

# Northeast Missouri Area Agency on Aging Area Plan SFY 2026



**Northeast Missouri Area Agency on Aging**

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## **Executive Summary**

The **Northeast Missouri Area Agency on Aging (NEMO AAA)** is committed to enhancing the quality of life for older adults, their caregivers, and adults with disabilities across the 16 counties it serves. As a private, not-for-profit corporation, NEMO AAA collaborates with federal, state, and local partners to plan, coordinate, and advocate for a comprehensive service delivery system that addresses the diverse needs of older individuals. Our mission is to help older adults maintain their dignity and independence in a home environment, emphasizing bringing services to people, not people to services.

NEMO AAA is governed by a Board of Directors, elected to represent the older adults in the region, and operates under state and federal regulations. Guided by its mission and vision of fostering a supportive community and creating a positive impact, NEMO AAA strives to integrate health and social services for older adults while addressing the long-term needs of the aging population.

Through its Area Plan, NEMO AAA outlines a forward-looking blueprint that documents planned efforts, tangible outcomes, and best practices to meet the evolving needs of older individuals. The plan prioritizes:

- **Coordination and Advocacy:** Working with local providers to ensure a comprehensive, accessible network of services.
- **Innovation and Capacity Building:** Developing and implementing programs that address emerging needs and foster long-term regional impact.
- **Education and Engagement:** Raising awareness about available services and empowering older adults and their caregivers with resources and information.

## **Programs and Services**

NEMO AAA provides a wide range of services to support independence and well-being, including:

- **Advocacy and Caregiver Support**
- **Health and Wellness Programs**
- **In-Home and Meal Services**
- **Elder Abuse Awareness**
- **Socialization Opportunities**

In addition to regional services, NEMO AAA participates in national programs such as the **Geriatric Workforce Enhancement Program (GWEP)**, which improves geriatric care and caregiver support, and the federally funded **Senior Medicare Patrol** and **Benefit Enrollment Center**, helping eligible individuals navigate healthcare and benefits systems.

## **Purpose of the Area Plan**

The Area Plan serves as a public document and strategic tool, detailing the agency's goals, activities, and outcomes. It provides a roadmap for integrating health and social services, expanding capacity, and leveraging best practices to secure additional resources. The plan reflects NEMO AAA's commitment to fostering a supportive environment where older adults can thrive with dignity, independence, and a high quality of life.

By implementing the strategies and activities outlined in the Area Plan, NEMO AAA aims to strengthen the aging network across Northeast Missouri and create a lasting impact on the communities it serves.

## Context

### Introduction to the PSA

The NEMO AAA Planning and Service Area (PSA) encompasses 16 counties: Adair, Clark, Knox, Lewis, Lincoln, Macon, Marion, Monroe, Montgomery, Pike, Ralls, Randolph, Schuyler, Scotland, Shelby, and Warren. Within this region, the total population is 271,180, with an over 60 population of 66,040—24.5% of the population—approximately 6% higher than the national average. The PSA is considered to 100% rural and largely comprised of a white, non-Hispanic population with less than 1% identifying as minority, and fewer than 100 individuals report limited English proficiency.

In SFY 2024, NEMO AAA and its contractors provided services to 9,085 individuals 60 years and older and 986 individuals under the age of 60 with a total of 1492 at or below poverty while a larger number of individuals served were considered to be above poverty level. See the chart below of demographic data for clients served in SFY 2024 in the NEMO AAA PSA.

Currently, NEMO AAA and its contractors are able to provide services to nearly all those who seeking assistance in all programs. This will likely change in the future with funding streams flattening and demands for programs and services increasing. To be proactive, NEMO AAA and its board of directors have crafted waiting list policies and procedures to ensure that those with the greatest economic and social need are prioritized. By SFY 2026, a standardized intake form will be used to ensure that prioritization scores are being calculated along with identifying those who are at risk of institutionalization. This information will be essential should the need for a waiting list occur.

The past two years, NEMO AAA and its board have worked diligently to improve its monitoring and oversight procedures due to its high-risk status. Measures that NEMO has taken to evaluate effectiveness of its programmatic choices includes annual on-site monitoring, implementation of a risk assessment tool, quality of service surveys, and a review of service units provided over a three-year timeframe.

Moving forward, NEMO AAA feels it is better positioned to begin researching program options and assessing the feasibility of enhancing current services or adding new programs to the PSA. New programs being considered include assistive transportation and self-directed programming.

<b>NEMO AAA Clients Served SFY 2024 Demographic Data</b>			
<b>Demographic Data</b>	<b>Total Individuals Under 60</b>	<b>Total Individuals 60+</b>	<b>Total Individuals Age Missing</b>
Age 18-59	986		
Age 60-64		847	
Age 65-74		2,912	
Age 75-84		2737	
Above 85		1,591	
Age Missing			12
<b>Total Persons Served</b>	<b>986</b>	<b>8087</b>	<b>12</b>
Female	507	4615	6
Male	447	3155	5
Gender Missing	31	316	1
<b>Total Persons Served</b>	<b>986</b>	<b>8087</b>	<b>12</b>
Rural	852	5959	10
Non-rural	134	2100	2
Geographic Location Missing	0	28	0
<b>Total Persons Served</b>	<b>986</b>	<b>8087</b>	<b>12</b>
At or below Poverty	189	1303	1
Above Poverty	761	6514	10
Poverty Status Missing	36	270	1
<b>Total Persons Served</b>	<b>986</b>	<b>8087</b>	<b>12</b>
Hispanic or Latino	10	57	0
Not Hispanic or Latino	971	7921	11
Ethnicity Missing	5	109	1
<b>Total Persons Served</b>	<b>986</b>	<b>8087</b>	<b>12</b>
American Indian or Alaska Native	0	9	0
Asian or Asian American	1	11	0
Black or African American	34	199	2
Native Hawaiian or Pacific Islander	6	16	0
White	885	7304	8
Persons reporting some other race	0	2	0
Person reporting 2 or more races	51	378	0
Race Missing	9	168	2
<b>Total Persons Served</b>	<b>986</b>	<b>8087</b>	<b>12</b>
Minority	45	264	2
Not Minority	929	7615	8
Minority Status Missing	9	178	2

**Demographic Trends and Issues**

The region’s demographics highlight several critical trends:

1. **Aging Population:** The proportion of individuals aged 60 and over is increasing, with rural counties projected to experience further aging of their populations. Simultaneously, some younger residents are leaving rural areas for educational and employment opportunities in urban centers, contributing to overall population

decline in these counties ultimately making it difficult to provide necessary services to ensure older adults are able to remain in their home.

2. **Economic Disparities:** Rural counties are expected to see rising numbers of individuals living at or below the poverty level, along with increased needs for services addressing both economic and social challenges.
3. **Urban Influence:** Counties like Lincoln and Warren, which border the St. Louis metropolitan area, are witnessing population growth as urban residents seek more affordable living options. This urban influence may reduce the rural classification of these counties and introduce greater diversity and language barriers over the next decade.

### **Needs Assessment and Service Gap Analysis**

NEMO AAA employs a multifaceted approach to assess service gaps and prioritize needs, including:

- Conducting **focus groups** with community members, leaders, and professionals.
- Reviewing **community health needs assessments** and analyzing census and GIS data.
- Collecting input from the **Area Aging Advisory Council** and other stakeholders.
- Hosting **public feedback sessions** to understand barriers and opportunities.

Key findings from these activities include:

- Communication silos across sectors create barriers to service delivery.
- Limited transportation options hinder access to medical care and other critical services.
- A general lack of awareness exists regarding available aging-related resources.

### **Service Provision and System Coordination**

NEMO AAA is committed to developing a comprehensive and coordinated system for delivering supportive services, nutrition programs, and multipurpose senior centers.

#### **Current Services:**

NEMO AAA currently partners with 23 contractors to deliver services funded through Older Americans Act (OAA) Title III B/C/D/E programs, Senior Services Growth and Development Funding (SSGD), and local Senior Tax Levy Funds. These services include:

- **Supportive Services (Title III-B):** Transportation, legal assistance, ombudsman services, and in-home care.
- **Nutrition Programs (Title III-C):** Congregate, carryout, and home-delivered meals.
- **Health Promotion (Title III-D):** Evidence-based disease prevention programs.
- **Family Caregiver Support (Title III-E):** Programs to assist caregivers, a focus area for future growth.

#### **Comprehensive Planning:**

- **Nutrition Services:** NEMO AAA collaborates with contractors to expand culturally appropriate meal options, including plans to offer diverse menu items monthly in select locations.

- **Home-Delivered Meals:** Exploring partnerships with third-party providers to deliver medically tailored meals, which can be more cost-effective and better suited to rural areas.
- **Family Caregiver Programs:** Leveraging the Geriatric Workforce Enhancement Program (GWEP) grant to build a robust caregiver support network and educate communities about caregiving resources.

### **Future Infrastructure:**

Renovations are underway for a 15,000-square-foot facility in Adair County, which will house AAA offices, a wellness center, and a nutrition center. This center aims to serve as a hub for evidence-based programs, community gardening, health promotion, and social engagement across the region.

### **Challenges and Strategies**

1. **Rising Costs:** Increasing food and transportation costs strain budgets for nutrition programs and home-delivered meals. NEMO AAA is exploring innovative solutions, such as utilizing third-party meal providers and advocating for administrative flexibility to reallocate funds where needed.
2. **Workforce Shortages:** Staffing shortages in in-home care services require innovative approaches, including recruitment strategies, competitive compensation packages, and partnerships with community organizations.
3. **Cultural and Linguistic Diversity:** As the PSA becomes more diverse, NEMO AAA is enhancing training for contractors to address cultural sensitivities and language barriers. Tools like Google Translate and emerging translation technologies will play a vital role in this effort.

### **Public Engagement and Transparency**

NEMO AAA ensures ongoing communication with its board of directors, contractors, and community stakeholders through regular meetings and updates. These forums provide an opportunity to share changes in programs, funding updates, and best practices.

### **Commitment to Growth and Innovation**

NEMO AAA's vision includes fostering a more inclusive and adaptive aging network through:

- Expanded training on diverse demographic needs, including LGBTQ+ populations and individuals living with HIV/AIDS.
- Partnerships with local providers and organizations to enhance resource coordination and service delivery.
- Strategic investments in infrastructure, programming, and partnerships to meet the evolving needs of the PSA.

Through these efforts, NEMO AAA is dedicated to addressing service gaps, adapting to demographic changes, and ensuring that all older Missourians in the region have access to the resources they need to thrive.



### Current Service Coverage Charts

This section highlights the services that NEMO AAA anticipates providing in SFY 2026. The numbers provided below are based on the data that is currently tracked. The first number represents the projected number of individuals to be served and the second number represents the number of units we predict to serve. For example, NEMO AAA anticipates it will provide 82 individuals with Information and Assistance in Adair County in SFY 2026. Each individual contact is counted as a unit and for the in-home programs one unit equals one hour.

\*Empty cells indicate no service in that county

Supportive Services (Title III B Funded)	Adair	Clark	Knox	Lewis	Lincoln
<b>Information and Assistance/Referral</b>	82/82	11/11	6/6	11/11	51/51
<b>Transportation</b>	130/2382	3/77	6/135	8/227	164/3478
<b>Assisted Transportation</b>	2/5	2/5	2/5	2/5	2/5
<b>In Home Services:</b>					
Personal Care	8/780	2/5	2/5	2/230	2/5
Homemaker	50/350	2/5	2/100	9/690	2/5
<b>Legal Assistance</b>	11/27.6	22/44	1/5	12/39.3	43/85.3
<b>Advocacy</b>	2/3	2/3	2/3	2/3	2/3
<b>Disease Prevention/Health Promotion</b>	1/3	1/3	1/3	1/3	1/3
<b>Care Coordination</b>	1/3	1/3	1/3	1/3	1/3
<b>Interpretation</b>	1 / 2	1 / 2	1 / 2	1 / 2	1 / 2
<b>Nutrition Education</b>	4/1040	4/200	4/239	4/380	4/1971
<b>Ombudsman Services</b>	*	*	*	*	*
<b>Other Services:</b>					
Public Education	1/5	1/5	1/5	1/5	1/5

Nutrition (Title III C Funded)	Adair	Clark	Knox	Lewis	Lincoln
<b>Congregate Meals</b>	121/4748	213/5854	181/5280	41/1341	288/8724
<b>Home Delivered Meals</b>	318/28431	109/3830	167/8023	139/12162	345/46230
<b>Carry Out Meals</b>	56/4448	518/1503	96/1653	29/425	8/275

Highest Level Evidence Based Disease Prevention Health Promotion Programs (Title III D Funded)	Adair	Clark	Knox	Lewis	Lincoln
<b>A Matter of Balance</b>	8/64				
<b>Chronic Disease Self-Management Program</b>	1/5	1/5			
<b>Circle of Friends</b>	1/5				
<b>Cognitive Stimulation Therapy</b>	1/5		1/5		
<b>Diabetes Self-Management Program</b>	1/5				
<b>Drums Alive</b>	1/5				
<b>Mind Over Matter</b>	1/5			1/5	
<b>Powerful Tools for Caregivers</b>	1/5				1/5
<b>Tai Chi for Arthritis</b>	1/5				
<b>Walk with Ease</b>	1/5				

Family Caregiver Support (Title III E Funded)	Adair	Clark	Knox	Lewis	Lincoln
<b>Information and Assistance</b>	57/57	5/5	7/7	6/6	36/36
<b>Assessments</b>	5/5	5/5	5/5	5/5	5/5
<b>Care Coordination</b>	1/3	1/3	1/3	1/3	1/3
<b>Support Groups</b>	1/5	1/5	1/5	1/5	1/5
<b>Assisted Transportation</b>	2/5	2/5	2/5	2/5	2/5

<b>Family Caregiver Legal Information Services</b>	1/5	1/5	1/5	1/5	1/5
<b>In-Home Respite</b>	15/1180	2/10	2/10	2/200	2/10

Non- OAA Funded Programs	Adair	Clark	Knox	Lewis	Lincoln
<b>Medicare Improvements for Patients and Providers Act (Medicare Assistance)</b>	54/54	2/2	8/8	2/2	2/2
<b>Benefits Enrollment Center Assistance</b>	***	***	***	***	***
<b>Senior Medicare Patrol</b>	*****	*****	*****	*****	*****
<b>Retired Senior Volunteer Program</b>	**	**	**		
<b>GWEP</b>	***	***	***	***	***
<b>SHL</b>	1/30				
Supportive Services (Title III B Funded)	Macon	Marion	Monroe	Montgomery	Pike
<b>Information and Assistance/Referral</b>	23/23	38/38	6/6	14/14/	16/16
<b>Transportation</b>	35/994	231/8611	11/368	1/148	16/610
<b>Assisted Transportation</b>	2/5	2/5	2/5	2/5	2/5
<b>In Home Services:</b>					
Personal Care	2/10	5/95	3/45	2/10	1/85
Homemaker	6/685	26/1385	21/2355	1/50	9/85
<b>Legal Assistance</b>	6/25.2	71/123.5	12/42.1	2/2.1	17/78.1
<b>Advocacy</b>	2/3	2/3	2/3	2/3	2/3
<b>Disease Prevention/Health Promotion</b>	1/3	1/3	1/3	1/3	1/3
<b>Care Coordination</b>	1/3	1/3	1/3	1/3	1/3
<b>Interpretation</b>	1 / 2	1 / 2	1 / 2	1 / 2	1 / 2
<b>Nutrition Education</b>	4/442	4/1978	4/400	4/442	4/339
<b>Ombudsman Services</b>	*	*	*	*	*
<b>Other Services:</b>					
Public Education	1/5	1/5	1/5	1/5	1/5

Nutrition (Title III C Funded)	Macon	Marion	Monroe	Montgomery	Pike
<b>Congregate Meals</b>	141/4586	795/28134	418/12319	240/5485	48/1892
<b>Home Delivered Meals</b>	198/17867	360/42897	82/9570	187/6505	177/16783
<b>Carry Out Meals</b>	64/1577	2/10	2/10	57/2547	2/10

Highest Level Evidence Based Disease Prevention Health Promotion Programs (Title III D Funded)	Macon	Marion	Monroe	Montgomery	Pike
<b>A Matter of Balance</b>					
<b>Chronic Disease Self-Management Program</b>					
<b>Circle of Friends</b>		1/5			
<b>Cognitive Stimulation Therapy</b>					
<b>Diabetes Self-Management Program</b>	1/5				
<b>Drums Alive</b>				1/5	
<b>Mind Over Matter</b>					
<b>Powerful Tools for Caregivers</b>					
<b>Tai Chi for Arthritis</b>		1/5			

<b>Walk with Ease</b>			<b>1/5</b>		<b>1/5</b>
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<b>Family Caregiver Support (Title III E Funded)</b>	<b>Macon</b>	<b>Marion</b>	<b>Monroe</b>	<b>Montgomery</b>	<b>Pike</b>
<b>Information and Assistance</b>	22/22	23/23	5/5	10/10	12/12
<b>Assessments</b>	5/5	5/5	5/5	5/5	5/5
<b>Care Coordination</b>	1/3	1/3	1/3	1/3	1/36
<b>Support Groups</b>	1/5	1/5	1/5	1/5	1/5
<b>Assisted Transportation</b>	2/5	2/5	2/5	2/5	2/5
<b>Family Caregiver Legal</b>	1/2	1/2	1/2	1/2	1/2
<b>Information Services</b>	2/7	2/7	2/7	2/7	2/7
<b>In-Home Respite</b>	2/10	7/468	5/1015	1/138	2/10

<b>Non- OAA Funded Programs</b>	<b>Macon</b>	<b>Marion</b>	<b>Monroe</b>	<b>Montgomery</b>	<b>Pike</b>
<b>Medicare Improvements for Patients and Providers Act (Medicare Assistance)</b>	16/16	8/8	27/27	2/2	2/2
<b>Benefits Enrollment Center Assistance</b>	***	***	***	***	***
<b>Senior Medicare Patrol</b>	*****	*****	*****	*****	*****
<b>Retired Senior Volunteer Program</b>	**				
<b>GWEP</b>	****	****	****	****	****
<b>SHL</b>					

<b>Supportive Services (Title III B Funded)</b>	<b>Ralls</b>	<b>Randolph</b>	<b>Schuyler</b>	<b>Scotland</b>	<b>Shelby</b>
<b>Information and Assistance/Referral</b>	9/9	20/20	6/6	6/6	3/3
<b>Transportation</b>	9/993	102/2318	8/7	4/150	8/559
<b>Assisted Transportation</b>	2/5	2/5	2/5	2/5	2/5
<b>In Home Services:</b>					
Personal Care	3/12	8/286	2/10	4/240	2/66
Homemaker	3/169	26/2400	1/50	11/726	25/1536
<b>Legal Assistance</b>	11/14.3	2/5	12/17.5	2/1.1	2/5
<b>Advocacy</b>	2/3	2/3	2/3	2/3	2/3
<b>Disease Prevention/Health Promotion</b>	1/3	1/3	1/3	1/3	1/3
<b>Care Coordination</b>	1/3	1/3	1/3	1/3	1/3
<b>Interpretation</b>	1 / 2	1 / 2	1 / 2	1 / 2	1 / 2
<b>Nutrition Education</b>	2181	962	1053	314	325
<b>Ombudsman Services</b>	*	*	*	*	*
<b>Other Services:</b>					
Public Education	1/5	1/5	1/5	1/5	1/5

<b>Nutrition (Title III C Funded)</b>	<b>Ralls</b>	<b>Randolph</b>	<b>Schuyler</b>	<b>Scotland</b>	<b>Shelby</b>
<b>Congregate Meals</b>	1058/21087	202/7175	256/5239	320/10069	321/8963
<b>Home Delivered Meals</b>	346/30430	279/21508	189/10068	43/4421	188/9963
<b>Carry Out Meals</b>	167/7161	18/5040	31/645	2/10	58/888

<b>Highest Level Evidence Based Disease Prevention Health Promotion Programs (Title III D Funded)</b>	<b>Ralls</b>	<b>Randolph</b>	<b>Schuyler</b>	<b>Scotland</b>	<b>Shelby</b>
<b>A Matter of Balance</b>	1/5				
<b>Chronic Disease Self-Management Program</b>		1/5			
<b>Circle of Friends</b>	1/5				

<b>Cognitive Stimulation Therapy</b>				1/5	
<b>Diabetes Self-Management Program</b>					
<b>Drums Alive</b>			1/5		
<b>Mind Over Matter</b>					1/5
<b>Powerful Tools for Caregivers</b>					
<b>Tai Chi for Arthritis</b>					
<b>Walk with Ease</b>					

Family Caregiver Support (Title III E Funded)	Ralls	Randolph	Schuyler	Scotland	Shelby
<b>Information and Assistance</b>	4/4	12/12	3/3	4/4	2/2
<b>Assessments</b>	5/5	5/5	5/5	5/5	5/5
<b>Care Coordination</b>	1/3	1/3	1/3	1/3	1/3
<b>Support Groups</b>	1/5	1/5	1/5	1/5	1/5
<b>Assisted Transportation</b>	2/5	2/5	2/5	2/5	2/5
<b>Family Caregiver Legal</b>	1/2	1/2	1/2	1/2	1/2
<b>Information Services</b>	2/7	2/7	2/7	2/7	2/7
<b>In-Home Respite</b>	2/325	4/311	1/15	1/19	10/804

Non- OAA Funded Programs	Ralls	Randolph	Schuyler	Scotland	Shelby
<b>Medicare Improvements for Patients and Providers Act (Medicare Assistance)</b>	3/3	2/2	4/4	8/8	10/10
<b>Benefits Enrollment Center Assistance</b>	***	***	***	***	***
<b>Senior Medicare Patrol</b>	*****	*****	*****	*****	*****
<b>Retired Senior Volunteer Program</b>			**	**	
<b>GWEP</b>	****	****	****	****	****
<b>SHL</b>					1/24
<b>Supportive Services (Title III B Funded)</b>	Warren				
<b>Information and Assistance/Referral</b>	44/44				
<b>Transportation</b>	53/1470				
<b>Assisted Transportation</b>	2/5				
<b>In Home Services:</b>					
Personal Care	3/160				
Homemaker	11/485				
<b>Legal Assistance</b>	14/13.9				
<b>Advocacy</b>	2/3				
<b>Disease Prevention/Health Promotion</b>	1/3				
<b>Care Coordination</b>	1/3				
<b>Interpretation</b>	1/2				
Nutrition Education	4/575				
<b>Ombudsman Services</b>	*				
<b>Other Services:</b>					
Public Education	1/5				

Nutrition (Title III C Funded)	Warren				
<b>Congregate Meals</b>	142/3313				
<b>Home Delivered Meals</b>	174/7192				
<b>Carry Out Meals</b>	111/2033				

Highest Level Evidence Based Disease Prevention Health Promotion Programs (Title III D Funded)	Warren				
<b>Walk with Ease</b>	1/5				

Family Caregiver Support (Title III E Funded)	Warren				
<b>Information and Assistance</b>	25/25				
<b>Assessments</b>	5/5				
<b>Care Coordination</b>	1/3				
<b>Support Groups</b>	1/5				
<b>Assisted Transportation</b>	2/5				
<b>Family Caregiver Legal</b>	1/2				
<b>Information Services</b>	2/7				
<b>Respite Care</b>					
In-Home Respite	3/536				

Non- OAA Funded Programs	Warren				
<b>Medicare Improvements for Patients and Providers Act (Medicare Assistance)</b>	2/2				
<b>Benefits Enrollment Center Assistance</b>	***				
<b>Senior Medicare Patrol*****</b>	*****				
<b>Retired Senior Volunteer Program</b>					
<b>GWEP</b>	****				
<b>SHL</b>					

\*Ombudsman service units are only collected at the PSA level. 2,256 were reached by visits in FY2024

\*\*Applied for grant in September 2024, award announcements will be made January 2025.

\*\*\*This is PSA wide, unable to accurately collect numbers

\*\*\*\*Elements of Age Friendly Communities, creating flyers for nutrition education

\*\*\*\*\*Care Connection is the ACL Missouri SMP grantee. The program reached 67,985 people in SFY 2024 through education and outreach.

## Organizational Development and Operational Enhancements

In recent years, NEMO AAA has prioritized strengthening its internal infrastructure by filling key leadership and staff positions, including hiring a director and other critical personnel. This effort has been instrumental in stabilizing the organization and addressing internal concerns. However, during this period of organizational rebuilding, data collection and quality assurance efforts were limited to information captured through the agency’s existing database. This database tracks the total number of distinct clients, service units provided, and annual client surveys.

To gather client feedback, NEMO AAA distributes surveys to contractors each spring for each service offered. Contractors are responsible for distributing these surveys directly to their clients, as this method has proven more effective than mailing surveys from the agency. Once completed, surveys are returned to NEMO AAA for tabulation and review. In SFY 2024, the agency received 378 completed surveys, including 204 for congregate services and 122 for home-delivered meals (HDMs). These surveys provide valuable insights into client experiences, including participation length, the number of meals received weekly, and overall satisfaction with the services provided.



In SFY 2026, NEMO AAA will implement a standardized intake process for all services. This new process will include the addition of service codes designed to capture greater detail about the services provided. These enhancements will allow the agency to collect more comprehensive data, ensuring that priority populations are effectively served, particularly when waiting lists are utilized.

### Role of the Advisory Council

The NEMO AAA Advisory Council plays a vital role in the agency's operations and planning. Comprising primarily individuals aged 60 and older, along with a few members under 60 who are actively engaged in businesses or organizations serving the aging population, the council provides essential feedback and guidance.

Moving into SFY 2026, the agency will rely more heavily on the Advisory Council to ensure alignment with its mission and goals. The council meets quarterly to discuss trends, identify service gaps, and share knowledge about available programs and

resources. These meetings also include public hearings and opportunities to gather community input. Minutes from Advisory Council meetings are available upon written request to the council chairman via email at [ncenter1@monroecitync.com](mailto:ncenter1@monroecitync.com).

### **Addressing Concerns and Grievances**

NEMO AAA is committed to fostering a productive work environment for both staff and external partners. To address issues and concerns, the agency follows a clearly defined grievance process outlined in the NEMO AAA Policies and Procedures Manual. This manual is reviewed and provided to staff at least annually.

For internal concerns, staff members are encouraged to communicate directly with agency management. External complaints or grievances are addressed through written and verbal communication, in-person meetings, and by providing a copy of the agency's policies and procedures. If a matter cannot be resolved at the agency level, a formal written request may be submitted to the chairman of the NEMO AAA Board of Directors via email to [info@nemoaaa.com](mailto:info@nemoaaa.com) or [andyjack@marktwain.com](mailto:andyjack@marktwain.com).

### **Governance and Policy Development**

The NEMO AAA Board of Directors meets monthly, except in December, and adheres to Robert's Rules of Order and the Missouri Sunshine Law. Meeting agendas are publicly posted at least 24 hours in advance, with any executive session topics noted under an exception notice. Executive session discussions are limited to specific topics as outlined in the agenda.

Per the Policies and Procedures Manual, requests for meeting minutes must be formally submitted in writing to the agency's Custodian of Records or executive director to [info@nemoaaa.com](mailto:info@nemoaaa.com). The agency reviews and updates its policies and procedures annually, making amendments as needed. Policy changes are drafted by the executive director, reviewed by the board, and voted upon. By-laws are overseen by the Governance Committee, which submits revisions to the board for approval.

### **Transparency and Accessibility**

By the close of SFY 2026, NEMO AAA plans to enhance transparency by making its Policies and Procedures Manual, approved open meeting minutes, tax filings, and single audit reports available on the agency's website. This step reflects the agency's commitment to accountability and accessibility for its stakeholders.

Through these measures, NEMO AAA continues to build a stronger foundation, improve its processes, and serve the needs of older adults across its PSA effectively and efficiently.

**Goals, Objectives, Strategies, and Activities**

NEMO aligns its goals and objectives to the Missouri State Plan on Aging and are highlighted under the corresponding state plan goals.

<p><b>Goal: All Missourians can age safely, in a way that promotes health and dignity, in the setting of their choice.</b></p>	
<p><b>Outcome 1: Increase the number of Missourians who can safely choose to age in place</b></p>	
<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to increase access to assistive technology for older Missourians.</b></p>	<p>1.1: By September 2024, DHSS will arrange a presentation from MoAT for the ten AAAs. The presentation will include resources available for older adults.</p> <p>1.2: By September 2025, each AAA will have a referral process to help participants obtain assistive technology from MoAT.</p> <p>1.3: By September 2026, each AAA will provide at least three instances of community education about home modification and assistive technology services available in its PSA.</p>
<p><b>AAA Objective: By September 2027, the NEMO AAA will implement specific strategies to increase access to assistive technology for older Missourians in its PSA.</b></p>	<p><b>AAA Strategy:</b>                  By September 2025, The NEMO AAA will receive training on assistive technology services offered by Missouri Assistive Technology (MoAT) for all staff.  <i>(Completed)</i></p> <p>By December 2025, NEMO AAA will identify resources in the PSA that offer assistive technology and add these resources to the agencies resource manual and website.</p> <p>By June 2026, NEMO AAA will establish a referral process to help participants obtain assistive technology from MoAT and other providers in NEMO AAA’s PSA</p>
<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to decrease the impact of falls on older Missourians.</b></p>	<p>1.4: By September 2025, DHSS will arrange a presentation from Missouri LTSS for the ten AAAs. The presentation will focus on the connection between falls</p>



	<p>and TBI. The presentation will also provide information for regional service coordinators who can screen for fall related TBI.</p> <p>1.5: By September 2025, each AAA will offer at least one evidence-based fall prevention program in its PSA.</p> <p>1.6: By September 2026, each AAA will compile a list of local resources available in its PSA for home modifications.</p> <p>1.7: By September 2027, DHSS will arrange a presentation from an ACL grant recipient related to fall prevention for the ten AAAs.</p>
<p><b>AAA Objective: By September 2027, the NEMO AAA will implement specific strategies to decrease the impact of falls on older Missourians in its PSA.</b></p>	<p><b>AAA Strategy:</b>  By July 1, 2025, the NEMO AAA will screen, at a minimum, 50% of congregate and home delivered meal recipients in the PSA for fall risks through a standardized intake.</p> <p>By July 1, 2025, NEMO AAA will provide information and education about evidence-based fall prevention program available in the community, in collaboration, with Saint Louis University.</p> <p>By September 2025, NEMO AAA will offer at least one evidence-based fall prevention program in its PSA.</p>
<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to decrease the impact of chronic diseases and disabilities on older Missourians.</b></p>	<p>1.8: By September 2027, DHSS will arrange a presentation from an ACL grant recipient related to chronic disease self-management for the ten AAAs.</p> <p>1.9: By September 2025, each AAA will have a referral process for community-based organizations and the Bureau of HIV, STD, and Hepatitis in DHSS to better serve older adults living with HIV/AIDS.</p>

	<p>1.10: By September 2026, DHSS will provide training to the ten AAAs about three evidence-based disease prevention and health promotion programs that have demonstrated efficacy in populations living with HIV/AIDS.</p>
<p><b>AAA Objective: By September 2027, the NEMO AAA will implement specific strategies to decrease the impact of chronic diseases and disabilities on older Missourians in its PSA.</b></p>	<p><b>AAA Strategy:</b>          By September 2025, the NEMO AAA will arrange for a presentation from the Geriatric Workforce Enhancement Program (GWEP) grant to staff, in-home provider agency staff, and community-based partners related to chronic disease self-management.</p> <p>By June 2026, the NEMO AAA will develop a referral process for older adults living with HIV/AIDS seeking information and/resources within the PSA.</p> <p>By September 2026, NEMO AAA staff will attend at least one presentation about evidence-based disease prevention and health promotion programs in populations living with HIV/AIDS.</p>

<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to improve home and community-based services for older Missourians and adults with disabilities.</b></p>	<p>1.11: By September 2024, DSDS will fully implement a new Nursing Facility Level of Care eligibility model for HCBS to ensure access to care for Missourians most in need of HCBS in the least restrictive community setting for as long as safely possible.</p> <p>1.12: By September 2025, HCBS will develop an online learning management system to allow for quality and timely training of new provider reassessors.</p> <p>1.13: By September 2025, HCBS will develop a value-based payment-enhanced training model that ensures the</p>
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	direct care workforce has the skills and knowledge needed to support better health outcomes for participants.
<b>AAA Objective: By September 30, 2027, the NEMO AAA will implement specific strategies to improve home and community-based services for older Missourians and adults with disabilities in its PSA.</b>	<p><b>AAA Strategy:</b> By September 2025, the NEMO AAA will identify older adults and adults with disabilities at risk for institutionalization through standardized intake for a minimum of 50 percent of congregate, home delivered meal, and in-home and respite participants.</p> <p>Data collected through the standardized intake will be entered into Cumulus.</p>

<b>Outcome 2: Improve services and supports to caregivers</b>	
<b>By September 30, 2027, the State of Missouri will implement specific strategies to increase education about caregiving.</b>	<p>2.1: By September 2024, DHSS and the ten AAAs will work with Alzheimer's Association and other partners to disseminate information for family caregivers to assist with early identification and access to services and supports (NSSFC Goal 1).</p> <p>2.2: By September 2025, each AAA will have a policy to provide dementia training (such as Dementia Friends certification) to all AAA staff who directly interact with service recipients within the employee's first year of employment (NSSFC Goal 2).</p> <p>2.3: By September 2025, DHSS will provide the ten AAAs with resources available through the National Technical Assistance Center on Grandfamilies and Kinship Families (NSSFC Goal 5).</p>
<b>AAA Objective: By September 2027, the NEMO AAA will implement specific strategies to increase education about caregiving.</b>	<p><b>AAA Strategy:</b> By September 2025, the NEMO AAA will develop a policy to provide yearly dementia training to all AAA staff and contractors, who directly interact with service recipients and /or their family members, in collaboration with the GWEP partners.</p>

	<p>By September 2025, at least one NEMO AAA staff will attend or review a presentation on assistance for grandfamilies and kinship families.</p> <p>By July 2026, NEMO AAA will have at least one blog about caregiving on its website and one blog specifically addressing grandfamilies and kinship families.</p>
<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to increase the quality and quantity of caregiver services available in Missouri, including services to kinship caregiver families.</b></p>	<p>2.4: By September 2024, DHSS will provide training to the ten AAAs about at least three evidence-based family caregiver support programs that are effective across the country (NSSFC Goals 5).</p> <p>2.5: By September 2024, DHSS will apply for the Building Our Largest Dementia (BOLD) Public Health Programs to Address Alzheimer’s Diseases and Related Dementias grant (NSSFC Goal 3 and 4).</p> <p>2.6: By September 2026, each AAA will increase caregiving service units by 5%. Increase will be from caregiving service units provided in FFY2024 (NSSFC Goal 3).</p>
<p><b>AAA Objective: By September 2027, the NEMO AAA will implement specific strategies to increase the quality of caregiver services available in its PSA including services to kinship families.</b></p>	<p><b>AAA Strategy:</b></p> <p>By June 2025, NEMO AAA will have attended or reviewed training about three caregiver support programs offered by DHSS.</p> <p>By December 2025, NEMO AAA will identify two evidence-based family caregiver programs and receive training in one.</p> <p>By June 2026, NEMO AAA will have identified community-based partners who provide services and/or education for grandfamilies and/or kinship families and</p>

	add these resources to the resource manual which is available on the NEMO AAA website.
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**Outcome 3: Improve access to services and programs**

<b>By September 30, 2027, the State of Missouri will implement specific strategies to provide programs and services through additional platforms.</b>	<p>3.1: By September 2025, each AAA will offer at least one program that participants can access from their homes (via mail, online, or telephone). This will be a program started on or after October 1, 2023, or an existing program that was not previously available from participants' homes.</p> <p>3.2: By September 2025, each AAA will offer I&amp;A through at least one additional platform beyond telephone and walk-ins.</p>
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<p><b>AAA Objective: By September 2027, the NEMO AAA will implement specific strategies to provide programs and services through additional platforms.</b></p> <p>Website data as of July 2024:</p> <ul style="list-style-type: none"> <li>• 564 total website visits</li> <li>• 462 unique, website visitors</li> <li>• 396 website visitors were new for the first time</li> <li>• 335 engaged sessions (a session that lasted longer than 10 seconds)</li> </ul>	<p><b>AAA Strategy:</b></p> <p>By June 2025, the NEMO AAA will increase website traffic for Information and Referral Assistance by 25 percent. Additionally, a new chat feature will be added to the website.</p> <p>NEMO AAA will work to increase social media visibility and access to information by 25 percent by utilizing analytics to drive users to and from the NEMO AAA website and its social media platform, Facebook.</p> <p>By June 2025, NEMO AAA will connect with local communities to identify and begin participating in regular community resource coalitions within the PSA.</p> <p>By December 2025, NEMO AAA will identify at least one new information fair and/or expo to attend and promote NEMO AAA programs and activities in its PSA. Previous health fairs have included Hannibal and Warren Counties.</p>
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<b>By September 30, 2027, the State of Missouri will implement specific strategies to increase awareness of</b>	3.3: By September 2024, DHSS will arrange a presentation by Missouri Inclusive Housing for the ten AAAs. This presentation will focus on expiring low-
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<p><b>programs and services available in Missouri.</b></p>	<p>income housing tax credits and affordable housing options available in Missouri.</p> <p>3.4: By September 2025, each AAA will provide at least three instances of community education about transportation resources in its PSA.</p> <p>3.5: By September 2025, each AAA will ensure that it has I&amp;A resources that include information related to dental services, denture repair and replacement, vision testing and eyeglasses, hearing testing and hearing aids, affordable housing, and financial assistance with bills.</p>
<p><b>AAA Objective: By September 30, 2027, NEMO AAA will implement specific strategies to increase awareness of programs and services available in its PSA.</b></p>	<p><b>AAA Strategy:</b> By September 2024, NEMO AAA staff will attend or view a presentation by Missouri Inclusive Housing offered by DHSS. (Completed)</p> <p>By June 2025, NEMO AAA will create a regular newsletter highlighting the services and programs offered in its PSA and disseminate electronically to community partners and contractors.</p> <p>By September 2026, NEMO AAA will appear on at least one local radio programs to share information about programs and services available in the PSA.</p> <p>By September 2026, NEMO AAA will provide a presentation to two community-based programs and/or civic organizations within the PSA. One presentation must be done in outside Adair County.</p>
<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to improve the quality of follow-up to participant needs.</b></p>	<p>3.6: By September 2026, each AAA will have a procedure outlining how it determines which interventions and service referrals require follow-up.</p>

	<p>3.7: By September 2026, each AAA will have a procedure outlining which critical assessment indicators from the standardized intake form will trigger an automated internal referral.</p> <p>3.8: By September 2027, each AAA will have an automated internal referral process for designated critical assessment indicators from the standardized intake form.</p>
<p><b>AAA Objective: By September 30, 2027, the NEMO AAA will implement specific strategies to improve the quality of follow-up to participant needs.</b></p>	<p><b>AAA Strategy:</b> By December 2025, the NEMO AAA will utilize an online standardized assessment tool for use with all referrals and follow-ups.</p> <p>NEMO AAA will develop written procedures and policies regarding follow-up contacts and the documentation of actions taken on behalf of NEMO AAA.</p>
<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to improve mobility management in Missouri.</b></p>	<p>3.9: By September 2024, DHSS will provide training and resources to the ten AAAs regarding transportation options.</p> <p>3.10: By September 2025, DHSS will arrange a presentation by MO Rides for the ten AAAs. This presentation will focus on mobility management in Missouri.</p> <p>3.11: By September 2026, DHSS will arrange a presentation by Missouri Rural Health Association (MRHA) for the ten AAAs. This presentation will focus on the mobility management curriculum available through MRHA.</p> <p>3.12: By September 2027, DHSS will oversee a transportation group to address the transportation needs of older adults in Missouri. The ten AAAs will be invited to participate in this group.</p>

<p><b>AAA Objective: By September 30, 2027, the State of Missouri will implement specific strategies to improve mobility management within its PSA.</b></p>	<p><b>AAA Strategy:</b>          By June 2025, the NEMO AAA will participate in a transportation council for Lincoln County while continuing to participate in a regional transportation coalition.</p> <p>By September 2027, at least one NEMO AAA staff member will participate in the DHSS transportation group to address the transportation needs of older adults in Missouri.</p>
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**Outcome 4: Improve nutritional health**

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



<p><b>malnutrition in participants in OAA nutrition programs.</b></p>	<p>50% of congregate participants through the intake process.</p> <p>By September 2026, NEMO AAA will provide an infographic with simple and affordable ways to improve or reduce risk to address risks associated with weight loss and poor nutrition.</p> <p>By September 2026, the NEMO AAA staff will attend a learning session about dental resources in Missouri to help older adults to be better able to consume a healthy diet.</p>
<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to respond to cultural considerations and preferences of participants more effectively.</b></p>	<p>4.5: By September 2024, the ten AAAs will have a written policy addressing adjusting meals for cultural considerations and preferences.</p> <p>4.6: By September 2026, each AAA will be providing culturally appropriate meals at least once per month in at least one location in its PSA.</p> <p>4.7: By September 2027, each AAA will provide at least three instances of public information about culturally appropriate meals offered in its PSA.</p>
<p><b>AAA Objective: By September 2027, the NEMO AAA will implement specific strategies to respond to cultural considerations and preferences of participants more effectively.</b></p>	<p><b>AAA Strategy:</b></p> <p>By September 2026, the NEMO AAA nutrition contractors will provide culturally appropriate meals at least once per month in at least one location in its PSA.</p> <p>By September 2026, the NEMO AAA will identify a registered dietician to assist with providing culturally appropriate menu options and recipes for nutrition contractors in its PSA.</p> <p>By September 2027, the NEMO AAA will monitor compliance of this deliverable through annual monitoring.</p>

**Outcome 5: Improve financial security**

<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to inform service providers about programs available to assist older adults seeking employment.</b></p>	<p>5.1: By September 2025, DHSS will arrange a presentation from SCSEP for the ten AAAs. The presentation will include how to refer participants to SCSEP.</p> <p>5.2: By September 2026, DHSS will arrange a presentation from Missouri's American Job Centers for the ten AAAs. The presentation will focus on programs available to help older adults who want to work.</p> <p>5.3: By September 2027, DHSS will arrange a presentation from Missouri Vocational Rehabilitation for the ten AAAs. The presentation will include how to refer participants to Vocational Rehabilitation.</p>
<p><b>AAA Objective: By September 30, 2027, the NEMO AAA will implement specific strategies to inform service providers about programs available to assist older adults seeking employment in its PSA.</b></p>	<p><b>AAA Strategy:</b> By September 2025, the NEMO AAA will make available staff member/s to attend a presentation about the SCSEP program offered by the DHSS. (Complete)</p> <p>By September 2026, the NEMO AAA will have met with local representatives from the Job Center and Vocational Rehabilitation to learn about program eligibility and how to refer older adults interested in seeking employment in its PSA.</p>
<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to prepare, publish, and disseminate educational materials dealing with older individuals' health and economic welfare.</b></p>	<p>5.4: By September 2024, DHSS will publish and disseminate at least one educational video dealing with financial planning for older adults.</p> <p>5.5: By September 2025, each AAA will provide at least three instances of public education about resources to improve the economic welfare of older adults.</p>
<p><b>AAA Objective: By September 30, 2027, the NEMO AAA implement specific strategies to identify and disseminate educational materials</b></p>	<p><b>AAA Strategy:</b> By September 2025, the NEMO AAA will identify at least one training for all staff and volunteers to increase knowledge</p>

<p>dealing with older individuals' health and economic welfare.</p>	<p>and develop skills related to benefit eligibility.</p> <p>By December 2025, the NEMO AAA will identify one new partner within the community and health care setting, in its PSA, to provide information regarding program benefits and eligibility criteria for older adults.</p> <p>By September 2026, the NEMO AAA will work with Legal Services of Eastern Missouri to identify materials, at a minimum of one educational video addressing financial planning including durable power of attorney.</p>
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**Outcome 6: Increase services to those with the greatest social need**

<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to more effectively assess the needs of older adults with the greatest social need.</b></p>	<p>6.1: By September 2025, each AAA will ensure that its needs assessment tools include data about Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaska Native older individuals, and older lesbian, gay, bisexual, and transgender (LGBT) persons.</p> <p>6.2: By September 2025, DHSS will conduct a statewide needs assessment of older adults, adults with disabilities, and caregivers. This assessment will include data about Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaska Native older individuals, and older lesbian, gay, bisexual, and transgender (LGBT) persons.</p>
<p><b>AAA Objective: By September 30, 2027, the NEMO AAA will implement specific strategies to more effectively assess the needs of older adults with the greatest social need.</b></p>	<p><b>AAA Strategy:</b> By September 2025, the NEMO AAA will begin using a standardized assessment tool to gather information to better identify adults with the greatest social need. The standardized assessment tool will permit NEMO AAA the opportunity to conduct</p>

	<p>more in-depth assessments when prompted. The standardized assessment will collect data about age, race, ethnicity, gender, rural, disability, income, caregiver status, and more.</p> <p>By September 2026, the NEMO AAA will collaborate with its contractors to conduct a needs assessment in its PSA. The needs assessment tool will include questions about age, race, ethnicity, gender, rural, disability, income, caregiver status, and more.</p>
<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to increase services to OAA priority populations.</b></p>	<p>6.3: By April 2025, DHSS will provide each AAA with baseline data to show the percent of services provided to OAA priority populations in FFY2024.</p> <p>6.4: By April 2026, each AAA will have increased services provided to at least one OAA priority population by at least 5%.</p> <p>6.5: By April 2027, each AAA will have increased services provided to at least one additional priority population by at least 5%.</p>
<p><b>AAA Objective: By September 30, 2027, the NEMO AAA will implement specific strategies to increase services to OAA priority populations in its PSA.</b></p>	<p><b>AAA Strategy:</b> By September 2025, the NEMO AAA will work with its Board of Directors, Advisory Council, and contractors to develop a plan to increase services to OAA priority populations.</p> <p>By April 2026, the NEMO AAA will increase service delivery to at least one OAA priority population by at least 5%.</p> <p>By April 2026, the NEMO AAA will increase services provided to at least one additional priority population by at least 5%.</p>
<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to educate providers about serving LGBT older adults.</b></p>	<p>6.6: By September 2024, DHSS will arrange training for the ten AAAs about how to gather LGBT demographic information.</p>

	<p>6.7: By September 2026, at least one staff member from each AAA will participate in at least two Missouri LGBT Older Adult Alliance statewide meetings annually during FFY2024, FFY2025, and FFY2026.</p>
<p><b>AAA Objective: By September 30, 2027, the NEMO AAA will implement specific strategies to educate providers about serving LGBT older adults.</b></p>	<p><b>AAA Strategy:</b>  By September 2025, the NEMO AAA staff and its contractors will be provided training on how to gather LGBT demographic information.</p> <p>By September 2026, at least one staff member from NEMO AAA will participate in a minimum of two Missouri LGBT Older Adult Alliance statewide meetings in FFY 2025 and FFY 2026.</p>
<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to increase outreach to older adults with the greatest social need.</b></p>	<p>6.8: By September 2025, the ten AAAs will create and share a list of public education and outreach tools that can be used to reach older adults with the greatest social need, including Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaska Native older individuals, and older lesbian, gay, bisexual, and transgender (LGBT) persons.</p> <p>6.9: By September 2027, each AAA will engage in at least three public education events that target older adults with the greatest social need.</p>
<p><b>AAA Objective: By September 30, 2027, the NEMO AAA will implement specific strategies to increase outreach to older adults with the greatest social need.</b></p>	<p><b>AAA Strategy:</b>  By September 2025, the NEMO AAA will create and share a list of public education and outreach tools that can be used to reach older adults with the greatest social need as defined by the OAA and the DHSS.</p> <p>By September 2027, the NEMO AAA will engage in at least three public education events that target older adults with the greatest social need.</p>

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<b>Outcome 7: Improve response to and prevention of abuse, neglect and exploitation in the community and long-term care facilities</b>	
<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to prevent, detect, assess, intervene, and investigate elder abuse, neglect, and financial exploitation.</b></p>	<p>7.1: By September 2024, APS will develop publicly accessible data dashboards allowing stakeholders and the general public to access statistical information on the prevalence of Adult Abuse, Neglect, and Exploitation in Missouri.</p> <p>7.2: By September 2025, APS will develop a Quality Assurance program to include performance evaluation and data analysis of all APS functions resulting in improved services &amp; outcomes to APS clients as well as improved consistency in the delivery of APS services across Missouri.</p> <p>7.3: By September 2026, APS will contract with an outside agency to complete an overall evaluation of its APS Program to identify areas of needed improvement. This evaluation will generate recommendations for improving or changing specific components or processes within the APS program.</p> <p>7.4: By September 2027, APS will complete an analysis of available intervention data as well as solicit feedback from stakeholders to identify areas of resource strength, areas of resource deficiency, and areas of greatest need.</p> <p>7.5: By September 2028, APS will use the information from 7.4 to pursue strategies to increase resources in areas lacking such resources.</p>

<p><b>AAA Objective: The NEMO AAA will provide educational information to the general public and with health care providers, faculty, and students to improve the response to adult abuse, neglect and exploitation of older adults.</b></p>	<p><b>AAA Strategy:</b>          By September 2026, all NEMO AAA staff and its nutrition contractors will receive on how to identify and report concerns of abuse, neglect, and financial exploitation.</p> <p>By September 2027, the NEMO AAA will identify two new partners in its PSA where adult protective services (APS) information can be shared and/or disseminated.</p> <p>By September 2027, the NEMO AAA will make available updated information and data about APS on its website.</p>
<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to increase the use of MDTs to more effectively address abuse, neglect, and exploitation of vulnerable persons in Missouri.</b></p>	<p>7.6: By September 2025, the DSDS will support and develop at least 30 MDTs in Missouri to more effectively address the abuse, neglect, and exploitation of vulnerable persons in Missouri.</p> <p>7.7: By September 2026, each AAA will participate in at least one MDT meeting for an MDT providing services in its PSA unless an MDT is not established in its PSA.</p>
<p><b>AAA Objective: By September 30, 2027, the NEMO AAA will participate in an MDT meeting for an MDT providing services in its PSA.</b></p>	<p><b>AAA Strategy:</b>          By September 2026, the NEMO AAA will identify one MTD in its PSA and participate in at least one meeting in its PSA. If no MDT exist in the NEMO AAA PSA, staff may participate in an MDT meeting outside its PSA.</p>
<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to advocate for the rights of those residing in long-term care facilities.</b></p>	<p>7.8: By September 2025, the LTCOP will conduct at least three educational sessions for Missouri legislators to learn about the Ombudsman Program.</p> <p>7.9: By September 2026, the LTCOP will engage in at least three systems advocacy activities to help improve long-term care.</p>



	7.10: By September 2027, the LTCOP will recruit and train at least 40 ombudsman volunteers.
<b>AAA Objective: By September 2027, the NEMO AAA will implement strategies to improve the awareness and knowledge of resident’s rights in long-term care facilities.</b>	<p><b>AAA Strategy:</b> By December 2025, NEMO AAA will work with the Public Administrators in its PSA to provide education about the rights of residents in long-term care and the Ombudsman Program.</p> <p>By December 2025, NEMO AAA will work collaboratively with Voyce to disseminate information resident’s rights in long-term care and the Ombudsman Program.</p> <p>By December 2025, NEMO AAA will disseminate information about volunteering for the Ombudsman Program within its PSA.</p>

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



<p><b>and community about frameworks to improve mental well-being.</b></p>	<p>By September 2026, the NEMO AAA will work with other communities and organizations to provide public education about programs that support mental well-being in the PSA with at least one opportunity to experience the arts.</p>
<p><b>By September 30, 2027, Missouri AAAs will implement specific strategies to increase participant-directed and person-centered services</b></p>	<p>8.4: By September 2026, each AAA will offer at least one participant-directed service.</p> <p>8.5: By September 2027, each AAA will provide at least three instances of public education about events, programs, or services in its PSA that support cultural experiences, activities, or services, including the arts.</p>
<p><b>AAA Objective: By September 2027, the NEMO AAA will implement strategies to increase participant-directed and person-centered services in its PSA.</b></p>	<p><b>AAA Strategy:</b> By September 2027, the NEMO AAA will implement strategies to increase interest and/or participation in participant-directed services and person-centered services in its PSA.</p> <p>By September 2024, the NEMO AAA will make available a Request for Proposal (RFP) to Consumer Directed Service providers for OAA consumers.</p>
<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to increase education and interventions related to social isolation.</b></p>	<p>8.6: By September 2024, DHSS will provide training and resources about the prevention, detection, and response to negative health effects associated with social isolation to the ten AAAs.</p> <p>8.7: By September 2025, each AAA will provide at least three instances of community education about the prevention, detection, and response to negative health effects associated with social isolation.</p> <p>8.8: By September 2026, each AAA will offer a program or service that addresses social isolation. This will be a program or service started on or after October 1, 2023, or an existing program offered in a new location or format.</p>

	<p>8.9: By September 2027, each AAA will provide at least three instances of public information about programs and services it offers to address social isolation. At least one instance will engage at least one priority population.</p>
<p><b>AAA Objective: By September 2027, the NEMO AAA will implement strategies to identify social isolation and loneliness and make available evidence-based programming in one county in its PSA.</b></p>	<p><b>AAA Strategy:</b>  September 2026, the NEMO AAA will administer the ALONE scale with three different groups with an emphasis on one priority population. A total of 30 assessments will be completed.</p> <p>By September 2026, the NEMO AAA will collaborate with other communities and organizations within its PSA to provide public education about programs that support mental well-being with at least one opportunity to experience the arts.</p> <p>By December 2026, the NEMO AAA will make available at least one evidence-based program to address and improve social isolation and/or loneliness.</p>

<p><b>Outcome 9: Improve preparedness for future emergencies</b></p>	
<p><b>By September 30, 2027, the State of Missouri will implement specific strategies to improve emergency preparedness across the aging network.</b></p>	<p>9.1: By September 2024, each AAA will review the emergency secession plans in its COOP and update them as needed.</p> <p>9.2: By September 2026, each AAA will provide at least three instances of public education about emergency preparedness.</p> <p>9.3: By September 2027, each AAA will provide information about vaccines and vaccine-preventable diseases as part of at least one health promotion program.</p>

<p><b>AAA Objective: By September 2027, the NEMO AAA will have specific strategies to improve emergency preparedness in its PSA.</b></p>	<p><b>AAA Strategy:</b> The NEMO AAA will annually review and update, as needed, the emergency succession plans in its COOP.</p> <p>By September 2025, the NEMO AAA will provide safety and emergency preparedness training to all staff and document said trainings on an annual training log.</p>
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## ***Long Range Planning***

NEMO AAA recognizes the critical need for proactive planning to address the evolving needs of older adults in its predominantly rural planning and service area (PSA). With a growing population of individuals over the age of 60 and increasing cultural diversity, the agency is committed to ensuring the region's aging network is equipped to meet the challenges of the next decade.

### **Addressing Demographic Changes**

The aging population in the PSA is expanding at a pace above the national average, necessitating a heightened focus on Family Caregiver services and other essential supports. In SFY 2026, NEMO AAA will implement initiatives to provide meaningful resources for caregivers, including caregiver support programming accessible statewide and beyond. Currently, all caregiver referrals are directed to the Hospice of Northeast Missouri, which offers a free, monthly online program.

Building on this foundation, NEMO AAA plans to train staff in the evidence-based "Powerful Tools for Caregivers" program, alongside Cognitive Stimulation Therapy (CST) for individuals with mild to moderate dementia. These programs will be offered concurrently, providing caregivers an opportunity to connect with and learn from their peers while fostering engagement for individuals with dementia. Hosting these programs at nutrition centers or the agency's new wellness center will also present an opportunity to provide nutritious meals.

### **Policy and Resource Development**

To support effective program implementation, NEMO AAA has revised its personnel and fiscal policies, as well as its policies and procedures manual, ensuring compliance with the latest Older Americans Act (OAA) Final Rule changes. These revisions emphasize the importance of clearly defining priority populations and the requirements for administering OAA programs, fostering greater understanding among staff and contractors alike.

The agency's adoption of a standardized intake form will enhance data collection across all AAAs, enabling the identification of service gaps and underserved priority populations. This new system represents a pivotal step toward better targeting resources and improving service delivery.

### **Transportation and Housing Initiatives**

Transportation and affordable housing remain critical issues within the PSA. NEMO AAA staff actively participate in local transportation coalitions and collaborate with community, governmental, and civic organizations to address these challenges. The agency leverages its Advisory Council to identify and share innovative programs and strategies for improving transportation options and housing availability throughout the region.

### **Workforce and Capacity Building**

NEMO AAA faces ongoing workforce challenges due to its small staff size, which underscores the need for creative solutions to expand capacity. The agency aims to leverage employment assistance programs to attract and retain staff, ensuring sufficient manpower to record, analyze, and act on data, as well as to plan, train, and implement essential programs and services.

### **Recommendations for Service and Resource Development**

To meet the needs of older adults and caregivers effectively, NEMO AAA recommends focusing on the following areas:

- **Transportation Services:** Improve reliability and expand options through partnerships and innovative programs.
- **Nutrition Services:** Enhance accessibility and integrate nutritious meals into community programming.
- **Information and Referral Services:** Strengthen resources for connecting individuals with critical services. Implement a standardized intake to refine referrals and enhance coordinated to services.
- **Affordable Housing:** Collaborate with local organizations to address shortages including local governments and Rural Development offices within NEMO AAA's PSA.
- **Medical and Mental Health Facilities:** Support the development of facilities and programs that meet growing demand. Identify medical and mental health partners interested in collaborating and bring services into our communities and senior centers for greater access to care and improve mental and behavioral health.
- **Workforce Availability:** Use employment assistance programs to address worker shortages. NEMO AAA will look to utilizes volunteers from the Department of Mental Health to assist with light housekeeping and administrative tasks such as shredding.
- **Long-Term Care Systems:** Expand caregiver support and dementia-friendly programming. NEMO AAA staff and health professions students participating in the GWEP will receive dementia friendly training. NEMO AAA is working with hospital in Kirksville, MO to become an age-friendly health system and with the local Chamber of Commerce to introduce age-friendly communities' concepts and practices.
- **Emergency Preparedness:** Ensure readiness to address the unique needs of older adults during emergencies. NEMO AAA will identify emergency preparedness partners at the local and state level to heighten its knowledge and overall involvement in SFY 2026 and beyond.
- **Policy Changes and Legal Assistance:** Advocate for adjustments to better serve the aging population. NEMO AAA in collaboration with the other AAAs will work collective to implement like policies and procedures.
- **Multipurpose Senior Centers:** Develop centers that foster community engagement and service delivery. NEMO AAA recently completed a renovation project allowing for a newly remodeled multipurpose center in Kirksville, MO. Additionally, Schuyler County Council on Aging Board of Directors is the early stages of identify funds for the construction of a new multipurpose center to be

located in Lancaster, MO. Board members are working with Regional Planning and other community leaders to identify available funds as a new building site has been secured.

### **Planning for Sustainability**

NEMO AAA remains committed to ensuring the sustainability of its programs and services by analyzing demographic and economic challenges, reallocating resources as needed, and investing in data-driven decision-making. By actively engaging with the community, stakeholders, and the Advisory Council, the agency aims to build a resilient aging network that can adapt to the shifting needs of older adults over the next decade.

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

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

Northeast Missouri Area Agency on Aging  
2815 N. Baltimore  
Kirksville, MO 63501

Phone: 660-665-4682  
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e-mail address: [info@nemoaaa.com](mailto:info@nemoaaa.com)  
Internet address: [www.nemoaaa.org](http://www.nemoaaa.org)

Debbie Blessing, Executive Director

Counties Served: Adair, Clark, Knox, Lewis, Lincoln, Macon, Marion, Monroe, Montgomery, Pike, Ralls, Randolph, Schuyler, Scotland, Shelby, and Warren

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

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

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

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

Services (DHSS), and the US Department of Health and Human Services; 2) any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by DHSS shall be deemed incorporated into and become part of this agreement; and 3) funds awarded by DHSS may be terminated at any time for violations of any terms and requirements of this agreement.

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

Jan 23, 2025  
(Date)

Andy Jackson  
(Signature of Chair, AAA Board of Directors)

Jan 23, 2025  
(Date)

Debbie Blessing  
(Signature of Area Agency Director)

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

Jan 23, 2025  
(Date)

Diana Hendrix  
box SIGN 1RX6KLYW-46XZLRYQ  
(Signature of Chair, AAA Advisory Council)



## **Attachment B – Area Plan Assurances**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Functions (OAA Section 306 and 307)**

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

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

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

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

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

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

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

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

Outreach will have special emphasis on older individuals:

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

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

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

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

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

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

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

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

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

The area agency board shall be responsible for all actions of an AAA in its jurisdiction, including, but not limited to, the accountability for funds and compliance with federal and state laws and rules. Such responsibility shall include all geographic areas in which the AAA is designated to operate. Each area agency board shall:

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

(e) [Reserved]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Public Information (RSMo 610.023: Sunshine Law)**

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

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

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

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

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

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

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

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

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

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

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

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

### **Coordination with DHSS/APS Elder Abuse Prevention Services**

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

## **Coordination with Missouri Assistive Technology**

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

## **Coordination of Services for Older Relative Caregivers**

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

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

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

## **Publishing of AAA Contact Information and Accuracy of Information**

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

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

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

## **Area Volunteer Services Coordinator**

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

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

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

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

The AAA assures that it will:

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

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

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

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

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

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

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

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

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

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

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

### **AAA Contractual Provisions**

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Grievance Procedures (19 CSR 15-4.210)**

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

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

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

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

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

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

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

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

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

### **Senior Service Growth and Development Program Fund (RSMo 192.385)**

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

### **Internal Control Policy**

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

### **Data Collection**

The area agency on aging will collect data to determine—

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

### **Low Income Minority Older Adults**

The area agency on aging will—

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

**Responsibilities of service providers under State and area plans**

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

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

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

Jan 23, 2025  
(Date)

Debbie Blessing  
(Signature of Area Agency Director)

## **Attachment C – Information Requirements**

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

### **Section 305(a)(2)(E)**

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

**AAA Response:** The Northeast Missouri Area Agency on Aging (NEMO AAA) recognizes the importance of ensuring that services are provided with priority to older individuals who face the greatest economic and social need, particularly focusing on those who are low-income, including minority older adults, individuals with limited English proficiency, and those living in rural areas. To address these priorities effectively, an intake process has been established to collect demographic information from each individual when they first access services such as nutrition programs, in-home assistance, transportation, and legal services. In SFY 2026, NEMO AAA and the nine other AAA's will begin using a standardized intake process that will allow for more complete and comprehensive data to ensure that services are being provided first to the Older Americans Act priority populations.

### **Demographic Data Collection Process**

Upon initial contact with any NEMO AAA service, a thorough demographic intake process is conducted. This includes the collection of essential information such as age, race, ethnicity, gender orientation, English proficiency, rural or urban residence, and income level. The collected data also identifies the need for additional services, such as assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs), which helps to appropriately assign services to meet each individual's unique needs.

### **Ensuring Service Prioritization**

The demographic data collected plays a pivotal role in ensuring that the services are targeted towards those with the highest need. Using data from the Interstate Funding Formula (IFF) and population statistics from the Missouri Department of Health and Senior Services (DHSS) from the 2010 Census and population data between 2016-2020, NEMO AAA's Planning and Service Area (PSA) reveals that 63,490 individuals aged 60 and older live at or below the poverty level. This data helps to ensure that older individuals with the greatest economic need are prioritized.



Among these individuals, attention is paid to the specific needs of various groups, including racial and ethnic minorities, those with limited English proficiency, and older adults residing in rural areas:

- Using the IFF data for Missouri between 2016-2020 for Population 60 years and over for who poverty status is determined. The data provided for the NEMO AAA PSA estimates that there are 63,490 individuals over the age of 60 living at or below poverty level. The chart on page 4 highlights the demographic information and number of persons served in SFY 2024 in the NEMO's PSA.
- Data from the DHSS also indicates that approximately 80 individuals aged 60 and over in the PSA do not speak English well. Though this group remains a small minority within the service area, NEMO AAA makes certain that language support is available for those who need it, ensuring that individuals with limited English proficiency are not excluded from receiving services. What the data doesn't address is the impact for persons with are blind or have low vision, speech disability, or hearing impairment. NEMO AAA would more likely encounter a person experiencing a disability or impairment where staff and contractors would be more prepared to provide resources and services.
- Additionally, the 2010 Census data reveals that 69% of individuals aged 60 and over in the PSA reside in rural areas. As rural residents often face unique challenges in accessing services, NEMO AAA takes extra measures to ensure that transportation, in-home services, and other essential services are accessible to these individuals.

### **Proposed Methods for Carrying Out the Preference**

In order to fulfill the commitment to providing preference to individuals with the greatest need, NEMO AAA employs several methods:

1. **Prioritized Service Allocation:** Services will be allocated based on the economic need, prioritizing those at or below the poverty line. The intake process ensures that these individuals are flagged for priority access, particularly for services such as nutrition and in-home assistance, which are critical to supporting their well-being.
2. **Targeted Outreach and Awareness:** NEMO AAA will continue to engage in targeted outreach, ensuring that communities with high concentrations of low-income, minority, and rural individuals are aware of the services available to them. This includes collaborating with community organizations, local leaders, and cultural centers to better connect with underserved populations.
3. **Culturally Competent Services:** For older adults who are minorities or have limited English proficiency, services will be provided in a culturally sensitive manner. This includes ensuring bilingual staff or interpreters are available where necessary and offering culturally appropriate resources and materials.

4. **Increased Focus on Rural Access:** Recognizing the challenges that rural residents face, NEMO AAA will prioritize transportation services and home-based care for individuals residing in rural areas. Coordination with rural healthcare and community organizations will ensure that these residents receive the services they need.
5. **Data-Driven Adjustments:** Regular reviews of the demographic and service usage data, including updated IFF data, will help NEMO AAA track trends in service demand and adjust service offerings to ensure that the greatest economic and social needs continue to be met. This data-driven approach allows the agency to remain responsive to the evolving needs of the community.

By embedding these mechanisms into its planning and service delivery processes, NEMO AAA assures that services are allocated to those with the greatest need, with particular attention to low-income, minority, limited English proficient, and rural older adults. Through ongoing evaluation and targeted interventions, NEMO AAA strives to improve access to vital services, enhance well-being, and reduce disparities among vulnerable older populations.

### **Section 306(a)(17)**

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

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

**AAA Response:** Section 306(a)(17) of the OAA outlines the requirements for Area Agencies on Aging (AAAs) to coordinate activities and develop comprehensive long-range emergency preparedness plans with local and state emergency response agencies, relief organizations, governments, and other institutions responsible for disaster relief. The goal is to ensure the continuity of services and restoration of normal living conditions for older individuals during disasters.

To meet this requirement, AAAs must submit Regional Emergency Preparedness Plans to the State Unit on Aging (SUA) by April 1st each year. These plans should address the four key phases of disaster management: Mitigation, Preparedness, Response, and Recovery. The plans must ensure coordination across all relevant agencies and institutions to guarantee that older individuals receive necessary services during emergencies.

NEMO AAA uses a Continuity of Operations Plan (COOP), which is reviewed annually by its board of directors. Any necessary amendments to the COOP are made and approved by the board, ensuring that the organization can maintain its operations and support older individuals during emergencies. A copy of the COOP can be found by clicking this link [COOP SFY 26 Area Plan Version 12.24.docx](#).

### **Section 307(a)(10)**

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

**AAA Response:** NEMO AAA's response assures that the needs of older individuals in rural areas are prioritized, as 100% of the service area (PSA) is considered rural. The majority of individuals served are from these rural areas. NEMO AAA allocates funding based on the Intrastate Funding Formula (IFF) provided by the Department of Health and Senior Services (DHSS). Once the budget is established, funding allocation is determined through several methods, including a three-year comparison of services provided, emergency needs, and contractor performance. Notably, only one of NEMO AAA's 14 nutrition contractors have a waiting list.

### **Section 307(a)(14)**

The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

### **AAA Response:**

#### **Section 307(a)(14): Service Needs of Low-Income Minority Older Individuals**

In addressing the service needs of low-income minority older individuals, NEMO AAA notes that the population of minority older adults and those with limited English proficiency is small in its service area. Currently, only one of NEMO AAA's nutrition contractors has a waiting list, while the others are serving all interested participants. However, in-home service providers funded by the Older Americans Act (OAA) have experienced a decrease in funding, resulting in limited-service provision. The in-home service contractors maintain a waiting list based on demographic and functional need data (such as Activities of Daily Living and Instrumental Activities of Daily Living) gathered during the intake process.

### **3026(a)(18))**

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

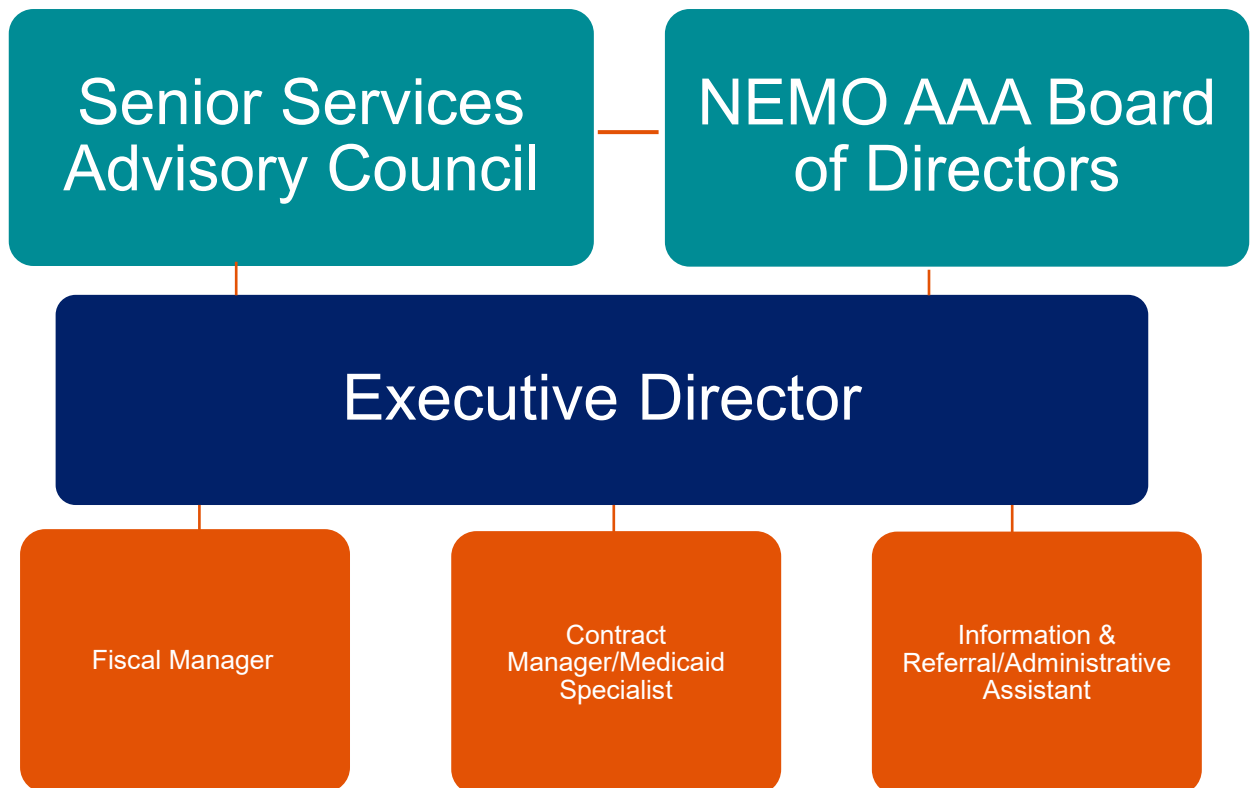
**AAA Response:** NEMO AAA coordinates transportation services for older individuals through a contract with OATS Transportation. All OATS vehicles are fully accessible to individuals with varying mobility levels, ensuring that older individuals, including those with special needs, are able to access transportation services within the PSA. This coordination is crucial for maintaining service access for older adults.

### Attachment D- Organizational Information

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

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

### NEMO AAA ORGANIZATIONAL CHART



### STAFFING POSITIONS AND DUTIES

Position	Time	Description of Responsibilities and Duties
Debbie Blessing, Executive Director	1.0	<p>The Executive Director is responsible for:</p> <ul style="list-style-type: none"> <li>• planning, organizing, and directing of the day-to-day operations of the agency and reports directly to the Board of Directors.</li> <li>• overseeing and reporting on the organization's productivity to the Board of Directors.</li> <li>• articulating the Agency's vision and mission to current and future stakeholders.</li> <li>• developing and implementing policies and procedures for employees, fiscal management, and outside contractors for program compliance.</li> <li>• hiring, retaining, training and supervising staff, reviewing timesheets for program compliance, providing technical assistance, and personal development opportunities.</li> <li>• coordinating and leading budget reviews, monthly and quarterly reviews, and period funding updates with managers and Board of Directors.</li> <li>• identifying new and alternative funding sources to meet or exceed the Agency's goals and objectives.</li> <li>• leading fundraising activities to funds are available to execute the budget.</li> <li>• developing and maintaining strong relationships in the community, peers, industry association, and the media.</li> </ul>
Kristin Borders, Fiscal Manager	1.0	<p>The Fiscal Managers is responsible for:</p> <ul style="list-style-type: none"> <li>• day-to-day fiscal operations of the agency.</li> <li>• reviewing and updating written fiscal policies and procedures governing expenditure of fund by the Agency and contracted service providers.</li> <li>• documenting, through assessment reports, that expenditures are made in accordance with provisions of 2 CFR 200 and 45 CFR 74.</li> <li>• preparing monthly service expenditure reports and quarterly reports to DHSS and other funding agencies by the required due date.</li> <li>• preparing the financial sections of the area plan and</li> </ul>

		<p>complete updates to the document as they occur.</p> <ul style="list-style-type: none"> <li>• updating and reviewing perpetual inventory on an annual basis.</li> <li>• collecting and preparing documents for the annual single audit and then address and resolve findings.</li> <li>• overseeing the filing of all city, state, and federal tax forms and appropriate tax remittance documents.</li> <li>• Communicating with outside accounting firm for routine review of accounting and accounting processes to assure compliance prior to submitting documents to the auditors.</li> <li>• Collaborating with the Contract Manager and Executive Director on contract requirements, program expenditures and allocations, and the Request for Proposal process.</li> <li>• Reconciling bank records on a monthly basis</li> <li>• Writing checks and preparing ACH payments monthly and as needed.</li> <li>• Preparing monthly fiscal reports for the Board of Directors.</li> </ul>
<p>Leigha Mayfield, Contract Manager/Medicaid Specialist</p>	<p>1.0</p>	<p>The Contract Manager/Medicaid Specialist is a hybrid position that is responsible for:</p> <ul style="list-style-type: none"> <li>• working directly with Agency contractors to provide program-specific technical assistance related to policies and procedures, data entry, and monthly service expenditure reports.</li> <li>• scheduling and conducting required monitoring, on an annual basis, all contractors to ensure program compliance.</li> <li>• conducting risk assessments for each contractor to determine the level of risk that ultimately impacts the degree of monitoring.</li> <li>• checking and entering data into the AgingIS system, Cyber Access, Missouri HealthNet.</li> <li>• maintaining confidential files for documents that contain protected health information.</li> <li>• preparing, submitting and reviewing monthly Missouri Medicaid submissions for home delivered meals</li> <li>• assisting with answering the phones and conducting information and assistance referrals, conducting Rapid Caregiver Well-Being screens, and maintaining a monthly log of all incoming calls and</li> </ul>

		<p>referrals.</p> <ul style="list-style-type: none"> <li>• Assisting in the planning and development of the annual service contracts.</li> <li>• Assisting in the development and completion of Area Plan documents and updates as needed</li> <li>• compiling data for program and grant reporting.</li> </ul>
<p>Kay Rowlison, Information Specialist/Administrative Coordinator</p>	<p>1.0</p>	<p>The Information Specialist/Administrative Coordinator is a hybrid position that is responsible for:</p> <ul style="list-style-type: none"> <li>• managing and routing of all incoming calls.</li> <li>• providing information and referrals assistance for those who call seeking information, tracking calls and referrals made, and providing follow-up as needed.</li> <li>• Maintain and updating the agency resource directory for the PSA.</li> <li>• entering data into AgingIS database, checking Cyber Access for care plan authorizations, and providing updated care plans to contractors.</li> <li>• Updating and distributing Quality of Service surveys on an annual basis to all OAA contractors.</li> <li>• researching and learning about community-based organization, programs, and resources available in the PSA to improve the referral process.</li> <li>• reviewing monthly expenditure reports for accuracy and providing the checked documents to the Contract Manager.</li> <li>• distributing incoming mail, filing, copying and scanning of documents, and completion of general office tasks as required.</li> </ul>



## ***Attachment E – Advisory Council Information***

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

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

The council shall include individuals and representatives of community organizations from or serving the planning and service area who will help to enhance the leadership role of the area agency in developing community-based systems of services targeting those in greatest economic need and greatest social need. The advisory council shall be made up of:

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

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

### **Describe your Advisory Council (AC) including the following:**

- Composition (including a chart);
- Meeting frequency;
- How members are selected, appointed, or elected;
- Terms of office;
- Explanation of how AC minutes may be obtained by the general public.

### **Furthermore, explain how the AC advises the AAA on:**

- Enhancing the leadership role of the AAA;
- Furthering the AAA's mission of developing and coordinating community-based systems of services for all older persons in the planning and service area;
- Matters relating to the development of the Area Plan;
- Administration of the Area Plan;
- Operations conducted under the Area Plan; and
- Conducting public hearings.

The Senior Service Advisory Council plays a critical role as a bridge between the community and the agency, ensuring that the needs and interests of older adults are represented. Its responsibilities include educating communities about available programs and services, recruiting volunteers, conducting public hearings, and providing feedback to enhance the delivery of services for older adults.

### **Composition**

The Advisory Council is structured to represent a diverse cross-section of stakeholders, including:

1. **Older Individuals:** More than 50% of council members must be older individuals, including minority participants or those eligible for programs under this part, with a focus on individuals in greatest economic and social need.
2. **Representatives of Older Individuals:** Members who directly represent the interests of older adults.
3. **Family Caregivers:** Including older relative caregivers.
4. **Health Care Provider Organizations:** Representatives from organizations, including providers of veterans' healthcare, where applicable.
5. **Service Providers:** This includes legal assistance, nutrition, evidence-based health promotion, caregiver support, long-term care ombudsman, and other service providers.
6. **Leaders in Private and Voluntary Sectors:** Individuals with leadership experience in these sectors.
7. **Local Elected Officials.**
8. **General Public.**
9. **Additional Representatives (As Available):** These may include representatives from Indian Tribes, Pueblos, or Tribal aging programs, as well as kin and grandparent caregivers of children or adults aged 18 to 59 with disabilities.

### **Selection and Terms of Office**

The NEMO AAA Board of Directors accepts Statement of Intent forms from interested individuals, including members of the Senior Service Council, each May. The Board votes on nominees during its June meeting. Once elected, members may serve consecutive two-year terms as long as they are re-selected by the Board of Directors. Officers are elected during the first meeting of the fiscal year and include a Chairman, Vice-Chairman, and Secretary. These officers serve three-year terms and may be re-elected for consecutive terms.

### **Meeting Frequency**

The Advisory Council meets during the months of March, June, September and November. Meetings are conducted following Roberts Rules of Order and in compliance with the Missouri Sunshine Law. Minutes from these meetings can be obtained by submitting a written request to the Advisory Council Chairman at [ncenter1@monroecitync.com](mailto:ncenter1@monroecitync.com) or by contacting NEMO AAA at [info@nemoaaa.com](mailto:info@nemoaaa.com).

### **Role in Advising the NEMO AAA**

The Advisory Council plays a vital role in advising the NEMO AAA Board of Directors and staff on key matters, including:

- Enhancing the leadership role of the NEMO AAA by assisting with organizing and recruiting for town hall meetings like those conducted for the Master Plan on Aging, supplementing NEMO AAA training with new contractors, and advising on policy and procedure updates.
- Advancing the agency's mission to develop and coordinate community-based systems of services for all older adults in the PSA. The Advisory Council members collectively have a tremendous amount of experience in working with older adults and their resource networks is extensive which allows for greater serviced coverage and reduces duplication.
- Providing input on the development, administration, and operations of the Area Plan by providing input and feedback on the proposed programs, but also regarding fiscal management. Advisory Council members also act in the role to advocate for not pursuing a program or service if they don't feel it serves their community's best interest.
- Reviewing and commenting on policies and procedures that impact the PSA. Member of the Advisory Council helped to organize and lead a provider-focused group that provides technical assistance to other providers and encourages development of policies and procedures that are shared and implemented throughout the PSA.
- Conducting public hearings as needed to gather input and share information. The Advisory Council members provide assistance with sharing information about public hearings, recruiting community members to participate in hearings, and distributing information through their social media and marketing tools.

Council members are also encouraged to attend NEMO AAA board meetings to stay informed about ongoing agency activities between quarterly Advisory Council meetings.

<b>Advisory Council Member Name</b>	<b>Start Date</b>	<b>Eligibility Criteria</b>	<b>Position on Council</b>	<b>County Represented</b>
Diana Hendrix	7/1/2015	Leader in aging network	Chairman	Ralls
Bridget Morton	7/1/2015	60+	Member	Adair
Travelle Whitaker	7/1/2015	60+	Vice-Chairman	Lewis
Diana Hatcher	7/20/2022	Leader in aging network	Secretary	Shelby
Genie Marberry	7/20/2022	60+	Member	Adair
Kelly Hardcastle	7/20/2022	Leader in aging network	Member	Lincoln
David Lomax	7/2020	60+	Member	Marion
Sheree Webb	2019	60+	Member	Macon

## ***Attachment F – Area Agency Board of Directors Information***

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

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### **Describe your Board of Directors including the following:**

- Composition (including a chart);
- Meeting frequency;
- How board members are selected, appointed, or elected;
- Terms of office;
- How long each officer has been in the position;
- Explanation of how Board minutes may be obtained by the general public.

### **Furthermore, explain how the Board of Directors advises the AAA on:**

- Enhancing the leadership role of the AAA;
- Furthering the AAA’s mission of developing and coordinating community-based systems of services for all older persons in the planning and service area;
- Administration of the Area Plan;
- Operations conducted under the Area Plan; and
- Accessing the Needs of eligible persons in the planning and service area;
- Designing solutions based on the needs assessments;
- Tracking success of the solutions developed; and
- Plan community responses for the present and future of the service area.

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The NEMO AAA Board of Directors stands as the cornerstone of the Agency, holding the ultimate authority and responsibility for its governance. Tasked with implementing and approving the Area Plan, the Board ensures that funding remains available to support a wide array of programs, activities, direct and community-based services, and all other requirements stipulated under OAA. This Area Plan serves as a strategic roadmap, guiding the Agency in its mission to serve the aging population of Missouri effectively.

Active and engaged within their respective communities and across the state, the

members of the NEMO AAA Board of Directors are passionate advocates for the interests and rights of aging Missourians. Their dedication is evident in their relentless efforts to provide citizens within the NEMO AAA PSA access to programs, services, and resources designed to enhance quality of life. By doing so, they make a tangible difference in the lives of those they serve. The Board's influence extends beyond local communities, with representatives actively participating in the Silver Haired Legislature (SHL), the Missouri Council on Aging, and the Missouri Budget Project, ensuring that the voices of older adults are heard at every level of government.

A testament to their strategic vision, the Board has successfully leveraged new funding streams to acquire land in Kirksville, where an existing building is currently undergoing renovation. This pivotal project will see the relocation of the Adair County senior center to the new NEMO AAA building at 2815 N. Baltimore upon completion. The renovated facility will not only house the nutrition center and NEMO AAA offices but will also feature a new wellness center. This addition will provide the Agency with the opportunity to offer regular health and wellness programs and activities to the Kirksville community. Consolidating the nutrition center and NEMO AAA offices under one roof is a strategic move aimed at reducing unnecessary travel for community members seeking nutrition services and resource information, thereby enhancing accessibility and convenience.

The structure of the NEMO AAA Board of Directors is designed to ensure comprehensive representation and effective governance. Comprising a minimum of nine members, the Board aims to include representatives from all counties within the PSA. Board members serve three-year terms, with the possibility of being re-elected for a second term, allowing for a maximum of six years of service. Leadership within the Board is maintained through elected officers, including a Chairman, Vice Chairman, Secretary, and Treasurer. Nominations for these officer positions take place during the June meeting, with elections held in July. Officers serve two-year terms and may be re-elected for one additional consecutive term. To maintain financial integrity, all board members who handle funds or sign checks are required to be bonded.

Prospective board members undergo a thorough selection process to ensure they are well-suited to serve. This process includes completing an application and meeting with the Board Chairman, either virtually or in person, to address any questions, concerns, and potential conflicts of interest. Following this initial meeting, candidates are invited to attend a board meeting to meet the existing board members and further assess their fit within the Board.

The NEMO AAA Board of Directors convenes monthly, excluding December, on the third Monday of each month. These meetings are open to the public, fostering

transparency and community involvement, except for certain agenda items that must be conducted in closed session in accordance with the law. The discussions during open meetings are driven by the ongoing activities outlined in the Area Plan, the necessity for policy and procedure revisions, and updates from service providers. The Board excels in identifying and addressing unmet needs, collaborating with numerous contractors to develop practical solutions while adhering to budgetary constraints. Their ability to navigate challenges and implement effective strategies underscores their commitment to enhancing the lives of aging Missourians through dedicated leadership and innovative governance.

Per the Policies and Procedures Manual, requests for meeting minutes must be formally submitted in writing to the agency’s Custodian of Records or executive director to [debbie@nemoaaa.com](mailto:debbie@nemoaaa.com).

<b>Board Member Name</b>	<b>Date Started on Board</b>	<b>Position on Board</b>	<b>Time in Current Position</b>	<b>Term</b>	<b>County</b>
Andrea “Andy” Jackson	March 27, 2022	Chairman	3 years	2nd	Adair
Linda Wallace	March 27, 2022	Vice-Chairman	3 years	2 <sup>nd</sup>	Shelby
Luke Rothweiler	March 27, 2022	Treasurer	3 years	2 <sup>nd</sup>	Marion
Peggy Hills	September 26, 2021	Secretary	4 years	2 <sup>nd</sup>	Schuyler
Kathy Lackey	April 2022	Member	3 years		Shelby
Patricia Miller	June 27, 2022	Member	2 years		Knox
Carol Ragar	April 2019	Member	6 years		Lewis
Carmen Schulze	February 2024	Member	7 months		Warren
Linda Ellis	April 2022	Member	3 years		Macon

## Attachment G – Data

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

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

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

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

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

### Addressing Priority Populations with Consistent Data and Targeted Strategies

To effectively describe and serve priority populations across Missouri, it is critical to maintain consistency in how data is gathered and used. Each year, Area Agencies on Aging (AAAs) will receive standardized data profiles from the Department of Health and Senior Services (DHSS). These profiles are integral to the development of the Intrastate Funding Formula (IFF) and provide a uniform foundation for describing populations statewide.

In line with this approach, AAAs must use the same data to identify and serve key populations within their Planning and Service Areas (PSAs). These include low-income minority older individuals, older adults with limited English proficiency (LEP), and rural older individuals. To meet these goals, AAAs are tasked with providing statistical data on current participants in programs targeting these groups, identifying barriers to service delivery, and outlining actionable strategies to overcome those barriers.

The **Older Americans Act (OAA)** reinforces this mission by requiring AAAs to designate a staff member responsible for ensuring that counseling and assistance are available to older individuals with limited English proficiency. This role also involves



guiding service providers to increase cultural sensitivity and accommodate linguistic and cultural differences effectively.

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### **NEMO AAA Demographics and Current Service Utilization**

The Northeast Missouri (NEMO) AAA serves a total population of 271,188 individuals, including 66,040 residents aged 60 and older. This age group represents 24.5% of the population within the PSA, a figure significantly higher than the national average. Within this demographic, 7,177 are identified as low-income minority older individuals, 38,036 live in rural areas, and 80 individuals are reported to have limited English proficiency.

In SFY 2024, NEMO AAA provided at least one service to 7,130 unduplicated individuals aged 60 and older—approximately 11% of the older adult population in the region. However, only 2% of these services reached individuals living at or below the poverty level, highlighting an area in need of improvement.

Key service statistics from SFY 2024 include:

- **Congregate Meals:** 118,873 meals served, including 696 meals for low-income minority individuals.
- **Home-Delivered Meals:** 290,481 meals served, with 15,899 (54.7%) provided to low-income minority individuals.
- **Transportation:** 22,826 one-way trips, of which 690 were provided to low-income minority individuals.
- Additional services included homemaker units, personal care, and respite care.

While these numbers illustrate the breadth of services offered, challenges remain in fully capturing and addressing the needs of OAA priority populations due to gaps in data collection and other barriers.

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### **Challenges in Service Provision**

NEMO AAA faces significant challenges in reaching priority populations. Rising costs, staffing shortages, and demographic realities all contribute to these difficulties:

1. **Rising Costs:**  
Food prices have surged nearly 30% since the COVID-19 pandemic, placing additional strain on nutrition centers and driving up the cost of home-delivered meals. These challenges are compounded in rural areas by long delivery routes, a lack of volunteer drivers, and increased mileage expenses.
  2. **Staffing Shortages:**  
Title III-B in-home service providers struggle to attract and retain staff due to low wages and limited benefits, further constraining service capacity.
  3. **Data Collection Gaps:**  
The current intake process does not consistently collect the demographic information needed to ensure equitable service delivery. This limits the ability to evaluate and target services effectively for OAA priority populations.
- 

### **Planned Strategies for Improvement**

NEMO AAA is implementing several strategies to address these challenges and enhance service delivery for its priority populations:

1. **Improved Data Collection**

NEMO AAA plans to introduce a standardized intake form to capture critical demographic and functional data. This will provide a clearer picture of who is being served and help identify areas for improvement.

**2. Enhanced Outreach and Partnerships**

Collaborations with organizations such as Centers for Independent Living will help expand access to in-home services, transportation, and consumer-directed programs. Additionally, NEMO AAA aims to strengthen community outreach to connect with individuals experiencing poverty, minorities, and LEP populations who may need services.

**3. Leveraging Assistive Technology**

By partnering with groups like Chariton Valley, NEMO AAA will incorporate technologies to support older adults and caregivers, such as medication reminders and overnight monitoring. Plans are underway to expand resource availability for assistive technology on the NEMO AAA website.

**4. Supporting LEP and Culturally Diverse Older Adults**

To better serve older individuals with limited English proficiency, NEMO AAA designates staff to ensure accessibility and inclusivity. This includes using tools like Google Translate, Language Link, and local university programs to bridge language gaps. The agency also assists participants by providing referrals to specialized resources, such as Rehabilitation for the Blind and MoAT.

**5. Advocacy and Policy Changes**

NEMO AAA is advocating for greater administrative flexibility to reallocate funds toward emerging needs, such as addressing staff shortages and supporting underserved populations. The agency also plans to learn from other AAAs to adopt best practices in service delivery.

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**Addressing Cultural Needs**

Recognizing the diverse life experiences of its participants, NEMO AAA and its contractors are committed to culturally sensitive service delivery. Nutrition centers offer varied menu options, including vegetarian dishes, low-sodium meals, and foods inspired by different cultural cuisines. These efforts ensure that services reflect the unique needs and preferences of older adults across the PSA.

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Through these initiatives, NEMO AAA aims to strengthen its support for OAA priority populations, reduce service gaps, and ensure equitable access to resources for all older adults within its PSA.

**Attachment H – NEMO AAA Senior Centers**

The table below highlights the services provided at each service location in NEMO’s PSA. Locations include senior centers, administrative offices and other locations where services are routinely carried out. Please include type of center in the second column. Types include MPC (multipurpose senior center), SAT (satellite), and OTHER. If a center is OTHER, please provide an explanation.

- Multipurpose senior center (M): A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental and behavioral health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.
- Satellite (S): a center that is “under” another center and only provides partial services such as only congregate meals and recreation.
- OTHER (O): A facility that does not meet one of the other definitions. Must provide explanation of what services the facility provides.

Senior Center Name	Type of Center (F, M, S, O)	County	Address	Phone Number	Days/Hours of Operation	Direct or Contracted Service (D/C)	Congregate Meals (C)/Home Delivered Meals (H) Carry Out (CO)	Bilingual Staff (Y/N)	Services Provided
NEMO Senior Citizens Services, Inc.	M	Adair	2815 N. Baltimore Ste. TBD Kirksville, MO 63501	660-665-9163	M-F 10:30a-1:30p	C	C,H,CO	N	Nutrition, Socialization, Health,
Clark County Council on Aging, Inc.	M	Clark	222 N. Lincoln Kahoka, MO 63445	660-727-2400	M-F 8:00a-4:00p	C	C,H,CO	N	Nutrition, Socialization, Health

<b>Knox County Council on Aging, Inc.</b>	<b>M</b>	<b>Knox</b>	<b>109 N. Main Edina, MO 63537</b>	<b>660-385-6411</b>	<b>M-F 7:30a-3:00p</b>	<b>C</b>	<b>C,H,CO</b>	<b>N</b>	<b>Nutrition, Socialization, Health</b>
<b>Heartland Resources, Inc.</b>	<b>M</b>	<b>Lewis</b>	<b>108 E. Main Ewing, MO 63440</b>	<b>573-209-3600</b>	<b>M/W/F 6:00a-12:30p</b>	<b>C</b>	<b>C,H,CO</b>	<b>N</b>	<b>Nutrition, Socialization, Health</b>
<b>Lincoln County Council on Aging, Inc.</b>	<b>M</b>	<b>Lincoln</b>	<b>1380 Boone St Troy, MO 63379</b>	<b>636-528-7000</b>	<b>M-F 8:00a-4:00p</b>	<b>C</b>	<b>C,H,CO</b>	<b>N</b>	<b>Nutrition, Socialization, Health</b>
<b>Senior Center of Macon, Inc.</b>	<b>M</b>	<b>Macon</b>	<b>1604 Maffry Bldg 200 Macon, MO 63552</b>	<b>660-385-6411</b>	<b>M, W-F 8:00a-4:00p</b>	<b>C</b>	<b>C,H,CO</b>	<b>N</b>	<b>Nutrition, Socialization, Recreational Opportunities, Health</b>
<b>Hannibal Area Council on Aging, Inc.</b>	<b>M</b>	<b>Marion</b>	<b>219 S. 10<sup>th</sup> St Hannibal, MO 63401</b>	<b>573-221-4488</b>	<b>M-F 8:00a-2:00p</b>	<b>C</b>	<b>C,H,CO</b>	<b>N</b>	<b>Nutrition, Socialization, Health</b>
<b>Montgomery County Council on Aging, Inc.</b>	<b>M</b>	<b>Montgomery</b>	<b>138 S. Allen Montgomery City, MO 63361</b>	<b>573-564-3224</b>	<b>M-F 6:00a-3:00p</b>	<b>C</b>	<b>C,H,CO</b>	<b>N</b>	<b>Nutrition, Socialization, Health</b>
<b>Monroe City Senior Nutrition Center, Inc.</b>	<b>M</b>	<b>Ralls</b>	<b>314 S. Main Monroe City, MO 63546</b>	<b>573-735-2131</b>	<b>M-F 8:00a-4:00p</b>	<b>C</b>	<b>C,H,CO</b>	<b>N</b>	<b>Nutrition, Socialization, Health, Recreation Opportunities, Benefits Counseling/Enrollment</b>

<b>Palmyra Nutrition Center</b>	<b>S</b>	<b>Marion</b>	<b>219 W. Ross Palmyra, MO 63461</b>	<b>573-769-3358</b>	<b>M-F 7:30a-2:00p</b>	<b>C</b>	<b>C,H,CO</b>	<b>N</b>	<b>Nutrition, Socialization, Health</b>
<b>Senior Americans Multipurpose Center, Inc.</b>	<b>M</b>	<b>Randolph</b>	<b>205 Farror Moberly Towers Moberly, MO 65270</b>	<b>660-263-5468</b>	<b>M-F 8:00a-3:00p</b>	<b>C</b>	<b>C,H,CO</b>	<b>N</b>	<b>Nutrition, Socialization, Health</b>
<b>Schuyler County Council on Aging, Inc.</b>	<b>M</b>	<b>Schuyler</b>	<b>P.O. Box 102 Lancaster, MO 63548</b>	<b>660-457-3066</b>	<b>M/W/F 7:00a-3:00p</b>	<b>C</b>	<b>C,H,CO</b>	<b>N</b>	<b>Nutrition, Socialization, Health</b>
<b>Scotland County Senior Center, Inc.</b>	<b>M</b>	<b>Scotland</b>	<b>301 W. Monroe Memphis, MO 63555</b>	<b>660-465-7011</b>	<b>M-F 8:00a-4:00p</b>	<b>C</b>	<b>C,H,CO</b>	<b>N</b>	<b>Nutrition, Socialization, Health</b>
<b>Shelby County Senior Citizens Association, Inc.</b>	<b>M</b>	<b>Shelby</b>	<b>112 E. Chestnut Shelbina, MO 63468</b>	<b>573-588-7669</b>	<b>M-Th 8:00a-3:30p Fri- 8:00a-2:00p</b>	<b>C</b>	<b>C,H,CO</b>	<b>N</b>	<b>Nutrition, Socialization, Health, Benefits Counseling/Enrollment</b>
<b>Warren County Council on Aging, Inc.</b>	<b>M</b>	<b>Warren</b>	<b>501 Ashland Ave. Warrenton, MO 63383</b>	<b>636-456-3379</b>	<b>M-F 8:00a-4:00p</b>	<b>C</b>	<b>C,H,CO</b>	<b>N</b>	<b>Nutrition, Socialization, Health</b>

## **Attachment I – Public Education Evaluation Report**

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

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

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

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

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### **OAA Section 306(a)(4)(B) Outreach Efforts by NEMO AAA**

In compliance with the Older Americans Act (OAA) Section 306(a)(4)(B), NEMO AAA utilizes comprehensive outreach efforts to identify and inform eligible older individuals about available assistance. These efforts specifically target several priority populations, including older individuals residing in rural areas, those with greatest economic or social needs, individuals with severe disabilities, those with limited English proficiency, and older adults with Alzheimer’s or related disorders. NEMO AAA also focuses on individuals at risk for institutional placement, family caregivers, and survivors of the Holocaust.

### **Key Outreach Efforts:**

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1. **New Website:**

In January 2024, NEMO AAA launched a newly designed website, [nemoaaa.org](http://nemoaaa.org) that clearly highlights the agency’s goals, mission, and the range of services offered. It includes educational resources for caregivers, a video library, blogs, and advocacy information. Users can contact NEMO AAA directly from the website via the contact sheet or the newly added chat feature; a simple and straight forward approach to accessing services and support.

The website also allows users to opportunity complete the Rapid Caregiver Well-Being Scale (R-CWBS), a brief validated assessment that captures the met and unmet needs of caregivers. The R-CWBS is unique in that it can highlight those areas that are going well allowing agency staff to capture the positives aspects of the caregiver’s efforts, which are often overlooked or missed by the many challenges associated with providing care.

**Public Presentations:**

NEMO AAA staff actively engage with the community through presentations to civic and community organizations throughout the PSA. These outreach efforts help raise awareness about the services available to older adults and caregivers, focusing on the priority populations that the agency is tasked with serving.

2. **Transportation Flyer for Adair County:**

In collaboration with a local content developer, NEMO AAA produced a transportation flyer for Adair County as part of an age-friendly community initiative. The flyer provides essential information about local transportation resources, costs, and scheduling that is easy to read and understand. It was distributed to local hospitals and healthcare providers, who have found it extremely valuable in assisting their patients. This outreach directly addresses the transportation needs of older adults in the community.



3. **Ongoing Community Education:**

As part of NEMO AAA's goals for SFY 2026, the agency plans to increase its community outreach efforts. These will include educational programs focused on assistive technology, evidence-based fall prevention strategies, and caregiver education, particularly for grand and kinship families.

NEMO AAA will need to identify and collaborate with partners who are committed to expanding caregiver programs to fully meet all four Family Caregiver requirements outlined in the OAA Final Rule. This will require creative and

flexible approaches when working with caregivers to ensure their diverse needs are effectively addressed.

**4. Meeting Family Caregiver Needs:**

Increasing available programs and services for caregivers is essential for NEMO AAA to be in compliance with the OAA Final Rule. Innovative collaboration with other community partners will be essential to develop, implement, and promote NEMO AAA will also continue its participation in transportation task groups to improve access to services.

**5. Brain Injury Program:**

NEMO AAA has recently begun participating in a new brain injury program. Staff participated in a focus group discussion about the Agency’s readiness to assess participants who have experienced a brain injury. This initiative adds another layer of outreach and education to reach individuals affected by brain injuries, enhancing the agency’s ability to meet the diverse needs of the population.

**Priority Populations and Ongoing Education:**

Throughout all outreach activities, NEMO AAA ensures that information and services are targeted to meet the specific needs of priority populations outlined by the OAA. These populations include older individuals with economic or social needs, individuals with disabilities, and caregivers. The outreach programs also emphasize raising awareness and providing information about services to caregivers and families, particularly those caring for individuals with Alzheimer’s disease and related conditions. Additionally, NEMO also provides information for individuals with LEP including referrals to the Rehabilitation for the Blind. In the near future, NEMO plans to offer hearing screenings and clinics once the new wellness center is open.

In summary, NEMO AAA’s outreach efforts are multifaceted, utilizing both online and in-person strategies to reach and serve eligible older individuals who may be at risk of institutionalization. These efforts are designed to inform individuals about available resources and ensure that those in need are aware of the services provided by the agency.

Population	FY2024 # Reached	Change from FY2023 (+/-)	% Difference between SFY2023 and SFY2024
<b>Unduplicated Persons</b>	<b>8074</b>	<b>8531</b>	<b>-7%</b>
<b>Units of Service</b>	<b>603725.70</b>	<b>614268.15</b>	<b>-2%</b>
<b>Older Rural Adults</b>	<b>5950</b>	<b>6408</b>	<b>-7%</b>
<b>Older Adults with GEN</b>	<b>*NCC</b>		
<b>Older Adults with GSN</b>	<b>*NCC</b>		
<b>Older Adults with Severe Disabilities</b>	<b>*NCC</b>		
<b>Older Adults with Limited English Proficiency</b>	<b>*NCC</b>		



<b>Older Adults with Alzheimer’s or related Dementias</b>	<b>*NCC</b>		
<b>Older Adults at Risk for Institutional Placement</b>	<b>*NCC</b>		
<b>Older Adult Survivors of the Holocaust</b>	<b>*NCC</b>		
<b>Caregivers age 18+ of Older Adults</b>	<b>*NCC</b>		
<b>Older Adult Caregivers of Children</b>	<b>*NCC</b>		
<b>Older Adult Caregivers of Adults with Disabilities</b>	<b>*NCC</b>		
<b>Caregivers of any age for persons with Alzheimer’s and Related Dementias</b>	<b>*NCC</b>		

\*Not Currently Collecting (NCC). Outreach activities conducted by NEMO AAA and its contractors are focused on reaching the priority populations identified under the OAA. However, the current database has limitations, as it does not support the generation of reports for specific demographic groups. Until SFY 2026, the database has only been able to track information for participants classified as rural, low income, low-income minority. Additionally, reports have been available for participants requiring assistance with three (3) or more Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), which serve as indicators of greatest social need.

To address these gaps, a new online standardized assessment is being developed and implemented. This assessment will enable all AAAs and their service contractors to collect and report the specific data required by the OAA. The new system will include mandatory fields that ensure comprehensive data collection, allowing for improved targeting of outreach efforts and enhanced service delivery to the priority population in the OAA.

## *Attachment J – Annual Information and Assistance Referral Report*

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

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### **Annual Information and Referral Report for NEMO AAA (February 2024)**

NEMO AAA plays a central role in providing information and assistance to older adults, adults with disabilities, family caregivers and friends, and other community-based organizations seeking resources. The agency addresses inquiries related to a wide range of services, including adult abuse, benefits counseling, chronic disease management, transportation, legal services, health insurance, and more. Referrals are made to a variety of agencies and service providers, both within and outside the region, to ensure the needs of individuals are met. These include nutrition providers, in-home services, health care services, transportation, and legal aid, among others. A full list of NEMO AAA's resources is available on NEMO's website under the Area Resources tab or by clicking [NEMO AAA Resource Guide](#).

#### **Follow-Up Efforts:**

- **Immediate Assistance:** When an individual's need is met during the initial contact, they are encouraged to reach out again if further assistance is needed.
- **Unmet Needs:** If the caller's need cannot be addressed immediately, NEMO AAA staff conduct additional research to find suitable resources. They follow up with the individual to provide updated information and assistance and document the additional information on the intake form.
- **Appointment Assistance:** In some cases, NEMO AAA helps individuals schedule online appointments, particularly for services like those with the Division of Family Support.

#### **Unmet Needs:**

Despite NEMO AAA's extensive network of referrals, several key areas remain unmet due to resource constraints:

1. **Medical Transportation:** Non-emergency Medicaid Transportation (NEMT) services face limitations, particularly for patients needing transportation after sedation, as many providers cannot accommodate this need. Other medical transportation needs that go unmet are those who are requiring travel outside of the NEMO AAA PSA. NEMO AAA receives a number of requests for medical transportation to providers in the St. Louis area. This requires a great deal of

coordination and planning due to limited availability. For example, a person living in Troy, MO who need to see a provider in St. Charles would have to work with multiple AAAs and transportation providers to see if there was an available route for the day the service is needed. Coordination is complex and rarely works in these situations. Another medical transportation challenge when a person is disabled and lives outside the city limits and needs to travel to a more urban area for medical care. Rides can be arranged, but the individual has to find transportation from their residence to a specified location in town.

2. **Housing:** A growing issue in urban areas is the lack of affordable housing, resulting in older adults facing homelessness. Rent increases exacerbate this problem, making housing unattainable for those who are on a fixed income or already living at or below poverty level.
3. **Home Modifications:** Many older adults require simple home modifications, but due to staffing limitations at local agencies like the Community Action Agency, these requests often go unfulfilled. Limited funding makes funding these projects very difficult. Currently, NEMO AAA does not offer any form of assistance with home modification. Although we would like to offer small home modifications it currently isn't possible with funding shortfalls.
4. **Caregiver Resources:** There is a significant shortage of respite care services, as agencies struggle with staffing and retention, making it difficult to meet the growing demand for such services in the region. NEMO AAA is working to identify partners within its communities who have an interest in providing respite services and programs. NEMO AAA currently refers inquiries for caregiver support groups to Hospice of Northeast Missouri for their monthly virtual caregiver support group.

#### **Documentation and Tracking:**

- **Information and Referral Forms:** All contacts are documented through an Information and Referral form, ensuring that data about each inquiry is collected and stored efficiently for follow-up. This helps in providing continuity of care and ensuring no calls go unanswered. In SFY 2026, the use of an online standardized intake process will allow NEMO AAA staff and its contractors the ability to gather necessary information and identify when referrals should be made for other services and programs.

This report provides a comprehensive view of how NEMO AAA addresses the needs of older adults and highlights areas where demand outstrips available resources, particularly in transportation, housing, home modification, and caregiver support.

## ***Attachment K – Description of Coordination with Required Partners***

The Older Americans Act requires the Area Agencies on Aging to coordinate with the State Agency responsible for mental and behavioral health services (OAA Section 306(a)(6)(F)) and agencies providing services for persons with disabilities (OAA Section 306(a)(5)).

### **Describe how the AAA coordinates with the Missouri Department of Mental Health to ensure individual mental and behavioral or disability service needs are met. Additionally, describe how the AAA coordinates with the Department of Health and Senior Services to ensure individual disability needs are met.**

The NEMO AAA staff routinely works to identify mental and behavioral health resources within its PSA for older adults and adults 18-59 living with a disability. When NEMO AAA staff receive an information and assistance referral for an individual in need of mental and/or behavioral health services one of our first calls is to the Department of Mental Health to make necessary referrals or obtain additional information. There are three Senate Bill 40 boards within NEMO's PSA that provide services for adults with developmental disabilities. We find that these boards and agencies are a valuable resource to their consumers. They are innovative when it comes to using assistive technology to create person-centered plans that allow for autonomy for the consumer and their caregiver. Not only do we make referrals to these boards, but we also glean new ideas and information about their approach to care that can be passed along to other staff.

From an agency point of view, one of the best ways to coordinate services with the Department of Mental Health is the offered training for the non-profits organizations that directly contract with NEMO AAA, specifically the nutrition center directors. In October 2024, all nutrition center directors received training on Question, Persuade, and Refer (QPR), a brief one-hour, evidence-based training that outlines three simple steps that anyone can learn and employ to help save a life from suicide. In SFY 2026, NEMO AAA will once again identify a mental or behavioral health topic to offer as training. The first and best defense to recognizing mental and behavioral health needs is for our contractors, who are on the front lines of service delivery, to feel confident in recognizing a participant's need for help. These trainings would not be possible if it were not for our mental health partners.

With proper documentation, individuals 18-59 with a disability can eat at no cost at local nutrition centers or receive home delivered meals in NEMO's PSA. This is just one service that is available to help meet the needs of those with a disability. These services are available because of the Senior Service Block Grant (SSBG) funds administered by the DHSS.

All fourteen (14) nutrition centers in the NEMO PSA are required to post education and/or referral information that is highly visible to consumers on the topic of mental and behavioral health services available in their local area. Some nutrition center directors coordinate with local mental health providers through grants and other programs to offer free counseling services in their local centers.

Centers for Independent Living (CIL) are another valuable resource and collaborative partner for NEMO AAA as we strive to provide the most comprehensive referrals possible. There are three CILs in our planning and service delivery area: Rural Advocates for Independent Living, North East Independent Living Services, and Delta that we coordinated services with or refer to. Additionally, when we are unsure of a resource, we will reach out to one our CIL partners to build our knowledge. The CIL is a great resource for learning more about technology options and connecting consumers to peer support services.

Other mental and behavioral health agencies that NEMO AAA cooperates with include:

- Mark Twain Behavioral Health
- Preferred Family
- Center for Human Services formerly Chariton Valley
- Bridgeway Behavioral Health
- Comprehensive Health Systems
- East Central Behavioral Health Services
- Compass Health

Other ways NEMO AAA works with DHSS is to make referrals for in-home programs such as assistance with personal care and/or homemaker services that aim to assist the consumer, family, or caregiver in remaining as independent as possible.

Other mental and behavior health resources that NEMO AAA plans to add in SFY 2026, includes conducting the ALONE screening to identify social isolation and loneliness and the Rapid Caregiver Well-Being Scale with our direct service and community-based programs.

Lastly, NEMO AAA is currently working with health professions students, primarily students of medicine, about the importance of regular screening for depression. Although this is part of the Medicare Annual Wellness visit, historically, there is a very low number of consumers who take advantage of this free resource. Providing learning opportunities to directly interact with older adults will provide a great experiential opportunity for these students to grow more comfortable in working with older adults, improve their communication skills and confidence when asking difficult questions.

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

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

NEMO AAA works closely with the DHSS to ensure that all staff, contractors, volunteers, and the general public are knowledgeable about identifying risk factors associated concerns of elder abuse, neglect, and exploitation (ANE) of older and caregivers within the PSA.

In October 2024, NEMO AAA mandated adult abuse and neglect training for all of its nutrition center contractors so they could go provide training to staff and volunteers. The training was conducted by the local Adult Protective Services (APS) supervisor. Moving forward into SFY 2026, training will once again be required for all contractors.

The DHSS provides NEMO AAA with a variety of print resources that are available on NEMO's website and to hand out when doing any public education. In SFY 2026, NEMO AAA will work to identify new opportunities within its PSA to educate the general public about NEMO AAA and its role in identifying and reporting concerns of adult abuse and neglect. Community events such as health fairs and public presentations give the general public an opportunity to ask questions or share concerns, in turn, giving NEMO AAA the opportunity to listen and encourage reporting when necessary.

NEMO AAA routinely generates online reports of abuse and neglect as part of its direct service program. Callers frequently are seeking information or a resource while sharing their story and/or concerns prompting NEMO staff the opportunity to inquire further to ensure that a report is necessary. Many times, calls originate from friends and family members who are living afar who become concerned about the welfare of the older adult and/or the caregiver and they are unsure what to do. Having the opportunity to speak with trained staff about the signs or symptoms of abuse and neglect can provide a sense of relief on what actions are needed.

NEMO AAA is fortunate to have the opportunity to work with health professions students on a regular basis and elder abuse training is a critical piece of training that is provided to all. In SFY 2026, the Agency would like to add two new specialties of health professions students that visit, shadow, volunteer, or complete an internship.

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

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

In SFY 2025, NEMO AAA staff attended an introductory training about the use and access of assistive technology as means to improving quality of life of those served through the direct service program. NEMO AAA staff have learned that many of our SB 40 organizations are well informed and more knowledgeable about assistive technology than we are. Working alongside the SB-40s and other agencies already providing assistive technology services will assist NEMO AAA in knowing what and where resources are available and how best to make referrals and then identify those areas where there are gaps. This information will be essential in developing and implementing a comprehensive, coordinated system of making referrals for those living in the community seeking long-term care supports and services.

In SFY 2026, NEMO AAA will familiarize staff in the best practices of working with participants with a disability or memory impairment and their families to flesh out their needs to identify resources available through Missouri Assistive Technology (MoAT) along with implementing procedures for making referrals. Additionally, NEMO AAA will provide information about MoAT on its website providing direct links to the agency and its services. Lastly, NEMO AAA will plan to send at least one staff to the MoAT Conference to learn more about the use of assistive technology and how a referral or use of assistive technology can enable and transform the life of a person living with disability or memory impairment.

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The OAA requires the AAA to facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

- (A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
- (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
  - (i) respond to the needs and preferences of older individuals and family caregivers;
  - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
  - (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
- (C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
- (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
  - (i) the need to plan in advance for long-term care; and
  - (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

**Describe how the AAA will meet this mandate for each item listed above.**

In SFY 2025, NEMO AAA applied for the Retired and Senior Volunteer Program (RSVP) grant funding and fully anticipates having Heartland RSVP services available at the new NEMO AAA campus. Having Heartland RSVP on site will greatly enhance the services provided to those who call or walk-in as the RSVP staff are able to initiate a variety of applications for benefits that can help an older adult remain independent. In addition to the RSVP program, NEMO AAA also has Benefit Enrollment Counseling (BEC) and Medicare Improvements for Patients and Providers (MIPPA) and the Senior Medicare Patrol (SMP). These programs provide funding for contractors to travel to all 16 counties in NEMO AAA's PSA to provide unbiased information and assistance for those interested in applying for benefits including Missouri Medicaid, Medicare Part D Low-Income Subsidy (LIS) Extra Help, Medicare Savings Programs (MSP) and Medicare Preventive Services, Supplemental Nutrition Assistance Program (SNAP), and Low-Income Home Energy Assistance Program. The SMP program helps Medicare beneficiaries identify and avoid health care error, fraud, and abuse. Each monthly, NEMO AAA's nutrition center directors and their staff provide a Fraud Fact to their congregate and home delivered meal participants while also providing information in their newsletters, website, and social media outlets.

NEMO AAA contracts with five in-home service providers for the provision of Title III-B services including homemaker, personal care, and family caregiver respite. In-home and respite services are available based on funding, but they can be the difference of a person being able to return home from a recent hospital or long-term care stay. In SFY 2024, the in-home contractors provided 14,873 units of homemaker services to 200 distinct clients, 1984 units of personal care to 38 distinct clients, and 5128 units of family caregiver respite to 53 distinct clients. The NEMO AAA board reviews a monthly report of units provided for all services provided either by NEMO AAA or its contractors. NEMO AAA staff maintains data for each contractor and service provided over a three-year period to flush out inconsistencies and trends.

The majority of clients that are served through the in-home programs are at risk of institutionalization and in need of assistance with ADLs and IADLs. There are a number of barriers that NEMO AAA and the in-home service providers wrestle with annually. One is funding, funding for these programs has not continued to grow with the demand, therefore many older adults and their family caregivers either do not receive an adequate number of hours of service or they receive no services at all.

The challenges of in-home care providers are numerous and multi-faceted including:

- Demands for services are higher due increasing aging population and more people choosing to stay in their home versus long-term care placement.
- Wages are low and benefits are limited or not offered due to costs.
- Physically and emotionally demanding job requirements include caring for chronically ill clients, lifting, driving between clients with no mileage reimbursement or pay between clients, and no time for meals or breaks.



Many families would like to provide the care for their loved ones which can be offered through the Consumer Directed Program (CDS). In SFY 2025, NEMO AAA reached out to some of the local CDS providers in appeal to encourage them to bid on service contracts. Although there was some interest most of the CDS provider managers stated that the available funds didn't warrant the time it would take to complete the Request for Proposal (RFP) documents and the time it would take to onboard families. We will continue to refine our RFP process that will be offered again in the spring of 2026 for SFY 2027.

NEMO also contracts with Voyce, a long-term care ombudsman program that provides advocates for people living in long-term care facilities. Voyce's staff or ombudsman help to teach people about the ins and outs of long-term care and work on their behalf and strive to resolve conflicts based on the resident's direction. They can also assist with educate and inform family members regarding resident's rights.

Currently, NEMO provides very few evidence-based classes, but the goal is to begin offering regular classes once the new campus is open and also identifying and collaborating with community partners such as the University of Missouri Extension to increase access to evidence-based programs not just in Kirksville, but have them available in all sixteen counties in NEMO's PSA. Increasing access to evidence-based programs is a great way to promote health, increase socialization, decrease loneliness, and prevent or reduce the risks associated with chronic health conditions including diabetes, hypertension, falls, and depression.

NEMO AAA staff provide educational information and presentations in the community to increase knowledge about the services and resources available through our agency. Recent presentations include speaking to local rotary and optimist groups, contractor board of directors, medical and health care facility administrators and staff, and health professions students including students of medicine.

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The OAA requires that case management services provided under this title through the area agency on aging will—

- (A) not duplicate case management services provided through other Federal and State programs;
- (B) be coordinated with services provided through other Federal and State programs; and
- (C) be provided by a public agency or a nonprofit private agency that—
  - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
  - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
  - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii).

As case management providers face great challenges with increasing demand and decreasing budgets, it is imperative that providers work together to reduce duplication of services. NEMO has spent the last year or better contacting our referral partners to learn more about the services they provide, populations they serve, and identify areas where there are similarities and where there are gaps. Additionally, NEMO has started attending resource groups that meet regularly. These meetings are informative and allow staff the opportunity to learn about new and changing programs and program requirements.

A new standardized intake will also assist NEMO and its contractors the opportunity to identify additional services that a participant may need or qualify for that isn't thought of when doing a paper intake. The new assessment form will also allow the contractor to search the participant to see if they are already receiving services from another provider in a different county to avoid duplication or over service such as serving meals HDMS through the OAA Title III-C2 program when they are Missouri Medicaid.

NEMO recognizes that clients have the right to choose providers and services as long as eligibility requirements are satisfied. Participants are provided with a listing of providers in their geographic area. Some OAA services provided in NEMO's PSA are sometimes limited to one provider especially when receiving in-home and respite services.

**Describe how the AAA will ensure that case management services provided by the AAA will meet the above requirements.**

NEMO AAA directly provides information and referral (I&R) assistance and this is where we have providing basic case management services or follow-up to those I&R inquiries. Many times, staff are calling back and checking in with participants who have called for information and services to inquire if services were met or unmet.

In SFY 2026, NEMO AAA will work to expand the number of follow up calls particularly for those caregiver related calls. As we work to build a caregiver program in the PSA, NEMO AAA will have to be conscientious of the amount of staff time dedicated to case management as we are a small entity with only four employees. Pulling in volunteers for this activity would be a tremendous resource for the agency and those it serves.

Adding evidence-based caregiver programs in SFY 2026 will also help build case management skills as we look to focus more on providing comprehensive caregiver services specifically at the new NEMO AAA campus in Kirksville.

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The OAA Final Rule requires the AAA establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs

described in section 203(b) within the planning and service area. This includes the following:

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

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

NEMO AAA has incorporated collaboration with partners identified in aforementioned programs into its policies and procedures as well as the Request for Proposal.

## **Attachment L – Fiscal**

### **Match**

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

### **AAA Response:**

NEMO AAA provides contractors with a bid sheet each spring, specifying a proposed budget and the required match for each service. Contractors submit monthly service render reports (MSRR) by the 8th day of the following month, detailing the number of service units, unduplicated clients, in-kind contributions, and program income. Quarterly reports are due 30 days after each quarter ends.

The AAA staff track contractor data and submit it on the Monthly Service Expenditure Report (MSER) by the 21st of the following month. Adjustments to units and expenditures are made as needed, and quarterly reports are also sent to DHSS. NEMO AAA and its contractors do not offer services that are means-tested.

### **Match Requirements for Specific Services:**

1. **Title III Parts B, C1, C2 (Supportive Services, Congregate and Home Delivered Meals):**
  - **15% match** required, with no more than 85% from federal funds.
  - 1/3 of the required match must come from state sources.
  - No match is needed for the Long-Term Care Ombudsman Program.
  - The match can be pooled between Parts B, C1, and C2.
2. **Title III and ARP Title III Part D (Disease Prevention and Health Promotion):**
  - No match required.
3. **Title III and ARP Title III Part E (Family Caregiver Support):**
  - **25% match** required.
  - Match can come from state or non-state sources and can include cash, grantee expenditures, or third-party in-kind contributions.
  - In-kind contributions must meet specific requirements for value determination, audit compliance, and be reasonable as per 2 CFR 200 Part 306.

### **Examples of Acceptable In-Kind Contributions:**

- Volunteer services (e.g., advisory councils, kitchen help, drivers).
- Donated time from employees not funded by federal dollars.
- Unpaid interns or fellows.
- Donated supplies, equipment, or food.
- Donated utilities or space.
- Non-federal transportation services.

### **Voluntary Contributions:**

- Can be used as match if they meet the definition of program income under 45 CFR 75.307.
- 

### **Fiscal Monitoring**

Describe how the AAA conducts quality assurance (fiscal monitoring) of the providers and the frequency of the reviews. The AAA should include how they review the provider's process for accounting for any donations. Provide details of how the AAA addresses issues of non-compliance discovered during the monitoring providers.

### **AAA Response:**

#### **Fiscal Monitoring Summary**

#### **Quality Assurance and Frequency of Reviews**

NEMO AAA conducts annual fiscal and programmatic monitoring of providers, with additional reviews as necessary. These reviews ensure compliance with the Older Americans Act (OAA) and other relevant regulations. Monitoring forms provided by the Department of Health and Senior Services (DHSS) standardize the evaluation process, though NEMO AAA may request supplemental information within reasonable limits.

#### **Accounting for Donations**

The Area Plan Assurances, provided during the Request for Proposal (RFP) process, outline expectations for handling contributions and other fiscal responsibilities. Contractors must adhere to these guidelines, which are reviewed during monitoring.

In SFY 2024, NEMO AAA contractors were provided training by the DHSS on the difference between a contribution or program income versus the definition of a donation which would include memorials and monetary donations from civic, profit, and non-profit organizations.

Contractors are routinely provided technical assistance when there is a question about whether funds are contributions or a donation.

#### **Risk Assessment and Non-Compliance**

As part of annual monitoring, a risk assessment is conducted to evaluate each contractor's performance and compliance. Contractors scoring 35 or higher are deemed high-risk and must submit a Corrective Action Plan (CAP) to address areas of non-compliance. Monthly and quarterly reports are cross-verified to identify inaccuracies or unusual trends.

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### **Allocation Methodology**

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

## AAA Response:

### Allocation Methodology

NEMO AAA allocates Federal, State, and other funding using a structured process:

1. **Administrative Budget Development:** Initial allocations are reviewed by the fiscal manager and executive director to set staffing costs and operational budgets. This process includes reviewing non-OAA funding available that can be used to reduce administrative funds.
2. **Evaluation of Contract Needs:** Performance data, service units delivered, and cost efficiency are analyzed to allocate funds to contractors effectively.
3. **Non-Contractual Expenses:** Allocations are based on program-specific expenses or proportional utilization across services.
4. **Staffing Costs:** Estimated based on job duties and program involvement.

The methodology is documented in NEMO AAA's Cost Allocation Plan for SFY 2026.

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## Budget Narrative

Explain the budget process and detail any significant changes expected. This should relate to the completed Proposed Budget Chart (**See Attachment M below** )

## AAA Response:

### Budget Process and Changes

#### Budget Development

NEMO AAA's budget process is continuous and adjusts annually based on trends, funding availability, and anticipated cost changes.

- **Staffing Adjustments:** Increased staffing is planned to support a new wellness center constructed in SFY 2025.
- **Facility Costs:** Transition to a larger building with a nutrition center and wellness center will result in higher utility and operational expenses.
- **Service Needs:** Analysis of service units, waiting lists, and cost efficiency drives adjustments in program funding. With the OAA Final Rule changes, NEMO AAA will be faced with adding programs and services that have not been offered traditionally. This is bound to increase spending due to training, time identifying partners and programming, and materials that may be required such as technology to offer virtual programs.

## Anticipated Changes in SFY 2026

1. **Wellness Center Operations:** Uncertain costs and revenue impact.
2. **Nutrition Services:** Expanded use of third-party meal providers like Mom's Meals to lower costs significantly.
3. **Contract Enhancements:** Introduction of a performance-based component in contracts to improve service quality and efficiency.

These strategic adjustments aim to address financial constraints and enhance service delivery.

**Attachment M - Proposed Budget for SFY2026**

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

Current Year Funding	Administration	Supportive Services	Ombudsman	Congregate Nutrition	Home-Delivered Nutrition	Disease Prevention Health Promotion	Family Caregiver	Special Programs	Unbudgeted	Set Aside for Next Year	Total
DHSS Allotment Funding	175,000	352,164	56,013	689,243	1,126,426	10,000	169,052	0	21,595	0	2,599,493
MEHTAP	0	144,000	0	0	0	0	0	0	0	0	144,000
Medicaid-HDM	0	0	0	0	865,000	0	0	0	0	0	865,000
Medicaid-Other	0	0	0	0	0	0	0	0	0	0	0
Program Income	0	35,000	0	475,000	545,000	0	8,000	0	0	0	1,063,000
Interest Income	10	415	50	225	1,080	0	120	0	0	0	1,900
Other-DHSS Match	0	0	0	0	0	0	0	0	0	0	0
Other-Non-DHSS Match	0	190,000	0	450,000	950,000	0	8,000	0	0	0	1,598,000

***Attachment N – Definitions and Approved Services for SFY2026***

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



## ***Attachment O – Public Comment***

### **Process used to obtain public views of eligible older adults and caregivers in the PSA.**

NEMO AAA will post the Area Plan on its website and Facebook page for 30 days for public comment. Comments can be made by emailing [info@nemoaaa.com](mailto:info@nemoaaa.com). At the close of the 30 days, NEMO AAA and its board of directors will review and take into consideration comments that were submitted.

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

### **Describe any modification of document based on comments.**

## Pre-Approved Direct Services Waiver

AAA Name: Northeast Missouri Area Agency on Aging

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

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

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

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

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

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

### Nutrition Education

## General Waiver Request

### Northeast Missouri Area Agency on Aging V.3 General Waiver Request

#### Heartland Resources/Lewis County

- A. Cite Regulation: 19 CSR 15-4.245(12)(C)(1)(2)
- B. Regulation Language: 1. Each senior center shall provide services to older adults at least five (5) days per week with sufficient hours to meet community needs; 2. Hot or other appropriate meals at least once a day, five (5) or more days a week

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

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

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

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

Each senior center shall provide services at least 5 days per week. Heartland Resources/Ewing Senior Center is open 3 days per week on Mondays, Wednesdays, and Fridays.

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

This senior center in our planning and service area does not have the budget nor the demand to be open 5 days per week. It is a very rural area. We want to encourage more gather of seniors, not less, and by allowing centers that are open fewer days, we are able to maintain a senior center in a community rather than close it altogether. Seniors eligible for home delivered meals receive meals to cover that day plus the next day they are closed to ensure their nutritional needs are being met. Seniors that are not eligible for home delivered meals can access a congregate meal at the next closest senior center.

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

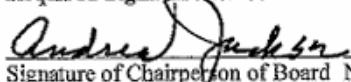
#### Waiver Period Requested

State Fiscal Year

Life of the Plan

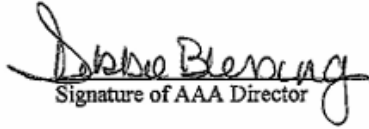
Other (Specify) \_\_\_\_\_

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

 \_\_\_\_\_  
Signature of Chairperson of Board Name of Chairperson of Board

6/24/24 \_\_\_\_\_  
Date

Northeast Missouri Area Agency on Aging  
V.3 General Waiver Request

  
Signature of AAA Director

Debbie Blessing  
Name of AAA Director

6/21/24  
Date

**Determination of State Unit on Aging:**

**Waiver Period Approved**

State Fiscal Year

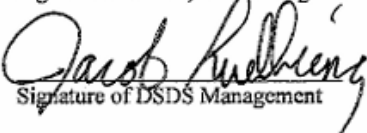
Life of the Plan

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

  
Signature of Chief, Senior Programs

Mindy Ulstad  
Bureau Chief, Senior Programs

7/15/24  
Date

  
Signature of DSOS Management

Jacob Kuehling  
DSOS Management

7/15/24  
Date

**Waiver Denied**

Waiver Denial Reason:

Northeast Missouri Area Agency on Aging  
V.3 General Waiver Request

**Macon County**

- A. Cite Regulation: 19 CSR 15-4.245(12)(C)(1)(2)
- B. Regulation Language: 1. Each senior center shall provide services to older adults at least five (5) days per week with sufficient hours to meet community needs; 2. Hot or other appropriate meals at least once a day, five (5) or more days a week

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

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

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

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

Each senior center shall provide services at least 5 days per week. Senior Center of Macon is open 4 days per week on Mondays, Wednesdays, Thursdays and Fridays.

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

This senior center in our planning and service area does not have the demand to be open Tuesdays. It is more of a cost for them to be open using utilities when they would continuously have less than 10 people come in the center for congregate meals. We want to encourage more gathering of seniors, not less, and by allowing centers that are open fewer days, we are able to maintain a senior center in a community rather than close it altogether. Seniors eligible for home delivered meals receive meals to cover Monday and Tuesday to ensure their nutritional needs are being met. Seniors that are not eligible for home delivered meals can access a congregate meal at the next closest senior center.

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

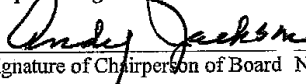
**Waiver Period Requested**

State Fiscal Year

Life of the Plan


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

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

 \_\_\_\_\_ 6/24/24 \_\_\_\_\_  
Signature of Chairperson of Board Name of Chairperson of Board Date

August 2023

Northeast Missouri Area Agency on Aging  
V.3 General Waiver Request

 \_\_\_\_\_  
Signature of AAA Director      Name of AAA Director      Date 6/21/24

**Determination of State Unit on Aging:**

**Waiver Period Approved**

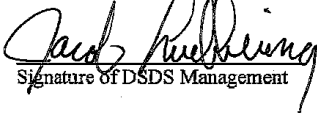
State Fiscal Year


Life of the Plan

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

 \_\_\_\_\_  
Signature of Chief, Senior Programs

 \_\_\_\_\_  
Bureau Chief, Senior Programs      Date 7/15/24

 \_\_\_\_\_  
Signature of DS/DS Management

 \_\_\_\_\_  
DS/DS Management      Date 7/15/24

**Waiver Denied**

Waiver Denial Reason:

August 2023

Northeast Missouri Area Agency on Aging  
V.3 General Waiver Request

**Schuyler County**

- A. Cite Regulation: 19 CSR 15-4.245(12)(C)(1)(2)
- B. Regulation Language: 1. Each senior center shall provide services to older adults at least five (5) days per week with sufficient hours to meet community needs; 2. Hot or other appropriate meals at least once a day, five (5) or more days a week

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

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

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

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

Each senior center shall provide services at least 5 days per week. Schuyler County Council on Aging is open 3 days per week on Mondays, Wednesdays, and Fridays.

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

This senior center in our planning and service area does not have the budget nor the demand to be open 5 days per week. It is a very rural area. We want to encourage more gather of seniors, not less, and by allowing centers that are open fewer days, we are able to maintain a senior center in a community rather than close it altogether. Seniors eligible for home delivered meals receive meals to cover that day plus the next day they are closed to ensure their nutritional needs are being met. Seniors that are not eligible for home delivered meals can access a congregate meal at the next closest senior center.

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


**Waiver Period Requested**

State Fiscal Year

Life of the Plan

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

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

 \_\_\_\_\_ 6/24/24 \_\_\_\_\_  
Signature of Chairperson of Board Name of Chairperson of Board Date

Northeast Missouri Area Agency on Aging  
V.3 General Waiver Request

  
Signature of AAA Director

Debbie Blessing  
Name of AAA Director

6/21/24  
Date

**Determination of State Unit on Aging:**

**Waiver Period Approved**

State Fiscal Year

Life of the Plan

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

  
Signature of Chief, Senior Programs

  
Bureau Chief, Senior Programs

7/15/24  
Date

  
Signature of DSDS Management

  
DSDS Management

7/15/24  
Date

**Waiver Denied**

Waiver Denial Reason:

August 2023



V.3 NEMO AAA  
~~X.5~~ General Waiver Request

- A. Cite Regulation: CSR 19 15-4.240(5)(B)  
B. Regulation Language:

(B) Any person aged sixty (60) years or over who is homebound by reason of illness, incapacitating disability, or is otherwise isolated shall be determined eligible for home delivered nutrition services. Occasional escorted trips from the home for medical or other necessary services will not affect the individual's eligibility for home-delivered meals. The following conditions shall be met:

1. The area agency on aging shall require an assessment of the individual's eligibility for home-delivered nutrition services prior to initiation of the service and assess the individual's need for continued service at least annually after that. In emergency situations, home-delivered meals may be delivered for a maximum of five (5) days prior to the initial assessment of eligibility; and
2. The area agency on aging shall develop written criteria by which to determine if the spouse and/or primary caregiver who resides in the home, regardless of their age or condition of the spouse, may receive a home delivered meal. The criteria developed shall assure that the receipt of the meal by the spouse and/or caregiver is in the best interest of the homebound older adult;

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

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

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

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

Nutrition/Carryout Meals.

- i. NEMO AAA provided carryout meals during the emergency declaration and continued in fiscal year 2024 with an approved waiver. NEMO AAA's and its nutrition contractors are requesting that system of serving carryout meals remain. Staff and volunteers gather client information to be entered in AgingIS, serve the prepared or frozen meals to individuals in their cars and collect contributions in a locked box separate from the congregate contributions to be counted later following the Code of State Regulations, then units are logged in AgingIS.

With the end of the Emergency Declaration, we are requesting a waiver to provide carryout meals as a daily service for centers identified below and as an emergency service for all partner centers in the NEMO AAA Planning and Service Area.

NEMO AAA  
**V.5 General Waiver Request**

Daily Service: Identified centers (noted below) will provide carryout meals as a daily service for eligible individuals.

Individuals are considered eligible for carryout if they

- Have difficulty walking
- Have a history of falling
- Have difficulty going up and down stairs
- Have mobility issues
- Have difficulty getting in and out of the car
- Are uncomfortable eating in a congregate setting (due to illness, disability, etc.)
- Healing from an injury or a surgery
- Are a spouse of an individual with any of the above
- The center is not easy to access/navigate (i.e. gravel lot, too far from the parking lot, too many stairs, uneven pavement, etc.)

As other issues arise, the NEMO AAA will review each situation and make a determination.

The Home Delivered Meal Prioritization Tool and the DETERMINE nutrition risk assessment will be completed annually for each client. Individuals with the highest scores will be prioritized. Assessments and scoring are attached.

Emergency Service: All centers will provide carryout meals in emergency situations.

Emergency situations include:

- Public health crisis
- Illness outbreak
- Natural disasters (tornado, fire, flood, etc.)
- Unexpected interruption to service (pipe bursts, limited or no utilities, boil orders)

As other issues arise, the management team will review each situation and make a determination.

NEMO AAA has oversight of these services. Meals are entered separately in AgingIS so it is clear that a meal is HDM or emergency. NEMO AAA conducts monitoring visits and observe the process of these services to ensure they are adhering to the CSRs and agency policies.

- ii. NEMO AAA is requesting this waiver for carryout meals in the 16-county Planning and Service Area as either a daily service or an emergency service.

Daily Service: Identified centers (noted below) will provide carryout meals as a daily service for individuals who qualify based on the criteria noted in 1.i.

NEMO AAA  
**V.5 General Waiver Request**

Emergency Service: All centers will provide carryout in emergency situations as noted in 1.i.

- a. Nemo Senior Citizens Services, Inc. (Adair County)
- b. Clark County Council on Aging, Inc.
- c. Knox County Council on Aging, Inc.
- d. Heartland Resources, Inc (Lewis County)
- e. Lincoln County Council on Aging
- f. Senior Center of Macon (Macon County)
- g. Hannibal Area Council on Aging, Inc. (Marion County)
- h. Senior Citizens Community Center, Inc (Monroe County)
- i. Montgomery County Council on Aging, Inc.
- j. Pike County Council on Aging, Inc.
- k. Monroe City Senior Nutrition Center, Inc. (Ralls County)
  - a. Palmyra Nutrition Center- Satellite of Monroe City Senior Nutrition
- l. Senior Americans Multipurpose Center (Randolph County)
- m. Schuyler County Council on Aging, Inc.
- n. Scotland County Senior Nutrition Center
- o. Shelby County Senior Citizens Association, Inc.
- p. Warren County Council on Aging, Inc.

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

Carryout meals ensure that NEMO AAA can serve more older adults in our PSA. If we are no longer able to offer carryout meals, it will impact the health and well-being of our most vulnerable clients. This service is most beneficial for individuals with mobility issues, or spouses with mobility issues or dementia. Carryout has also helped older adults who may still be able to physically come to the center for a congregate meal, however they are uncomfortable eating in the congregate setting. Also, the rate of grandparents assuming the caregiver role for grandchildren is increasing and it's not easy for grandparents to come into congregate regularly.

Also, there have been lasting physical and psychological impacts from the pandemic that have prevented some participants from returning to pre-pandemic participation. Businesses have changed how they provide services to adjust to the post-pandemic world. NEMO AAA is also committed to adjusting to ensure our clients are served. NEMO AAA's priority is to provide congregate and HDM meals, but just as we are looking at restaurant vouchers, a food truck, virtual centers, and other options, we believe this is an important option in our array of services to reach as many of the most vulnerable older adults in our PSA as possible.

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

**Waiver Period Requested**

NEMO AAA  
V.5 General Waiver Request

State Fiscal Year

Life of the Plan

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

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

Andrea Jackson      Andrea Jackson      7-23-24  
Signature of Chairperson of Board      Name of Chairperson of Board      Date

Debbie Blessing      Debbie Blessing      7-23-24  
Signature of AAA Director      Name of AAA Director      Date

**Determination of State Unit on Aging:**

**Waiver Period Approved**

State Fiscal Year

Life of the Plan

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

Mindy Ulstad  
Signature of Chief, Senior Programs

Mindy Ulstad      7/26/24  
Bureau Chief, Senior Programs      Date

Jacob Ruedding  
Signature of Director, DSDS

Jacob Ruedding      7/29/24  
Signature of DSDS Director      Date

**Waiver Denied**

Waiver Denial Reason:

Northeast Missouri Area Agency on Aging  
V.3 General Waiver Request

- A. Cite Regulation: 19 CSR 15- 19CSR 15- 4.170 (14)
- B. Regulation Language: The area agency shall submit monthly invoices for reimbursement of expenditures to the division within **twenty-one (21)** days after the close of each fiscal month on forms prescribed by the division.

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

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

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

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

**Administration:** Receiving and reconciling all information/documentation of services provided by the various subrecipients/vendors before the Monthly Service Expenditure Report (MSER) and monthly invoice is prepared and submitted to DHSS.

2. Describe why your proposed alternative is most applicable for the agency's situation. Provide supportive documentation that explains why this requirement cannot be met.  
NEMO AAA request to submit monthly invoices for reimbursement by the twenty-second (22) day of each fiscal month. Frequently, contractors do not submit required documentation to NEMO AAA in a timely fashion preventing NEMO AAA staff ample time to review, request corrections, and reconcile supporting documentation and submit to DHSS.

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

**Waiver Period Requested**

State Fiscal Year

Life of the Plan

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

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

Andrea Jackson      Andrea Jackson      7-26-24  
Signature of Chairperson of Board      Name of Chairperson of Board      Date

Donnie Blessing      Donnie Blessing      7-26-24  
Signature of AAA Director      Name of AAA Director      Date

August 2023

Northeast Missouri Area Agency on Aging  
V.3 General Waiver Request

**Determination of State Unit on Aging:**

**Waiver Period Approved**

State Fiscal Year

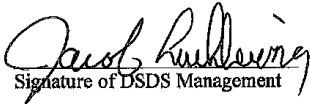
Life of the Plan

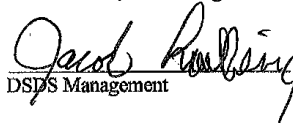
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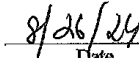
  
\_\_\_\_\_  
Signature of Chief, Senior Programs

  
\_\_\_\_\_  
Bureau Chief, Senior Programs

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of DSDS Management

  
\_\_\_\_\_  
DSDS Management

  
\_\_\_\_\_  
Date

**Waiver Denied**

Waiver Denial Reason:

August 2023



## Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 | Phone: 573-751-6400 | FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711



Paula F. Nickelson  
Director

Michael L. Parson  
Governor

### Waiver Request

NEMO AAA requests that the following CSRs be waived and amended in accordance with the following document until the Missouri SUA can update 19 CSR 4 to reflect the changes implemented in 45 CFR 1321 and 45 CFR 1324.

### Waivers of and Additions to the Missouri State Code of Regulations for Compliance with the Older Americans Act Final Rule

The State Unit on Aging (Division of Senior and Disability Services) must comply with the Older Americans Act (OAA) Final Rule (45 CFR 1321) by October 1, 2025. To ensure that the State Code of Regulations (19 CSR 15-4) complies with the OAA Final Rule, the SUA has reviewed all relevant regulations and determined that waiving or amending the following is necessary. The AAA shall follow the policies and procedures outlined in the Missouri SUA and AAA Policy and Procedures Manual, which comply with the OAA Final Rule. This waiver shall be in effect for SFY2025 and going forward until such time as the SUA informs the AAAs that the CSRs have been updated.

#### Summary of CSRs to be Waived or Amended

CSR Reference	Change	Action	Policy and Procedure Reference
19 CSR 15-4.010: Definition of Terms	<b>Added and Updated</b> definitions	See additional information below.	2.4 Program Definitions
19 CSR 15-4.070: Designation of Area Agencies on Aging	Waived	See updates in Missouri SUA and AAA Policies and Procedures.	1.1 Designation and Modification to Planning and Service Areas by the SUA
19 CSR 15-4.080: Withdrawal of Designation	Waived	See updates in Missouri SUA and AAA Policies and Procedures.	1.2 Withdrawal of Area Agency Designation
19 CSR 15-4.090: Appeal to the Assistant Secretary	Waived	See updates in Missouri SUA and AAA Policies and Procedures.	1.2 Withdrawal of Area Agency Designation
19 CSR 15-4.100: Area Agency on Aging Governing Body	<b>Additional Requirements</b>	See additional information below and updates in Missouri SUA and AAA Policies and Procedures.	1.11 AAA Board of Directors
19 CSR 15-4.105: Area Agency on Aging Election Procedures for Governing Body Membership	Portion waived	See the language that was removed below.	1.11 AAA Board of Directors
19 CSR 15-4.110: Area Agency on Aging Advisory Council	Waived	See additional information below and updates in Missouri SUA and AAA Policies and Procedures.	1.10 Advisory Council
19 CSR 15-4.140 Area Agency on Aging Plan	<b>Additional Requirements</b>	See additional information below and updates in	2.1 Area Plans

#### PROMOTING HEALTH AND SAFETY

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

		Missouri SUA and AAA Policies and Procedures.	
19 CSR 15-4.160: Review, Submission, and Approval of Area Agency on Aging Area Plans and Plan Amendments	Portion waived <b>Additional Requirements</b>	See the language that was removed below.	1.11 AAA Board of Directors and 2.1 Area Plans
19 CSR 15-4.170: Area Agency on Aging Fiscal Management	<b>Additional Requirements,</b>	See additional information below and updates in Missouri SUA and AAA Policies and Procedures.	Fiscal Related Administration 1.18-1.40
19 CSR 4.175: Funding for Establishment, Maintenance, Modernization, Acquisition, or Construction of Multipurpose Senior Centers	<b>updated language</b> and a portion waived	See additional information below and updates in Missouri SUA and AAA Policies and Procedures.	1.25 Buildings, alterations or renovations, maintenance, and e u i ment
19 CSR 4.180: Area Agency on Aging Advocacy Responsibility	Waived <b>Updated</b>	See updates in Missouri SUA and AAA Policies and Procedures.	2.8 Comprehensive and Coordinated Community-Based S stem
19 CSR 4.190: Area Agency on Aging Development of a Comprehensive and Coordinated SeNice Delivery S stem		See additional information below and updates in Missouri SUA and AAA Policies and Procedures.	2.8 Comprehensive and Coordinated Community-Based System
19 CSR 4.210 Area Agency on A in Grievance Procedures	Portion waived	Seelanguagethatwas removed below.	1.9 Grievance Procedures
19 CSR 4.220: Area Agency on Aging Technical Assistance, Monitoring, and Evaluation Res onsibilities	<b>Added Language</b>	See additional information below.	1.39 AAA Oversight and Monitoring of Contracted Service Providers
19 CSR 4.230: Multipurpose Senior Center	<b>Additional Requirements</b>	See additional information below.	1.25 Buildings, alterations or renovations, maintenance, and e u i ment
19 CSR 15-4.260: Outreach SeNices	<b>Updated</b> Waived	Outreach has been replaced with ublic education.	2.4 Program Definitions
19 CSR 15-270: Legal Assistance		See additional information below and updates in Missouri SUA and AAA Policies and Procedures.	3.3 Title III B Legal Assistance, 3.4 Attorney-Client Privilege, and 3.5 Priority Legal Assistance Case T es

**19 CSR 15-4.010 Definition of Terms**

The following definitions have been added or **updated** for compliance with the final rule; the rest remain current:

- **Access to services or access services** ~~Access services~~- means seNices which may facilitate connection to or receipt of other direct seNices, including transportation, outreach, information and assistance, options counseling, and case management seNices.
- **Acquiring**- means obtaining ownership of an existing facility.
- **Altering or renovating**- means making modifications to or in connection with an existing facility which are necessary for its effective use. Such modifications may include alterations, improvements, replacements, rearrangements, installations, renovations, repairs, expansions, upgrades, or additions, which are not in excess of double the square footage of the original facility and all physical improvements.



- **Area Agency on Aging (AAA)**- means a single agency designated by the State agency to perform the functions specified in the Act for a planning and service area.
- Area plan administration- means funds used to carry out activities as set forth in section 306 of the Act (42 U.S.C. 3026) and other activities to fulfill the mission of the area agency as set forth in § 1321.55, including development of private pay programs or other contracts and commercial relationships.
- Best available data- with respect to the development of the intrastate funding formula, means the most current reliable data or population estimates available from the U.S. Decennial Census, American Community Survey, or other high-quality, representative data available to the State agency.
- Constructing- means building a new facility, including the costs of land acquisition and architectural and engineering fees, or making modifications to or in connection with an existing facility which are in excess of double the square footage of the original facility and all physical improvements.
- Conflicts of interest- means: (1) One or more conflicts between the private interests and the official responsibilities of a person in a position of trust; (2) One or more conflicts between competing duties of an individual, or between the competing duties, services, or programs of an organization, and/or portion of an organization; and (3) Other conflicts of interest identified in guidance issued by the Assistant Secretary for Aging and/or by State agency policies.
- Direct Services- means any activity performed to provide services directly to an older person or family caregiver, groups of older persons or family caregivers, or to the general public by the staff or volunteers of a service provider, an area agency on aging, or a state agency whether provided in-person or virtually. Direct services exclude State or area plan administration and program development and coordination activities.
- Domestically produced foods- means Agricultural foods, beverages and other food ingredients which are a product of the United States, its Territories or possessions, the Commonwealth of Puerto Rico, or the Trust Territories of the Pacific Islands (hereinafter referred to as "the United States"), except as may otherwise be required by law, and shall be considered to be such a product if it is grown, processed, and otherwise prepared for sale or distribution exclusively in the United States except with respect to minor ingredients. Ingredients from nondomestic sources will be allowed to be utilized as a United States product if such ingredients are not otherwise: (1) Produced in the United States; and (2) Commercially available in the United States at fair and reasonable prices from domestic sources.
- Family caregiver- means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual; an adult family member, or another individual, who is an informal provider of in-home and community care to an individual of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction; or an older relative caregiver. For purposes of this part, family caregiver does not include individuals whose primary relationship with the older adult is based on a financial or professional agreement.
- **Greatest economic need**- means the need resulting from an income level at or below 185% of the Federal poverty level, with priority going to family caregivers and individuals living in counties with more than 25% of the population living at or below 150% of the federal poverty level (use chart from NIH to determine which counties fall into this).
- **Greatest social need**- means the need caused by noneconomic factors, which include: (1) Physical and mental disabilities; (2) Language barriers; (3) Cultural, social, or geographical isolation, including due to: (i) Racial or ethnic status; (ii) Native American identity; (iii) Religious affiliation; (iv) Sexual orientation, gender identity, or sex characteristics; (v) HIV status; (vi) Chronic conditions; (vii) Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs; (viii) Interpersonal safety concerns; (ix) Rural location; or (x) Any other status that: (A) Restricts the ability of an individual to perform normal or routine daily tasks; or (8) Threatens the capacity of the individual to live independently; or (4) Barriers to technology (broadband, telephone access); (5) Loss of primary caregiver; or (6) Living alone.
- Immediate family- pertaining to conflicts of interest, means a member of the household or a relative with whom there is a close personal or significant financial relationship.
- Local sources- means tax-levy money or any other non-Federal resource, such as State or local public funding, funds from fundraising activities, reserve funds, bequests, or cash or third-party in-kind contributions from non-client community members or organizations.
- **Multipurpose senior center**- means a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental and behavioral health),

social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals, as practicable, including as provided via virtual facilities; as used in § 1321.85, facilitation of services in such a facility.

- Nutrition Services Incentive Program- means grant funding to State agencies to support congregate and home-delivered nutrition programs by providing an incentive to serve more meals.
- Older relative caregiver- means a caregiver who is age 55 or older and lives with, is the informal provider of in-home and community care to, and is the primary caregiver for, a child or an individual with a disability; (1) In the case of a caregiver for a child is: (i) The grandparent, step-grandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child; (ii) Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and (iii) Has a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising the child informally; and (2) In the case of a caregiver for an individual with a disability, is the parent, grandparent, step-grandparent, or other relative by blood, marriage, or adoption of the individual with a disability.
- Periodic (refers to the frequency of client assessment and data collection)- means, at a minimum, once each fiscal year, and as used in section 307(a)(4) of the Act (42 U.S.C. 3027(a)(4)) to refer to the frequency of evaluations of, and public hearings on, activities and projects carried out under State and area plans, means, at a minimum once each State or area plan cycle.
- Private pay programs- are a type of contract or commercial relationship and are programs, separate and apart from programs funded under the Act, for which the individual consumer agrees to pay to receive services under the programs.
- Program income- means gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as otherwise provided under Federal grantmaking authorities. Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them.
- Rural- Counties with less than 150 people per square mile and not containing any part of a central city in a Metropolitan Statistical Area (MSA).
- **Service provider-** means an entity that is awarded funds, including via a grant, subgrant, contract, or subcontract, to provide direct services under the State or area plan.
- Severe disability- means a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that: (1) Is likely to continue indefinitely; and (2) Results in substantial functional limitation in three or more of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment.
- Supplemental foods- means foods that assist with maintaining health, but do not alone constitute a meal. Supplemental foods include liquid nutrition supplements or enhancements to a meal, such as additional beverage or food items, and may be specified by State agency policies and procedures. Supplemental foods may be provided with a meal, or separately, to older adults who participate in either congregate or home-delivered meal services.
- Voluntary contributions- means donations of money or other personal resources given freely, without pressure or coercion, by individuals receiving services under the Act.

#### *19 CSR 15-4.070 Designation of Area Agencies on Aging*

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

#### *19 CSR 15-4.080 Withdrawal of Designation*

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

*19 CSR 15-4.090 Appeal to the Assistant Secretary*

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

*19 CSR 15-4.100 Area Agency on Aging Governing Body*

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

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

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

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

- This rule does not apply to area agency on aging board members appointed by the chief executive of a unit of local government, political subdivision, or council of government who are elected officials with the exception of section (2).

*19 CSR 15-4.110 Area Agency on Aging Advisory Council*

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

*19 CSR 15-4.140 Area Agency on Aging Plan*

Number 1, 2, and 3 of this regulation will be **updated** to comply with the final rule and are **waived**. See Missouri SUA and AAA Policies and Procedures for current requirements.

*19 CSR 15-4.160 Review, Submission, and Approval of Area Agency on Aging Area Plans and Plan Amendments*

To comply with the final rule, this regulation will be **updated** by having the following sentence **removed** from number 1, which is therefore **waived**. (now, all AAAs must have their area plans reviewed and approved by the governing board):

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

### **19 CSR 15-4.170 Area Agency on Aging Fiscal Management**

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

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

In addition, the AAAs shall ensure the following:

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

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

**Program income shall be—**

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

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

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

The following sections are being removed and are therefore **waived**:

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

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

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

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

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

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

These sections have been with the balded and highlighted words:

(10) Area agencies on aging must maintain a perpetual inventory listing of all multipurpose senior centers acquired, established, maintained, modernized, or constructed financed with division funding.

(11) The inventory listing must include all centers owned by the area agency on aging or by a public or nonprofit private organization.

hether

**and facilities providing direct services, w**

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

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

"This is to serve as notice to all potential sellers, purchasers, transferors, and recipients of a transfer of the real property described below as to the federal government's reversionary interests as set forth in section 312 of the Older Americans Act of 1965, as amended, 42 U.S.C. 3030b, which have arisen as a result of (grantee's name) receipt and use of Department of Health and Human Services' grant funds in connection with the purchase or construction of said property. The property to which this notice is applicable is (address) and identified as parcel (insert appropriate number(s)) in the books and records of (insert appropriate name of local unit of government's

recording agency). Said real property is also described as: (insert description provided in survey). Further information as to the federal government's interest referred to above can be obtained from: (name and address of area agency on aging)."

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

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

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

This section will be with the following language added as in bold and highlight below:

- The area agency on aging continuously shall work toward development of a comprehensive coordinated community-based system that shall facilitate access to and utilization of all supportive AR4 nutritional, **evidence-based disease prevention and health promotion, and family caregiver services** provided by any source within the planning and service area (PSA). Components of this system may include:
  - **The area agency on aging shall assess the needs of older adults and caregivers in the PSA and the effectiveness of resources in meeting identified needs.**

(6) The area agency on aging shall give preference in **delivery of services to older adults and individuals at risk of institutional placement, low-income minorities, frail adults, and older adults residing in rural areas. A description of the methods and procedures used to assure that services are provided to those populations outlined above with preference in service delivery will file greatest income minority shall be included in the area plan.**

Agency on aging shall provide adequate and effective opportunities for older adults to express their views on policy development and program implementation.

**(7) The area agency on aging shall provide services to caregivers.**

**(8) The area agency on aging shall develop and implement organized ongoing outreach activities to older adults particularly those residing in rural areas and those with greatest economic or social need and inform them of services that are available. Area agency on aging outreach activities shall be coordinated with the outreach activities required of each service provider within the PSA.**

**(11) The area agency on aging shall assure that older adults residing in the PSA have reasonably convenient access to information and assistance systems.**

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

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

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

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

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

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

*19 CSR 15-4.230 Multipurpose Senior Center*

The following will be Mff as allowed in the final rule:

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

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

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

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

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

The following will be **waived**:

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

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

**AAA Signatures**

*Debbie Blessing*

Dec 20, 2024

AAA Director 1JR7V269-4LPLJZLQ

Date

*Andy Jackson*

December 21, 2024

Board of Directors President

Date

*Diana Hendrix*

Dec 24, 2024

Chair of Advisory Council

Date

**SUA Signatures**

*Mindy Ulstad*

11/6/25

Mindy Ulstad, NBSP Chief

Date

*Melanie Highland*

1/9/25

Melanie Highland, DSDS Director

Date



## ***Conflict of Interest Forms***

NEMO AAA has policies and procedures in place regarding conflicts of interest that follow the OAA guidance, 45 CFR 1321.47, and DHSS Policies and Procedures. This section includes the Conflict of Interest (COI) forms provided by the Special Unit on Aging for NEMO AAA's employees, board and advisory council members, volunteers, and NEMO AAA contractors that are required upon hire and annually.

Removal, remedying, and remediation forms are available for use should an actual, perceived, or potential conflict be identified.

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
AAA Designee Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Board Member Conflict of Interest**

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
AAA Designee Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Advisory Council Conflict of Interest**

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
AAA Designee Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Volunteer Conflict of Interest**

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
AAA Designee Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Organization Conflict of Interest**

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date