lessened with time and new funding injections, as DHSS and the AAAs have agreed to phase out hold harmless practices which impose disproportionate burden to regions experiencing significant growth.

Conclusion:

The proposed IFF for Missouri attempts to remove many of the inequities that can occur in formula allocations of this type. The tenet is to create a robust formula that mirrors the intent of the OAA while simultaneously addressing variation in population and need that exists within the state of Missouri. The net result is an IFF that distributes funding to the State's AAAs in a manner that more closely reflects need, both social and economic, and the rapidly evolving socioeconomic landscape. A much greater portion of the proposed IFF factor data can be updated annually; 72% of the inputs carrying 39% of the formula weight are updated by the Census at the county level every year. This will help to avoid extreme funding volatility when decennial Census data is manifested, at which point, the AAAs and DHSS have agreed to evaluate the impact and validity, and collaborate to develop a strategy to smooth the transition should such a strategy be merited. Additionally, the proposed IFF has the advantage of weighting the sub-factors explicitly based upon population data. Minimal assumptions are made by placing equal emphasis on each overall factor of need and proportional emphasis on the sub-factors. This removes much of the weighting bias from the formula, yielding allocations that are driven by actual populations as opposed to subjective interpretation. The recommended IFF will result in a more stable and equitable delivery of OAA funding, and alongside institutional change such as phasing out hold harmless, it will act to lessen the gap between funding and factor growth for Missouri AAAs over time.

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¹ DHSS Document: Missouri Division of Senior and Disability Services, Area Agency on Aging Funding, SFY2008-3, Supplementary Schedule 2.

² U.S. Department of Health and Human Services, Administration on Aging. Unofficial Compilation of the Older Americans Act of 1965, As Amended in 2006 (Public Law 109-365). Available at: http://www.aoa.gov/OAA/2006/Main_Site/naa/oaia_full.asp#_Toc153957642 Accessed November 12, 2008.

³ U.S. Department of Commerce, Census Bureau. State Interim Population Projections by Age and Sex: 2004-2030, Detailed Data Files File 2: Annual projections by 5-year and selected age groups by sex. Available at: <http://www.census.gov/population/naip/projections/projections2004s.html> Accessed November 12, 2008.

⁴ Johnson, Richard W., Soto, Mauricio, Zedlewski, Sheila R., "How is the Economic Turmoil Affecting Older Americans?" (October 2008). *Fact Sheet on Retirement Policy*, Urban Institute. Available at: <http://www.urban.org/publications/411765.html> Accessed November 12, 2008.

⁵ Office of Federal Housing Enterprise and Oversight, Change in OFHEO House Price Indexes (2007 Q4 Data). Available at: http://www.ofheo.gov/hpi_state.aspx Accessed November 12, 2008.

⁶ Bureau of Labor Statistics, CPI-U Midwest. Available at: <http://data.bls.gov/cgi-bin/dsxy> Accessed November 12, 2008.

⁷ National Association of Realtors, State Existing-Home Sales, 2nd Quarter 2008. Available at: <http://www.nar.realtor.org/research/research/metroprice> Accessed November 12, 2008.

⁸ Butrica, Barbara A., Murphy, Daniel, Zedlewski, Sheila R., "How Many Struggle to Get By in Retirement?" (January 2008). *The Retirement Policy Program, Discussion Paper 08-01*, Urban Institute. Available at: <http://www.urban.org/publications/411627.html> Accessed November 17, 2008.

⁹ While the 2000 Census no longer included LM/SC, these data were estimated and provided to DHSS by the Missouri State Demographer.

¹⁰ U.S. Department of Commerce, Census Bureau, Census 2000 Special Tabulation Program, Special Tabulation on Aging (STP) 9 – Part A: Population Characteristics and Part B: Housing and Household Characteristics / prepared by the U.S. Census Bureau, 2004 (pp. B-7 to B-8). Available at: www.cen.gov/prof/Statistics/Tabtech/doc/oa.pdf Accessed November 17, 2008.

¹¹ See endnotes 4 and 8 above, and for example: McGarry and Schoeni, 2005; Munnell, 2004; Weir and Willis, 2002; Lusardi and Mitchell, 2006:

McGarry, Kathleen, Schoeni, Robert F., "Medicare Gaps and Widow Poverty" (2005). *Perspectives Social Security Bulletin*, Vol. 66 No. 1. Available at: <http://www.ssa.gov/policy/docs/ssb/v66n1/v66n1p58.pdf> Accessed May 8, 2008.

Munnell, Alicia H., "Why are so Many Older Women Poor?" (2004). *Just the Facts on Retirement Issues*, Center for Retirement Research at Boston College, Just the Facts 10, April 2004. Available at: http://cr.bc.edu/briefs/why_are_so_many_older_women_poor.html Accessed May 8, 2008.

Weir, David R., Willis, Robert J., "Widowhood, Divorce, and Loss of Health Insurance Among Near-Elderly Women: Evidence From the Health and Retirement Study" (July 1, 2002). Economic Research Initiative on the Uninsured Working Paper Series, Working Paper No. 7. Available at: <http://emich.edu/~erim/pdf/wp7.pdf> Accessed May 8, 2008.

Lusardi, Annamaria and Mitchell, Olivia S., "Financial Literacy and Planning: Implications for Retirement Wellbeing" (2006). Available at SSRN: <http://ssrn.com/abstract=881847> Accessed May 8, 2008.

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Numerical Statement

The Missouri Intrastate Funding Formula
For Area Agencies on Aging
March, 2009

Proposal for the Missouri Intrastate Funding Formula (IFF) for Area Agencies on Aging (AAA):

The recommended IFF for Missouri AAAs is based on two overall factors of need, one is made up of indicators of Great Social Need, the other consists of indicators of Great Economic Need, each reflecting the 60+ population. These broad categories of need carry a constant weight in the recommended IFF of 50% apiece. The Greatest Social Need factor is comprised of seven sub-indicators of social need among the 60+ population. The Greatest Economic Need factor is comprised of five sub-indicators of economic need among the 60+ population. Each sub-factor of the overall Social and Economic need categories carries a factor weight of one (weighted proportionally) within its respective category and each will be updated annually. The inclusion of each is supported by the Older American's Act as amended and contemporary research.

Derivation of the Recommended IFF: Equation 1 depicts the total IFF allocation in a given year (for OAA Title III-B, C1, C2, E, and Ombudsman-III B and IV). The superscript 't' denotes the time or year and indicates that the IFF will be updated annually. The subscript 'T' denotes total, indicating the statewide level. For example, IFF_T^{10} would read "the total IFF allocation to all AAAs in state fiscal year (SFY) 2010". The total IFF allocation, which is roughly \$18.3 million in SFY2010, is equal to the sum of the IFF allocations for each of the ten AAAs, denoted with a subscript 'i'; for example, IFF_i^{10} would read "the IFF allocation to AAA 'i' in SFY2010".

Equation 1

$$IFF_T^t = \sum_{i=1}^{n=10} IFF_i^t \approx \$18.3M$$

Equation 2 depicts the IFF allocation for the individual AAA in a given year, again, denoted by the subscript 'i' and superscript 't', respectively. GEN_i^t denotes the IFF allocation to the individual AAA_i for its 60+ population identified as having Great Economic Need in SFY^t. GSN_i^t denotes the IFF allocation to the individual AAA_i for its 60+ population identified as having Great Social Need in SFY^t.

Equation 2

$$IFF_i^t = (GEN_i^t + GSN_i^t)$$

The superscript 't' on the demographic variables below actually depicts the year of the most contemporary data during SFY^t. Typically in Missouri this difference is a three-year lag. For example, during SFY¹⁰ the most recent intercensal population estimates stem from calendar year 2007 so that the technically apropos superscript on the demographic variables would be 't-3'. For the sake of facsimile we will not specifically differentiate between the two in this demonstration.

Equation 3a depicts the Greatest Economic Need allocation to AAA_i in FY^t. This is derived by taking half of the total IFF by the portion of the total 60+ population in Missouri with Great Economic Need

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Numerical Statement (continued):

residing within the jurisdictional boundaries of AAA_i in SFY^t. In other words, this is half of the total IFF allocation multiplied by the quotient of the Greatest Economic Need population in AAA_i and the Greatest Economic Need population in all Missouri in SFY^t, as depicted in equation 3b.

For brevity, assume the following for each factor of economic need described below: “population” refers to the population 60 and older, and “low-income” refers to individuals living at or below the federal poverty level.

- LIP'_t is the low-income population in AAA ‘i’ at time ‘t’.
- LIM'_t is the low-income minority population in AAA ‘i’ at time ‘t’.
- LID'_t is the low-income population with a physical disability in AAA ‘i’ at time ‘t’.
- LIR'_t is the low-income rural population in AAA ‘i’ at time ‘t’.
- LIF'_t is the low-income female population in AAA ‘i’ at time ‘t’.
- ENP'_t is the total Greatest Economic Need population in AAA ‘i’ at time ‘t’.

Equation 3a

$$GEN'_t = \frac{IFF_t}{2} \left[\frac{LIP'_t}{LIP'_t} \left(\frac{LIP'_t}{ENP'_t} \right) + \frac{LIM'_t}{LIM'_t} \left(\frac{LIM'_t}{ENP'_t} \right) + \frac{LID'_t}{LID'_t} \left(\frac{LID'_t}{ENP'_t} \right) + \frac{LIR'_t}{LIR'_t} \left(\frac{LIR'_t}{ENP'_t} \right) + \frac{LIF'_t}{LIF'_t} \left(\frac{LIF'_t}{ENP'_t} \right) \right]$$

Where:

$$\left(LIP'_t = \sum_{t=1}^{t=10} LIP'_t \right); \left(ENP'_t = \sum_{t=1}^{t=10} ENP'_t \right); \left(LIM'_t = \sum_{t=1}^{t=10} LIM'_t \right); \left(LID'_t = \sum_{t=1}^{t=10} LID'_t \right);$$

$$\left(LIR'_t = \sum_{t=1}^{t=10} LIR'_t \right); \text{ and } \left(LIF'_t = \sum_{t=1}^{t=10} LIF'_t \right)$$

Equation 3b

$$\therefore GEN'_t \approx \$9.16M \left(\frac{ENP'_t}{ENP'_t} \right)$$

Equation 4a depicts the Greatest Social Need allocation to AAA_i in SFY^t. This is derived by taking half of the total IFF by the portion of the total 60+ population in Missouri with Great Social Need residing within the jurisdictional boundaries of AAA_i in SFY^t. In other words, this is half of the total IFF allocation multiplied by the quotient of the Greatest Social Need population in AAA_i divided by the Greatest Social Need population in all Missouri in SFY^t, as depicted in equation 4b.

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Numerical Statement (continued):

For brevity, “population” refers to the population 60 and older in each factor of social need described below.

- P'_t is the total population in AAA ‘i’ at time ‘t’.
- M'_t is the minority population in AAA ‘i’ at time ‘t’.
- D'_t is the population with a physical disability in AAA ‘i’ at time ‘t’.
- R'_t is the rural population in AAA ‘i’ at time ‘t’.
- E'_t is the population with limited English proficiency in AAA ‘i’ at time ‘t’.
- F'_t is the female population in AAA ‘i’ at time ‘t’.
- L'_t is the population older than average life expectancy by race and sex in AAA ‘i’ at time ‘t’.
- SNP'_t is the total Greatest Social Need population in AAA ‘i’ at time ‘t’.

Equation 4a

$$GSN'_t = \frac{IFF_T}{2} \left[\frac{P'_t}{P'_t} \left(\frac{P'_t}{SNP'_t} \right) + \frac{M'_t}{M'_t} \left(\frac{M'_t}{SNP'_t} \right) + \frac{D'_t}{D'_t} \left(\frac{D'_t}{SNP'_t} \right) + \frac{R'_t}{R'_t} \left(\frac{R'_t}{SNP'_t} \right) + \frac{E'_t}{E'_t} \left(\frac{E'_t}{SNP'_t} \right) + \frac{F'_t}{F'_t} \left(\frac{F'_t}{SNP'_t} \right) + \frac{L'_t}{L'_t} \left(\frac{L'_t}{SNP'_t} \right) \right]$$

Where:

$$\left(P'_T = \sum_{t=1}^{n=10} P'_t \right); \left(SNP'_T = \sum_{t=1}^{n=10} SNP'_t \right); \left(M'_T = \sum_{t=1}^{n=10} M'_t \right); \left(D'_T = \sum_{t=1}^{n=10} D'_t \right);$$

$$\left(R'_T = \sum_{t=1}^{n=10} R'_t \right); \left(E'_T = \sum_{t=1}^{n=10} E'_t \right); \left(F'_T = \sum_{t=1}^{n=10} F'_t \right); \text{ and } \left(L'_T = \sum_{t=1}^{n=10} L'_t \right)$$

Equation 4b

$$\therefore GSN'_t \approx \$9.16M \left(\frac{SNP'_t}{SNP'_T} \right)$$

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Numerical Statement (continued):

Numerical Example: Tables one and two contain the most recent demographic and socioeconomic data for Missouri for calendar year 2007.

Table 1

Indicators of Greatest Economic Need for the 60+ Population in Missouri						
AAA	LIP	LIM	LID	LIR	LIF	ENP
Southwest	12,981	526	5,595	8,038	8,545	35,685
Southeast	12,411	1,351	5,655	6,968	8,570	34,955
District III	6,278	288	2,535	3,944	4,060	17,105
Northwest	5,916	166	2,470	3,334	4,095	15,981
Northeast	5,087	317	2,080	3,420	3,385	14,289
Central	9,772	657	4,225	5,948	6,550	27,152
MARC	11,669	4,074	4,885	1,029	7,975	29,632
Mid-East	13,470	2,680	4,835	1,132	9,820	31,937
St. Louis	9,928	6,568	3,880	-	6,795	27,171
Region X	3,803	268	1,590	1,871	2,550	10,082
Total	91,315	16,895	37,750	35,684	62,345	243,989

Table 2

Indicators of Greatest Social Need for the 60+ Population in Missouri								
AAA	P	M	D	R	E	F	L	SNP
Southwest	139,793	4,396	34,585	66,065	303	78,352	39,877	363,371
Southeast	91,345	4,790	26,605	46,695	169	52,026	26,976	248,606
District III	60,241	2,232	15,545	36,890	119	33,621	18,523	167,171
Northwest	54,103	1,482	14,995	29,515	113	30,956	17,553	148,717
Northeast	50,643	1,857	12,190	32,575	79	28,290	15,338	140,972
Central	114,768	5,323	27,715	60,450	459	63,323	31,690	303,728
MARC	180,038	29,032	39,650	16,340	1,305	102,066	50,902	419,333
Mid-East	298,298	34,867	55,815	22,155	2,030	169,054	82,917	665,136
St. Louis	55,537	26,695	18,410	-	1,085	34,212	21,278	157,217
Region X	38,019	1,923	9,800	15,055	144	21,469	10,891	97,301
Total	1,082,785	112,897	255,310	325,740	5,806	613,369	315,945	2,711,552

Using these data we will derive the proposed allocation under the recommended IFF for FY 2010 for the Southwest Missouri AAA, abbreviated SW.