



# *STATE PLAN ON AGING*



# Missouri State Plan on Aging FY 2012-2015

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# Missouri State Plan on Aging FY 2012-2015

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## VERIFICATION OF INTENT

The Missouri Department of Health and Senior Services, Division of Senior and Disability Services hereby submit the State Plan on Aging for the period beginning on October 1, 2011 through September 30, 2015. The State Plan on Aging has been developed in accordance with Section 307 of the Older Americans Act, as amended. The Division of Senior Services has been designated and given authority to develop and administer the State Plan on Aging in compliance with all requirements of the Act. This includes the development of comprehensive and coordinated systems for the purpose of promoting multipurpose senior center; delivering supportive services, nutrition services, in-home services for frail older individuals, and evidence-based health promotions services; advancing vulnerable elder rights protection activities; as well as establishing effective, visible advocacy organizations for the elderly and adults with disabilities residing in the state.

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

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

June 2, 2011

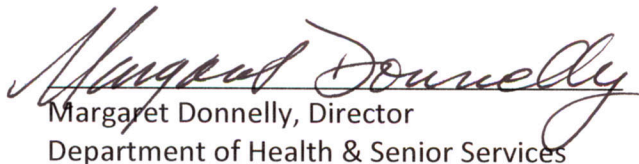
Date



Celesta Hartgraves, Director  
Division of Senior and Disability Services

6/8/11

Date

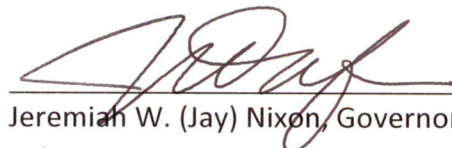


Margaret Donnelly, Director  
Department of Health & Senior Services

I hereby respectfully submit on this 30th day of June, 2011, the Missouri State Plan on Aging for the approval of the Assistant Secretary on Aging.

6/30/11

Date



Jeremiah W. (Jay) Nixon, Governor

# Missouri State Plan on Aging FY 2012-2015

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## EXECUTIVE SUMMARY

In accordance with the Older Americans Act of 1965, as amended, the Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS), as the designated State Unit on Aging, submits the State Plan on Aging to the Administration on Aging. The four-year State Plan on Aging outlines the fundamental concerns facing Missourians in anticipation of the projected increase in the elderly population and their necessity for long-term care services. It identifies key strategic Issues which must be addressed by the DHSS to plan successfully to advance the statewide development of person-centered home and community-based services and resources while ensuring services to seniors and individuals with disabilities support the health, dignity, and independence of these populations.

The development of the State Plan involved significant efforts and cooperation from aging and disability partners, consumers, caregivers, and providers of services. The DSDS conducted a two-day retreat with the Executive Directors of the Area Agencies on Aging to develop goals and objectives that would address how the State will work to meet the increasing health and service needs of seniors over the next four years.

The DHSS is committed to providing a variety of programs and services to meet the needs of all Missourians to ensure each individual choice, dignity and independence in their lives. Through advocacy and education, the DHSS accomplishes its' mission of "*Healthy Missourians for Life*" by implementing the primary responsibilities of:

- Safeguarding the public health, safety, and well-being of all Missourians.
- Providing health services and in-home and community programs for Missouri's disabled and senior populations.
- Preventing and controlling communicable and genetic diseases.
- Preventing and reducing the burden of chronic disease.
- Protecting Missourians through regulation and inspection of facilities, including hospitals, nursing homes and other long-term care facilities, and child and adult day care programs, with an emphasis on timely and complete complaint investigations.

The State Plan, covering the time period October 1, 2011 through September 30, 2015, provides an overview of the organizational structure of the DHSS, as well as the collaborative partnerships developed among other agencies and organizations. It outlines the fundamental concerns facing Missourians in anticipation of the projected increase in the elderly populations and their necessity for long-term care services.

The challenges facing the State of Missouri are dominated by the growing demands and rising costs of long-term care. Missouri's elderly population has increased more consistently and proportionately than any other group in the state. By 2030, persons over age 65 will represent more than one-fifth of all Missourians. Senior citizens are expected to increase 87% between 2000 and 2030 when there are projected to be 1.4 million seniors. The 85 and over population

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will also increase rapidly. This category increased to 99,000 in 2000 and is expected to increase by 78,000 or a total of 176,000 by 2030.<sup>1</sup>

To meet the Division's vision of "Establishing a dynamic aging and disability network that promotes dignity and facilitates empowerment throughout the lifespan", the DSDS has established the following goals:

- Encourage seniors, individuals with disabilities and caregivers to assert a more active role in their choices regarding person-centered, consumer directed home and community-based services (HCBS).
- Enable more seniors and individuals with disabilities to remain in their homes for as long as possible, through the provision and expansion of high quality home and community-based services, including supports for formal and informal caregivers.
- Encourage Missourians to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.
- Expand elder rights and legal services for seniors in Missouri.
- Preserve and protect the rights of residents in long-term care facilities and prevent abuse/neglect/exploitation.
- Maximize management of information systems for data for tracking and reporting performance measures.

As the aging populations continues to grow, the State Plan, will provide a framework for shaping policy development, coordination, priority setting and evaluation of the State's activities related to the strategic goals. It will address the challenges, as well as the many opportunities available to the aging network to support a long-term care system that promotes dignity and independence of older people and individuals with disabilities.



# Missouri State Plan on Aging FY 2012-2015

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## **MISSOURI'S AGING AND DISABILITY NETWORK**

### **DEPARTMENT OF HEALTH AND SENIOR SERVICES**

The DHSS fulfills many roles in its mandate to serve the citizens of Missouri. The programs and services administered by the DHSS staff succeed in improving the health and quality of life for Missourians of all ages. By providing information, education and surveillance of diseases and conditions, regulation and oversight of nursing homes and child care facilities and protecting the most vulnerable citizens, the DHSS achieves its vision of *Healthy Missourians for Life*. The DHSS is organized into three programmatic divisions; Community and Public Health; Regulation and Licensure; and Senior and Disability Services. (See Appendix A, Organizational Chart)

The State Board of Health and State Board of Senior Services advise the director regarding the priorities, policies and programs of the department and review rules promulgated by the department. The boards each consist of seven members appointed by the Governor, with the advice and consent of the Missouri Senate.

*The Division of Senior and Disability Services* is the designated State Unit on Aging, carrying out the mandates of the State of Missouri regarding programs and services for seniors. The division is responsible for the development and implementation of programs designed to protect seniors and adults with disabilities and for the administration of an integrated system of care for eligible adults that require long-term care. In coordination with the department director, the division director, deputy division director and financial office advise legislators, advocates, state agencies and other organizations and individuals regarding services and data available to support this function.

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

*The Office of the Long-Term Care Ombudsman* advocates for facility residents, has responsibility for complaint resolution on behalf of facility residents, educates and trains staff, consumers and community partners on issues related to long-term facility care, and manages over 300 volunteer Ombudsman serving in facilities across the state. (Appendix B, Regional Map)

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

The Division of Community and Public Health administers programs addressing chronic disease prevention and nutrition services; healthy families and youth, community protection and provides public health practice and administrative support.

The Section for Chronic Disease Prevention and Nutrition Services directs statewide programs that are designed to prevent and control chronic diseases for all Missourians and support the nutritional health of high-risk populations. The section provides leadership in assessment, planning and policy development and implementation of evidence-based approaches to prevent and control cancer and chronic diseases, the leading causes of death in Missouri.

In addition, the section administers statewide programs that provide food assistance and nutrition services, early screening and detection, and health promotion interventions to reduce risk factors for chronic diseases (e.g., tobacco use, physical inactivity, and poor diets.)

The Section for Healthy Families and Youth promotes optimal health by providing leadership to both the public and private sectors in assessing health care needs of families and communities and assuring that the health system responds appropriately. This section is also responsible for developing policy; planning systems of care; and designing, implementing and evaluating programs to meet the health care needs of families in the state of Missouri.

The Section for Disease Control and Environmental Epidemiology is the principal section involved in the investigation of the cause, origin, and method of transmission of communicable (or infectious) diseases and environmentally-related medical conditions. The interrelated services focus on surveillance of diseases and the environment, upon which appropriate prevention and control interventions are based.

The Center for Emergency Response and Terrorism is responsible for coordinating regional and state preparedness for public health emergencies and natural disasters, including biological, chemical and nuclear terrorism. Through partnerships with hospitals and other healthcare organizations, local entities including government and first responder agencies, and other partners, the center works to assure systems are in place to protect the health of Missourians during a public health emergency.



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The State Public Health Laboratory provides testing services in the fields of newborn screening, chemistry, environmental bacteriology, microbiology, serology and virology. Each year, more than 370,000 specimens are submitted to the lab for testing and examination.

The Epidemiology for Public Health Practices Section promotes a better understanding of health problems and needs in Missouri and assists the division in many functions including initiation and maintenance of surveillance systems, data management and reporting; collection of birth and death information; coordination of specific grants; public information dissemination; and fiscal services.

The Center for Health Policy Integration supports and coordinates division and, in some cases, departmental efforts to address the public health needs of Missourians, with a special emphasis on the disparities in minority populations and women, and access to health care services. The center, in partnership with local public health agencies, community organizations, health care providers, and educational institutions, works to evaluate the need for and assure the implementation of effective, community-based, interventions. In addition the center assures the continuity of essential public health services to protect the health of Missouri citizens.

*The Division of Regulation and Licensure* has responsibility for a spectrum of services for Missouri citizens from child care to elder issues, as well as the Family Care Safety Registry, the Board of Nursing Home Administrators, and the Certificate of Need program.

The Section for Health Standards and Licensure is responsible for assuring that the care and services provided by hospitals, ambulatory surgical centers, home health agencies, hospices, ambulance services, emergency medical technicians, persons who prescribe or dispense controlled substances, end stage renal dialysis facilities, and other types of health care facilities meet state and/or Medicare/Medicaid standards. Periodic licensure surveys and complaint investigations are also performed as part of the division's authority.

The Section for Child Care Regulation is responsible for conducting state inspections and investigating complaints at licensed family child care homes, group child care homes, and child care centers. The section also conducts health and safety inspections at license-exempt child care facilities (e.g., religious based programs, nursing schools).

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

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## DEPARTMENT OF SOCIAL SERVICES

The Department of Social Services (DSS) is officially designated as the single Medicaid state agency charged with administering programs to promote, safeguard and protect the general welfare to children; to maintain and strengthen family life; and to aid people in the need as they strive to achieve their highest level of independence.

The Family Support Division has primary responsibility for administration of programs for the welfare of Missourians to include eligibility for MO HealthNet (Medicaid).

The MO HealthNet Division is fiscally accountable for appropriate administration of state and federal funds used to pay for health care benefits on behalf of eligible participants. The purpose of the MO HealthNet Division is to purchase and monitor health care services for low income and vulnerable citizens of the State of Missouri. The agency assures quality health care through development of service delivery systems, standards setting and enforcement, and education of providers and participants.

## DEPARTMENT OF MENTAL HEALTH

The Missouri Department of Mental Health (DMH) was first established as a cabinet-level state agency by the Omnibus State Government Reorganization Act, effective July 1, 1974.

State law provides three principal missions for the department: (1) the prevention of mental disorders, developmental disabilities, substance abuse, and compulsive gambling; (2) the treatment, habilitation, and rehabilitation of Missourians who have those conditions; and (3) the improvement of public understanding and attitudes about mental disorders, developmental disabilities, substance abuse, and compulsive gambling.

The seven-member Missouri Mental Health Commission serves as the principal policy advisory body to the department director.

The DMH is organizationally comprised of three program divisions that serve approximately 150,000 Missourians annually, along with six support offices. The DMH makes services available through state-operated facilities and contracts with private organizations and individuals. The state-operated psychiatric facilities include inpatient psychiatric for adults and children, as well as the Missouri Sexual Offender Treatment Center. In addition, six habilitation centers and 11 regional offices serve individuals with developmental disabilities. Other services are purchased from a variety of privately operated programs statewide through approximately 4,000 contracts managed annually by the DMH.

The Division of Alcohol and Drug Abuse (ADA) is the single state agency responsible for overseeing a statewide network of publicly-funded substance abuse prevention, treatment, and recovery support services. Funding for these services is supported through state general revenue and an annual application process and receipt of the federal Substance Abuse

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Prevention and Treatment Block Grant, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). This grant helps fund prevention, outpatient, residential, and detoxification services to community-based programs. The Division provides technical assistance to these agencies and operates a certification program that sets standards for treatment programs, qualified professionals, and alcohol and drug related educational programs.

*The Division of Comprehensive Psychiatric Services (CPS) is responsible for assuring the availability of prevention, evaluation, treatment, and rehabilitation services for individuals and families requiring public mental health services throughout the State of Missouri. The Division exercises this responsibility by providing services directly through its state operated facilities and programs and by contracting through 25 administrative agents to provide an array of community programs. Additionally the division contracts with private entities for 24-hour residential services for individuals needing that level of care. It is the Division's goal to give priority to people with serious mental illness (SMI), individuals in acute crisis, individuals who are homeless and mentally ill, those committed for treatment by the court system, and children with severe emotional disturbances (SED).*

*The Division of Developmental Disabilities (DD) serves a population that has developmental disabilities such as mental retardation, cerebral palsy, head injuries, autism, epilepsy, and certain learning disabilities. Such conditions must have occurred before age 22, with the expectation that they will continue. To be eligible for services from the Division, persons with these disabilities must be substantially limited in their ability to function independently. DD administers four 1915(c) Home and Community Based Medicaid Waiver programs for individuals with mental retardation or other developmental disabilities.*

### **DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE)/DIVISION OF VOCATIONAL REHABILITATION**

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

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

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

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The Independent Living (IL) program provides services to people with disabilities to increase their independence and their opportunity to participate in day-to-day life within their communities. There are 22 Centers for Independent Living (CILs) statewide that offer independent living services. The CILs are funded through Vocational Rehabilitation grants and are managed by individuals with disabilities who have been successful in establishing their own independent lifestyles. The 22 centers make up the Missouri Statewide Independent Living Council (MOSILC). (Appendix D, map and list of CIL contact information)

MOSILC promotes independent living for individuals with disabilities. The goal of the Council is to ensure provision of community-based, consumer-controlled, cross-disability services in compliance with requirements of the Title VII and in accordance with Independent Living Philosophy. The Independent Living Philosophy believes that people with all types of disabilities should have the same civil rights as those without disabilities.

### **AREA AGENCIES ON AGING**

Missouri's ten AAAs serves 114 counties and the City of St. Louis. They are responsible for programs designed to address the needs of seniors within specifically defined geographic boundaries. In order to receive funding from the DHSS, each Area Agency is required to submit an area plan for review and approval that addresses the wide variety of issues in their respective geographic area. Area Agencies develop and administer programs for seniors age 60 and over who are of greatest social or economic need and are required to ensure that services are delivered with particular attention to low-income older individuals, including low-income minority, limited English, and older individuals living in rural areas. (See Appendix E for map and listing of AAAs) Core services provided by the AAAs include:

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

Missouri's ten Area Agencies established the Missouri Association of Area Agencies on Aging (ma4) to provide the opportunity to have direct input into broad issues at the state and national level. The mission of ma4 is to "promote the continued physical, social, and economic self-sufficiency of Missouri's seniors." It pursues elders' right to choice and dignity in daily living; and strives to furnish its Members with the essential informational/ educational resources to deliver quality service toward this end.<sup>2</sup>

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## SILVER-HAIRED LEGISLATURE

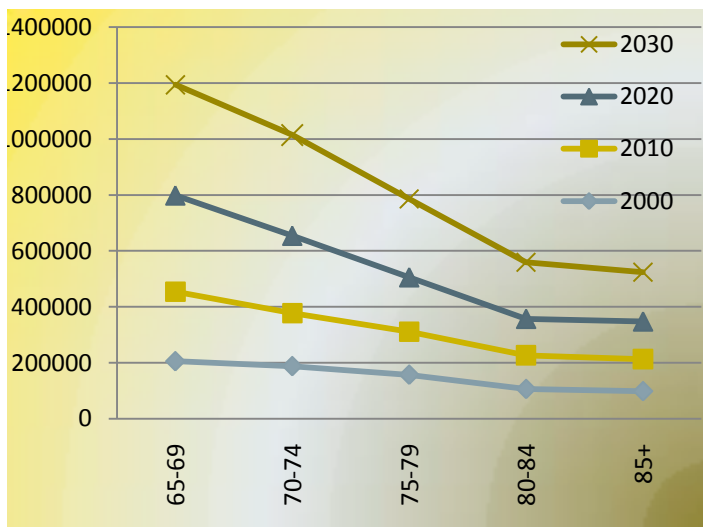
Missouri's Silver Haired Legislature (SHL) is a bicameral model legislature patterned after the Missouri General Assembly. It is a formally elected body of citizens 60 years of age and older that promote conscientious legislative advocacy for Missouri's older adults. All members are volunteers who serve without pay. (Appendix F) SHL's purpose is to promote legislative and community advocacy by increasing the awareness and participation of older Missourians in governmental decision-making. They also assess the legislative needs and priorities of older Missourians and encourage group participation and leadership concerning local, state, and national legislation. (Appendix G, list of SY 2011 Priorities)

## AGING DEMOGRAPHICS

### SIZE AND GROWTH

According to the U.S. Census data released in December 2010, Missouri's population increased 7 percent from 5,595,211 in 2000 to 5,988,927 in 2010. The U.S. population grew by 9.7 percent, from 281,421,906 in 2000 to 308,745,538 in 2010. Missouri now ranks 20<sup>th</sup> among states in population increase and 29<sup>th</sup> based on percentage change. The state outpaced the Midwest's overall population growth of 3.9 percent.

Population Projections by Age: 2000 through 2030



Prepared by Missouri Office of Administration-March 2008

### OLDER ADULTS

The 45-64 age group increased 43 percent, or 374 thousand people between 1950 and 2000, for a final population of 1.3 million. By 2030, this group is estimated to grow by an additional 246 thousand, or 20 percent, to a final population of 1.5 million. The 45-64 age group represented 22 percent of the population in 1950, in 2000, and again in 2030.

### THE ELDERLY

The elderly have increased more consistently and proportionately than any age group. Persons age 65 and over represented ten percent of the population in 1950. By 2000, their ranks had risen to 13 percent of the total population and it is estimated that by 2030 this group will

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represent more than one-fifth of Missourians (21%). Between 1950 and 2000, the 65-and-over population grew by 85 percent to 755 thousand persons. This group is projected to grow by an additional 87 percent between 2000 and 2030 when their numbers are projected to increase to 1.4 million as the baby-boom generation progresses into this age category.

## **OVER 85**

The 85-and-over age group has grown, and will continue to grow, even more rapidly. In 1950, this group represented roughly one-half of one percent of the total population and measured 21 thousand. By 2000, the group had increased to 99 thousand, an increase of 78 thousand persons and the group then represented two percent of the population. The group is expected to increase by another 78 thousand by 2030 when they will number 176 thousand or 2.5 percent of the population.

## **GEOGRAPHIC DIVISIONS**

Missouri's geographic distribution includes rural, urban, and suburban. According to University of Missouri, Extension, Office of Social and Economic Data Analysis, 97.4 percent of the land area in the state is classified as rural, while only 30.6 percent of the population is classified as living in rural areas. Almost 70 percent of the population lives in the 2.6 percent of land classified as metro. Nationwide, the same 97.4 percent of land area is rural, however nearly 80 percent of the population lives in metro areas.

The population distribution greatly affects each county's economics and culture, especially the senior population. Missouri seniors in the most rural counties tend to be older and more reliant on retirement income than seniors in the metro areas. Seniors living in or around metro areas are more likely to have convenient access to health care, transportation, and participate in the workforce.<sup>3</sup>

## **POVERTY**

The proportion of seniors living in poverty is a direct measure of economic need. According to 2008 ACS-based estimates, 9.3 percent of Missouri seniors lived in poverty, compared to 9.9 percent in 2000. The percentage of people 65 and over living in poverty in rural areas was 10.1 percent while the percentage was 9.2 for urban populations.

## **HOUSEHOLD COMPOSITION**

The U.S. Census indicates the total number of households in Missouri is 2,322,238. The average household size is 2.47 people. Households with one or more people age 60 years and over represent 31.8 percent. There are 31.2 percent of households with individuals age 60 and over who are married, 20.7 percent male household with no wife and 19.6 percent female household with no husband. Grandparents living in households with children under the age of 18 represent 3 percent of the population.



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## **WORKFORCE PARTICIPATION**

Senior participation in the Missouri workforce has increased from 9.8 percent in 2001 to 11.9 percent in 2007, after dipping to 8.2 in 2005. According to the American Community Survey (ACS), for 2009, 22.6 percent of seniors age 65 to 74 were employed, and 5.7 percent age 75 and over were employed.

## **HOUSING**

The U.S. Department of Housing and Urban Development (HUD) considers families who pay more than 30 percent of their income for housing as 'cost burdened'; these families may have difficulty affording necessities such as food, clothing, transportation and medical care. According to the ACS 2009 data, an estimated 42.3 percent of renter-occupied units in Missouri spend at least 30 percent of household income on rent and utilities. An estimated 28.4 percent of mortgaged owners spend at least 30 percent of household income on selected monthly owner costs. The average cost of renting in Missouri is \$650, and the average mortgage is \$1,169. On average, 28.2 percent of Missouri's seniors are cost burdened, with the highest percentage (41.7 percent) being in St. Louis City.

## **INCOME**

The median income for households in Missouri, based on 2009 inflation-adjusted dollars, was \$46,005. For persons age 45 to 64, the median income was \$56,211 and for those over age 65, the median income was \$30,249.<sup>4</sup>

## **GRANDPARENTS RAISING GRANDCHILDREN**

According to the AARP Foundation there are 77,857 children in Missouri living in grandparent-headed households (5.5 % of all children in the state). There are another 18,555 children living in households headed by other relatives (1.3 % of all children in the state). Of the children living in households headed by grandparents or other relatives in Missouri, 39,188 are living there without either parent present. Twenty-five percent of grandparents responsible for grandchildren are African American, two percent are Hispanic/Latino, and seventy percent are white. Forty percent of the households have no parent present, seventy percent are under the age of 60 and fifteen percent live in poverty.<sup>5</sup>

## **RACIAL/ETHNIC**

In 2009, 203,907 Hispanics called Missouri home, an increase of over 70 percent since 2000. U.S. Census Bureau estimates for 2009 show the population of those of Hispanic origin accounted for 3.4 percent of Missouri's total population. Nationally, the population of Hispanics was estimated to be 48.4 million, or 15.8 percent of the nation's population, making Hispanics the largest ethnic or race minority in the United States. Only 0.4 percent of the

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state's total population is of American Indian and Alaska Native descent. The Asian population makes up 1.4 percent of the total population, and 11.2 percent of the total population are black. The following table illustrates the breakdown of races in Missouri.

	Estimate
Total:	5,904,382
White alone	4,955,606
Black or African American alone	658,633
American Indian and Alaska Native alone	23,624
Asian alone	85,215
Native Hawaiian and Other Pacific Islander alone	4,505
Some other race alone	60,948
Two or more races:	115,851
Two races including Some other race	9,330
Two races excluding Some other race, and three or more races	106,521

Source: U.S. Census Bureau, 2005-2009 ACS

## PERSONS WITH DISABILITY

According to the 2009 American Community Survey estimates, the total non-institutional population with a disability is 825,456 or 14.1 percent of Missouri's total population. The percent of the population with a disability age 18 to 64 accounts for 12.4 percent and those ages 65 and over account for 39.3 percent. (Appendix H, Disability Data for Missouri)

## VETERANS

Of the 4,455,242 total civilian population 18 years of and older, an estimated 11.6 percent are veterans. The U.S. estimate is 10.1 percent.<sup>6</sup> Veterans age 65 to 74 make up 18.7 percent of the population and those ages 75 and over make up 20.7 percent.

## CAREGIVERS

Caregivers are an integral part of the long-term care workforce. In Missouri, at any given time, there are an estimated 590,000 uncompensated caregivers. This number increases to 890,000 throughout the year. The total value of this care was estimated at over \$6 billion in 2007.<sup>7</sup>

## MEDICAID AND LONG-TERM CARE

Over 10 million Americans, ranging from childhood to older adults, need long-term care services and supports (LTCSS) to assist them in activities of daily living. According to the National Health Policy Forum, LTCSS expenditures for 2008 were \$191.1 billion, which included Medicaid, other public, other private, and out-of-pocket funds (See Figure 1) Medicaid is the primary source for funding LTCSS, which includes nursing homes, intermediate care facilities,

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personal care services, and home and community-based waivers services. Nationwide, most Medicaid LTCSS spending is for institutional care, but spending for HCBS has grown considerably, as has the number of people served.

Missouri's MO HealthNet (Medicaid), not unlike the national trend, is a significant portion of the state's overall budget. MO HealthNet expenditures were expected to account for approximately 26 percent of the state's total budget for State Fiscal Year 2010. As shown in Figure 2, the largest group enrolled in MO HealthNet is families and children. However, the bulk of expenditures go towards services for the aged, blind, and disabled.<sup>8</sup> Approximately 77,000 Missourians age 65 and over were covered by MO HealthNet in SFY 2009, and an estimated 152,000 Missourians covered by MO HealthNet qualify for services due to a "physical or mental impairment, disease, or loss.

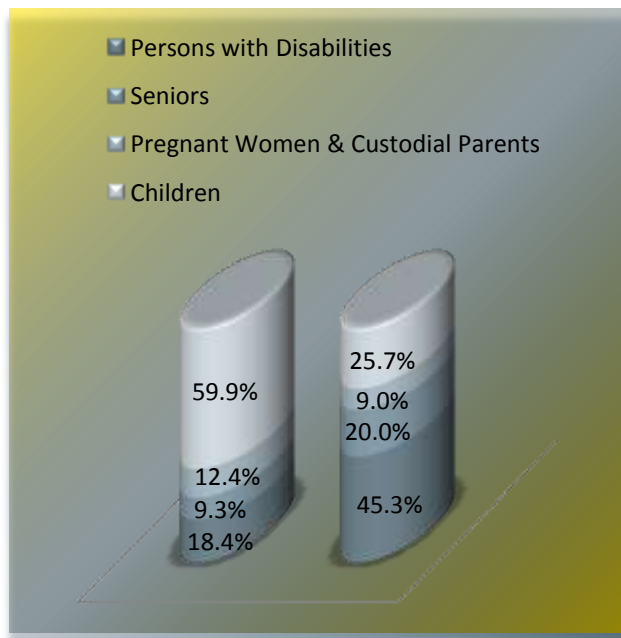


Figure 2

average cost was \$6,051 in 2006 and increased to \$8,219 in 2010 (DSDS fiscal data). The demand for long-term care supports and services will continue to escalate as Missouri's aging

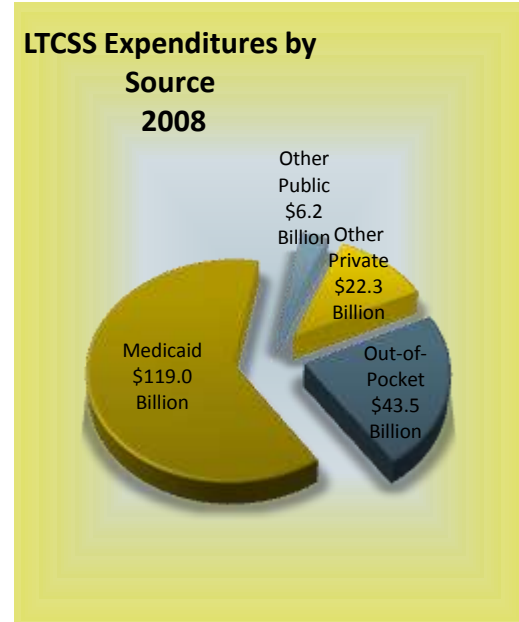


Figure 1

Missouri spends the majority of the state's Medicaid funds on institutional care. According to a FY 2010 data from MO HealthNet, the state spent a total of \$1,427,633,945 in Medicaid funds for all long-term care eligible categories. Of that number 64.78 percent was spent on nursing facility care and 35.22 percent was spent on home and community services, which included waived services (Appendix I, Missouri Waivers). The per person costs of HCBS are less than institutional care costs. In Missouri, the annual average cost for a nursing home resident in 2006 was \$32,345 and increased to \$38,214 in 2010. For HCBS the

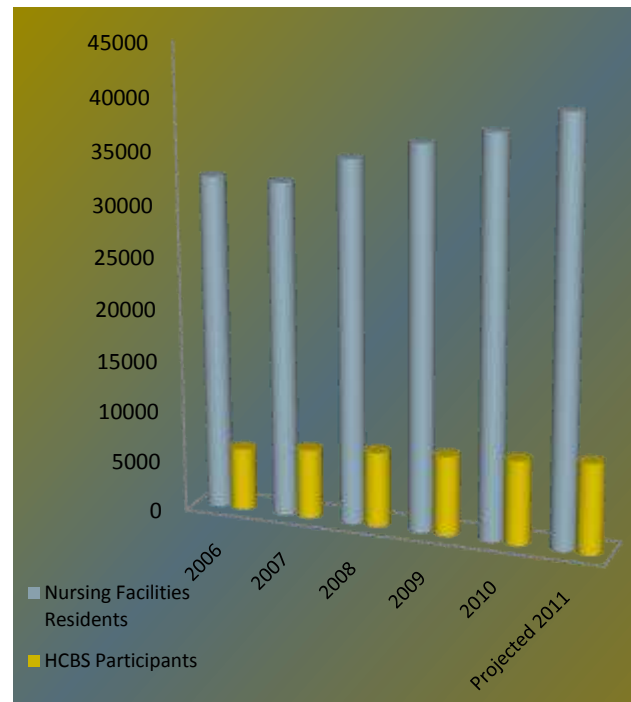
population continues to grow, and with only 10 percent of the population over age 55 having private long-term care insurance, Medicaid will be the payer of the cost for long term care.<sup>9</sup>

## **HCBS SERVICES ADMINISTRATION AND OVERSIGHT**

The DSDS (Appendix J, Regional Map) is responsible for the administration and operation of HCBS programs for the elderly and individuals with disabilities between the ages of 18 and 59. However, as a result of the number of referrals for HCBS and reports of abuse, neglect, and exploitation increasing annually, and staff levels decreasing, response time for conducting (re)-assessments decreased as well. This led to an expansion of HCBS provider's role in the (re) assessment and person-centered care planning tasks. In SFY 2008, language was included in the Department's appropriation bill to allow providers to submit, along with a nurse assessment or doctor's order, Community Partner Referrals. In SFY 2010, the General Assembly passed legislation to allow the DHSS to pursue a contract with an independent third party to conduct intake and reassessment. The third party assessor, SynCare LLC., will perform functions associated with assessment, person-centered care planning and authorization of Medicaid HCBS for seniors and individuals with disabilities in an accurate, timely, and cost effective manner. The DHSS feels having one state-level intake and assessment process ensures an accurate and objective assessment. Both the third party assessment and Community Partner Referrals process were included in statute RSMo 208.895 in SFY 2010.

The remaining DSDS staff is mandated, pursuant to sections 660.260, RSMo, to investigate reports of abuse, neglect, and financial exploitation of persons 60 and over and adults with disabilities, aged 18 through 59, and this mandate has become their primary function.

The DSDS is also in the process of developing a new authorization system, to consolidate the current two system method. The HCBS Web Tool within CyberAccess<sup>sm</sup> system will allow the automation of the (re) assessment and person-centered care planning process to facilitate management of the HCBS programs and increase reporting capabilities. The second process in development is an electronic system, Case Compass. The new Case Compass system will be utilized for HCBS Quality oversight responsibilities.



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Below is a description of the HCBS administered by the DSDS:

- Personal Care – Agency Model (State Plan)
  - Basic Person Care – Agency Model (State Plan)
  - Advanced Personal Care – Agency Model (State Plan)
  - Authorized Nurse Visit – (State Plan)
  - Residential Care Facility – Personal Care (State Plan)
- Personal Care – Consumer Directed Model (State Plan)
- Adult Day Health Care (State Plan)
- Aged and Disabled Waiver
  - Chore
  - Home Delivered Meals
  - Homemaker
- Independent Living Waiver
  - Personal Care – Consumer Directed Model
  - Case Management
  - Environmental Accessibility
  - Specialized Medical Equipment
  - Specialized Medical Supplies

The DSS has oversight of Missouri's Program of All-Inclusive Care for the Elderly (PACE). The DHSS staff only determines the level of care required for nursing facility services for eligibility.

## **MONEY FOLLOWS THE PERSON**

The Centers for Medicare and Medicaid Services (CMS) awarded a Money Follows the Person (MFP) Demonstration grant to Missouri in January, 2007. The demonstration was awarded for the time period of January 1, 2007 through September 30, 2011. The overall goal of MFP is to support and assist individuals with disabilities or who are aging to make the transition from institutions to smaller, quality community settings that can meet their individual support needs and preferences.

## **SUPPLEMENTAL FUNDING**

In August 2010, the DSS received an additional \$400,000 supplemental funding from the CMS as part of the MFP funding opportunity: *Implementing the Affordable Care Act: Making it Easier for Individuals to Navigate their Health and Long-Term Care through Person-Centered Systems of Information, Counseling and Access*. The project will coordinate with the Person-Centered Hospital Discharge Planning/ADRC grant in the 18 county region of northwest Missouri. The objectives of the grant are to develop an MIS system, allowing the ADRC and MFP programs to follow participants through the transition process. Funding will also allow for community education. The three partnering Centers for Independent Living, MERIL, ACDESS II, and RAIL, in conjunction with Missouri's volunteer ombudsman program, will engage their ADRC staff to identify and carry out opportunities to educate the general public, as well as nursing facilities on topics relative to community transitioning from nursing facilities. Topics for education will

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include the rights of individuals living in nursing facilities to transition back to the community, the intent, scope, and application of the new MDS 3.0, Section Q, and resources available to individuals wanting to transition to the community.

In December 2010, the DSS, in partnership with the DMH and the DHSS, received additional administration funding to conduct state evaluation and provide training for the Quality of Life Surveys.

The evaluation process will examine points throughout the transition process from institutions to community settings. The evaluation will be conducted in stages and address: how the participants were selected, the type of funding each receive, type of residence they will live, the support they will receive, and their satisfaction with the services. Follow-up information will be gathered on each participant that leaves the program to identify why the person left. This information will be used to identify trends and aid in the development of supports and services to help keep individuals living in the community.

Funding will be used to hire management and support staff to, to oversee the implementation of the MDS 3.0, Section Q project. An RFP has been presented to contract with an agency or agencies to perform intake and screening for all MFP transition referrals and respond to all MDS 3.0, Section Q, positive responses to inform individuals of their options in transitioning back to the community; verify individuals meet transition eligibility requirements; schedule a face to face to visit with individuals referred while still in the facility to verify that MFP requirements are met.

## **ALZHEIMER'S INITIATIVES IN MISSOURI**

### **ALZHEIMER'S STATE PLAN TASK FORCE:**

There are currently over 110,000 individuals in Missouri living with Alzheimer's or related dementia. With the aging of the baby boomer population, that number will escalate to more than 130,000 by 2025. Missouri had long recognized Alzheimer's disease as an emerging and established the first Alzheimer's Task Force in 1989. In 2009, a new State Task Force was established to:

- Assess the current and future impact of Alzheimer's disease and related dementia on residents of the state of Missouri;
- Examine the existing services and resources addressing the needs of persons with dementia, their families, and caregivers; and
- Develop recommendations to respond to the escalating public health situation regarding Alzheimer's.

The Missouri Alzheimer's Statewide Task Force Report was submitted to the Governor in November, 2010. The report examines the current state and future needs of individuals with



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Alzheimer's and their families. Planning meetings will be held to discuss strategies for implementation of the strategic goals, including funding opportunities, and development of partnerships. The Alzheimer's State Plan Task Force supports initiatives to improve services that enable those with Alzheimer's disease and other dementias to live longer in their homes and neighborhoods, if they wish to do so. The report may be viewed at: [http://www.alz.org/stl/documents/Final\\_Report.pdf](http://www.alz.org/stl/documents/Final_Report.pdf)

The DHSS, four Missouri Alzheimer's Association Chapters, and ten AAAs were awarded a two-year innovative Alzheimer's Disease Supportive Services Program grant on system re-design to increase usage of available services by Missourians with Alzheimer's disease. *Project Learn MORE (Missouri Outreach and Referral Expanded)* will expand use of the Alzheimer Disease (AD-8) screening tool piloted by the 19-county Central Missouri Area Agency on Aging (CMAAA) during the *Project LEARN* and increase referrals to the Alzheimer's Association from other partners including the Veteran's Affairs (VA) Medical Centers in targeted areas. The project goal is to provide a coordinated method to identify and guide those experiencing cognitive impairment who have not sought medical evaluation and/or are not fully utilizing supportive services and provide them with tools to increase their ability to cope with the disease.

Objectives are:

- 1) implement a state-wide use of a formalized identification and referral process;
- 2) develop consumer-directed action plans addressing individual needs, minimizing barriers to success and encouraging utilization of supportive services;
- 3) develop an impact analysis related to participant decisions to live at home or in institutions; and
- 4) disseminate project information.

Anticipated Outcomes are:

- 1) use of the AD-8 screening tool and referral process will be adopted throughout the ten Missouri AAA's client assessment process;
- 2) individuals with Alzheimer's will experience increased sense of ability to utilize coping strategies in facing the challenges of Alzheimer's disease; and
- 3) increased awareness and usage of supportive community and Alzheimer's Association services.
- 4) Families/individuals served will perceive that services offered and knowledge gained will extend the time of remain living in the community.

## **MISSOURI STATE FUNDED ALZHEIMER'S SERVICE PROGRAM**

The Missouri State funded Alzheimer's Service Program provided the following services through the four Alzheimer's Association Chapters: Care Consultation, Safety Programs; Family Education; Respite Assistance; and Early Stage Programs. The purpose of the Alzheimer's

Service Program is to provide available care options and services to individuals with Alzheimer's disease and their families.

## **DEMENTIA TRAINING**

The DHSS is statutorily mandated to establish minimum dementia-specific training requirements for employees delivering care to persons with Alzheimer's disease or related conditions in skilled nursing facilities, intermediate care facilities, residential care facilities, in-home care, adult day care, independent contractors providing direct care, and hospices.

Training topics must include:

- Overview of the disease,
- Communicating with persons with dementia,
- Behavioral management,
- Promoting independence with activities of daily living, and
- Understanding and dealing with family issues.

After the initial legislation was passed, the DHSS staff conducted statewide trainings on the requirements of the law. Staff continues to educate in-home providers through provider certification training. The DHSS regional staff is provided training through dementia e-learning and regional training with Alzheimer's providers.

## **MENTAL HEALTH**

The DMH has coordinated with AAAs throughout the state to provide programs relating to depression and suicide.

- Care Connections, Central Mo Area Agency on Aging, Mid East Area Agency Aging, and Southwest Missouri Office on Aging were approved through the DMH to receive funding to implement Healthy IDEAS in their regions.
- The Division of Comprehensive Psychiatric Services (CPS) and the Missouri Mental Health Transformation State Incentive Grant made five awards available up to \$2,900 for not-for-profit community-based organizations or programs to engage in activities to prevent suicide and suicidal behaviors in older adults aged 60 or over. Care Connection received the grant.

## **THE CRISIS INTERVENTION TEAM PROGRAM (CIT): A LAW ENFORCEMENT/MENTAL HEALTH COLLABORATION**

The CIT is a broad collaboration of law enforcement, mental health and emergency medicine that recruit, train and support police officers to respond effectively to individuals experiencing a psychiatric crisis. Training is one component of the program which is available, though not mandatory, to police officers. In Missouri, the LTCOP, as well as the DSDS regional staff are members of CITs in their respective areas. The CIT is a joint effort from many mental health

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agencies, providers, advocacy organizations, consumers and others to assist a more effective police response to individuals suffering a mental illness. The DMH received a US Department of Justice, Bureau of Justice Assistance grant in the amount of \$200,000 over a two year period to support and expand CIT Missouri-wide.

## **FALLS PREVENTION**

In early 2008, AARP Missouri, supported by the Missouri the DHSS, invited key state-level stakeholders and organizations to participate in a strategic planning and visioning process. The Show Me Falls Free Missouri State Coalition was established. It is a voluntary coalition of state-level departments, associations and organizations which has put together a statewide plan to try to decrease the number of injuries and deaths resulting from falls. The plan is aligned with the National Falls-Free Action Plan developed under the guidance of the National Coalition on Aging and various national partners. It also has drawn upon and is aligned with similar state coalition work in other states.

The coalition focus is the implementation of the goals detailed in the action plan. Data is tracked on annual statewide and national events to determine agency participation levels.

The entire **SHOW ME FALLS FREE MISSOURI PLAN** can be viewed through the following link: <http://health.mo.gov/seniors/showmefallsfreemissouri/pdf/ShowMeFallsFreeMissouri.pdf>

## **IMPROVEMENT IN SELF-MANAGEMENT OF CHRONIC DISEASES AMONG OLDER ADULTS**

The DHSS is collaborating with MO HealthNet, to support the implementation of the Stanford Chronic Disease Self-Management Program (CDSMP) in Missouri communities. This grant will build on public, private and community collaborations and partnerships achieved previously in a successful implementation of CDSMP. AAAs, local public health agencies and regional arthritis centers will collaborate locally to implement the Stanford program. The DHSS will work with state agencies and key stakeholder groups to expand Missouri's capacity to deliver the Stanford CDSMP including arrangements for training CDSMP trainers and leaders, collaborations to schedule and conduct the CDSMP courses at various locations and times that are convenient for the public, and routinely collect and report data. Project objectives are:

- To increase the number of Stanford CDSMP programs in 30 communities;
- Assist 925 older Missourians to complete the program; and
- Increase the number of state and local partners that implement the CDSMP or refer their clients to the programs.

## **LIFE SPAN RESPITE**

In March 2010, the ARCH National Respite Network and Resource Center sponsored a Missouri Lifespan Respite Summit to discuss the establishment of a statewide Lifespan Respite Coalition.

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The event was co-hosted by St. Louis Family Support & Respite Coalition, Northwest MO Area Agency on Aging, the DMH, and the DHSS. The summit was attended by over 60 individuals. Discussions were focused around grant funding, development of an ongoing action plan, and establishment of a Statewide Lifespan Respite Coalition.

The mission of the Missouri Lifespan Respite Coalition is to support and promote the development of a comprehensive, statewide respite network that is responsive to the needs of all caregivers and their families, and enhances the quality of life for individuals of all ages and needs.

## **MISSOURI SENIOR MEDICARE PATROL EXPANSION PROJECT**

The Missouri Senior Medicare Patrol (SMP) Expansion Project is a one-year project with the goal of expanding the capacity of the Missouri SMP project to recruit, screen, train, manage and support an increased number of SMP volunteers, and utilize these volunteers to effectively expand SMP outreach to beneficiaries in local communities in a more comprehensive manner throughout the state. The objectives of the project are: 1) to expand and enhance the SMP project's volunteer workforce; 2) to expand SMP outreach and education to beneficiaries statewide; 3) to expand SMP ability to manage beneficiary inquiries and complaints in a timely and professional manner; and (4) to enhance SMP capacity for performance management. Expected outcomes of the project include: 1) a 75% increase in active SMP volunteers who report outreach and education activity; and) 75% of SMP volunteers will continue their commitment to the program for another year. The major product that will result from this project is an easily replicable SMP Outreach Campaign for volunteers to complete.

## **THE MISSOURI SENIOR MEDICARE PATROL**

This is a continuation of a three-year grant to the District III Area Agency on Aging (AAA) for support of the SMP. The goal of the Missouri SMP is to increase the awareness of Medicare and Medicaid error, fraud, and abuse among beneficiaries, their caregivers, home health and in-home workers, and hard-to-reach populations in the state of Missouri.

The objectives are to:

- Conduct a statewide media campaign that semi-annually will focus on a topic of interest to Medicare/Medicaid recipients;
- Refine and consolidate the training materials needed to train SMP volunteers;
- Contract with each Missouri AAA and the Missouri state prescription assistance program to provide volunteer support and training;
- Utilize the SMP Coalition's expertise to provide direction and support for the project;
- Develop an educational series focused on home health care and in-home care workers that will increase the ability of these professionals to recognize and report potential

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fraud and abuse to the appropriate agency, as well as distribute fraud and abuse information to their clients; and

- Collaborate with AAA's, local community groups and the state Office on Minority Health to reach targeted hard-to-reach populations.

Expected outcomes are:

- Two retired senior volunteers will conduct activities to educate beneficiaries about potential fraud and abuse in each county in Missouri;
- Every county in the state will conduct a minimum of one group presentation and one media event; and
- Beneficiary inquiries about health care error, fraud and abuse will increase by 25% in areas targeted for minority outreach.

Products will include educational toolkits, articles for publication, and a final report.

## **LEGAL SERVICES**

### **MODEL APPROACHES TO STATEWIDE LEGAL ASSISTANCE SYSTEM**

The DHSS is coordinating and enhancing existing limited and fragmented senior legal services through the operation of the Missouri Seniors Legal HelpLine, a statewide toll-free phone line offered in conjunction with an online helpline. The goal of this project is an integrated system of senior legal services that any consumer, senior or caregiver -- urban or rural, English or non-English speaking -- can access for information on legal issues and referrals to Title III-B and Legal Services Corporation funded services, or private attorneys providing pro bono or low-cost services involving critical needs. The target population includes rural and minority seniors, foreign-language speaking immigrants (primarily Spanish, Bosnian and Vietnamese), in-home service recipient populations assessed by Adult Protective Services and/or served by Medicaid waiver programs, and nursing facility residents.

By integrating services, the Missouri Seniors Legal HelpLine seeks to:

- raise awareness of senior legal issues and services;
- result in better informed decisions on legal issues for Missouri seniors;
- standardize reporting and measurement tools; and,
- increase the amount of pro bono and low cost hours of private attorneys for senior legal services.

### **ELDER ABUSE AWARENESS AND PREVENTION**

The State Legal Services Developer (SLSD) is instrumental in educating seniors and the public regarding elder abuse awareness. Ongoing activities include: advocating and presenting information for World Elder Abuse Awareness Day and National Health Care Decisions Day. The

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SLSD provides ongoing training to the DHSS and AAA staff, as well as other professionals who are mandated reporters, on recognizing and reporting elder abuse.

## **INITIATIVES**

The following are initiatives and/or proposed legislation, both state and national, that promote elder rights awareness: development and provision of training to clergy and judicial communities, Federal Elder Justice Act, MO Bar's proposal for adaptation of the Federal Uniform Power of Attorney Act, and the MO Bar proposal for the adaption of the Federal Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act, a bill which was introduced by Missouri State Representative Jay Barnes for SFY 2012.

### **SENIOR COMMUNITY SERVICES EMPLOYMENT PROGRAM**

The SCSEP program sponsors an annual event recognizing the Outstanding Older Workers. Employers across the state nominate an individual(s) whom they believe to have exceptional work ethics. Regional winners are chosen and one State winner is chosen to represent the senior working community at various state activities.

For this program year, Missouri has 383 slots for individuals who qualify for the program. Through training and placements, Missouri can actually help 800 residents to find unsubsidized placements.

The state of Missouri has three sub grantees who administer the SCSEP program. They are Catholic Charities, Experience Works, and MERS/Goodwill. (Appendix K, Map)

In February 2009, the DHSS was notified that the SCSEP program would receive \$2,809,542.00 in additional funding from the American Recovery & Reinvestment Act. This money was used to fund an additional 53 slots across the state for the period of 7/01/09-6/30/10. During this period of time, it was anticipated that an additional 110 persons would have the opportunity to participate in the training program for older workers in an effort to help them secure unsubsidized employment positions. An additional goal of the program was that when this contract period was over, participants funded by ARRA would be absorbed into the regular funding stream and continue to receive employment training. This goal was 100% realized.

### **THE MEDICARE IMPROVEMENT FOR PATIENTS AND PROVIDERS ACT OF 2008**

Prior to the passage of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA), the Social Security Administration and CMS estimated that about 43,000 low income Medicare beneficiaries were eligible for and not receiving Low Income Subsidies (LIS) for Medicare Part D and similarly Medicare Savings Plans (MSP), QMB, SLMB and SLMB2.

The changes to Medicare due to MIPPA, has increased eligibility for LIS and MSPs for many Missourians. The funding received by the AAAs, both through the original Act and additional



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funding under the Affordable Care Act of 2010, has provided the opportunity to conduct outreach and assist Medicare beneficiaries with applications for both LIS and MSP. As of September 2010, the AAAs have assisted a total of 2,170 individuals. Through outreach efforts, approximately 3,000 more individuals have signed up for the program on their own. According to the National Center for Benefits Outreach and Enrollment, the value of benefits from June 2009 through September 2010 for the State totaled \$6,764,700. Records show there are still over 38,000 Medicare beneficiaries eligible for services who have not applied.

1. The first MIPPA grant runs from June 1, 2009 to May 31<sup>st</sup> 2011. This grant is based on LIS and MSP applications. Each AAA has a targeted number of LIS and MSP applications. The goal is to do outreach activities and events that will translate into added LIS and MSP applications.
2. The second MIPPA grant will begin on October 1, 2010 and go through to September 30, 2012. Reporting of Part D applications will begin after the first six months or when the target numbers have been met through the first grant. The AAAs will then assist CLAIM to in meeting their goal of targeted applications. The intended outcome of this grant is the development of ongoing relationships between the:
  - AAAs, CLAIM and FSD offices
  - SUA, CLAIM and DESE
  - SUA, CLAIM and LPHA

CLAIM is responsible for provide the training to all grantees as well as the development of media tools such as brochures, posters and postcards.

## **THE NATURALLY OCCURRING RETIREMENT COMMUNITY**

Missouri's only formal Naturally Occurring Retirement Community (NORC) is located in Creve Coeur and is sponsored and managed by the Jewish Federation of St Louis. It has been in existence for over 7 years and was initially funded by AoA. The NORC encompasses a 3 square mile area of high density living that includes single family housing, apartments, senior housing and condominiums. Two Christian congregations are partnered with The Jewish Federation of St Louis to provide volunteers, activity venues and services.

The project receives General Revenue funding, which makes up about a third of the full funding for the project. Services are provided to 638 seniors over 65 years, and intermittent supportive services to another 1400+ seniors. Seniors pay a minimal membership to join.

## **COMMUNITY INNOVATIONS FOR AGING IN PLACE**

Catholic Charities of Kansas City-St. Joseph was awarded a \$317,631 grant from AoA to implement Caring Communities Resource Centers. The grant period is from September 30, 2009 through September 29, 2012. Catholic Charities will work in collaboration with senior

centers and community partners of health and aging expertise. The goal of the project is to enhance older adults' ability to live independently and increase healthy behaviors through localized access to a continuum of health and social services focused on seniors and their caregivers supporting quality of life while aging in place. The objectives include: 1) services customized to needs of older adults in low-income, urban and rural neighborhoods; 2) outreach activities for awareness of the comprehensive scope of services; 3) intake and health screenings to determine health conditions and facilitate care plans for better management; 4) intervention, case management, and referrals to health providers; 5) chronic disease management workshops and health literacy; 6) mental health services; 7) assisting family caregivers to identify their own needs; 8) providing resources to address older adult/caregiver circumstances; and 9) respite services.

## **DISASTER PREPAREDNESS**

The DSDS has a dedicated staff person for disaster preparedness, planning, and response. This is the DSDS Disaster Response Coordinator (DRC). Fourteen other division staff members participate on emergency response teams within the department, which includes quarterly trainings and an average of two exercises per year. When the department activates the Department Situation Room, this team is also activated. Team members will be participating in the New Madrid Seismic Zone National Level Exercise in May 2011.

The DSDS has created a Central Registry Unit (CRU) Back-Up Team consisting of 12 members. These team members are trained to back up the unit that handles the elder abuse/neglect/exploitation hotline as well as intake and information/referral calls. This allows for trained staff to be able to support the hotline in the event that the hotline begins receiving a greatly increased number of calls or for an event where our hotline facility must be evacuated and transferred to an alternate location. The hotline will be able to continue functioning even during the relocation.

The DRC updated the division's Continuity of Operations (COOP) plan and trained all division staff statewide on the plan in October of 2010. The DSDS Essential Functions that will continue during any emergency event will be to:

1. Maintain access to and operation of the Elder Abuse Hotline, allowing the DHSS/DSDS to receive calls alleging abuse, neglect, or exploitation of persons living in the community; complaints regarding service providers, long-term care facilities, home health care agencies, and hospitals; complaints regarding mental health services; and other calls regarding protective services for seniors and adults with disabilities. (Immediately)
2. Provision of direct interventions to protect seniors and adults with disabilities from abuse, neglect, or exploitation. (Immediately)
3. Provide in-home care program management and oversight, specifically to those individuals most at-risk during an emergency or disaster event. (within 12-24 hours)

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4. Oversight of Area Agency on Aging operations to ensure appropriate response and support provision of essential services. (within 12-24 hours)

The DSDS staff has participated in numerous trainings and exercises to evaluate the effectiveness of COOP. These include

1. Participation in a department-wide COOP exercise on November 3<sup>rd</sup> and 10<sup>th</sup>, 2010. The training included an evaluation of the exercise and Improvement Action Plan to enhance COOP planning/response in the future.
2. DRC participation in the AoA Tabletop Exercise with Regions V & VII states' disaster planners on January 11<sup>th</sup>, 2011.
3. The DSDS Central Office and Regional offices participated in the Great Central U.S. Shakeout exercise on April 28<sup>th</sup>, 2011.

The DSDS worked with the department's Center for Emergency Response and Terrorism to develop Emergency Kit checklists for oxygen users. These were then distributed to partners in June 2010 and are available for Missouri residents free of charge. These accompany the Ready in 3 Family Safety Guide which instructs individuals and families on how to be prepared for any emergency.

## APCS Regional Staff

In the first quarter of 2011, each Regional Office will develop a COOP plan specific to their region, which will become an annex of the division's COOP plan.

Regional Managers and Assistant Regional Managers will complete a tabletop exercise on February 18<sup>th</sup>. The exercise will focus on a New Madrid Seismic Zone event.

In November, the DSDS implemented a formal process for communication between field staff and CRU when field staff are under "altered standards of practice" due to an emergency event, relocation, or altered means of communication.

## AAAs:

All AAAs have submitted draft COOP plans to the division. The DRC for the DSDS is in the process of reviewing them. Beginning in March 2011, the DRC will provide a technical assistance site visit with all AAAs. This visit will include review of the plans and recommendations made by the DSDS, as well as assist with any other disaster preparedness needs or questions.

DRC has presented a proposal for a formal communication protocol between AAAs and the DSDS during major disaster events. The proposal was discussed with all AAA Directors and is in the editing and finalizing stage. The protocol should be implemented by the end of January 2011.

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The DSDS continuously provides information, updates, and collaboration opportunities to AAAs in regards to emergency preparedness, as well as information on influenza vaccination campaigns.

AAAs and their senior centers participated in the Great Central U.S. Shakeout Exercise on April 28<sup>th</sup>, 2011.

The DSDS DRC is working with AAAs to refine their emergency response plans once the COOP plans have been finalized.

## **HOSPITAL DISCHARGE PLANNING/AGING AND DISABILITY RESOURCE CENTER**

In September 2008, the Missouri Department of Health and Seniors was awarded a \$1.58 million combined CMS/AoA Real Choice Systems Change grant, *Development and Implementation of a Person-centered Hospital Discharge Planning Model (HDP) and Option #2 "Development of a New Aging and Disability Resource Center (ADRC)." The goal is to develop and implement a system that engages patients, at risk of institutionalization, and their caregivers in the hospital discharge planning process, as well as, increasing individual's awareness of the options for home and community-based services. (Appendix L, Project Deliverables)*

Missouri chose the 18 county area (Appendix M) within the northwest region of the state as the pilot area to assist the Northwest Area Agency on Aging to expand on the enhanced Information and Assistance program it had previously implemented. Initial partners for the project included, the DHSS, Heartland Regional Hospital in St. Joseph, MO, NW AAA, the three Centers for Independent Living in the region, Access II Independent Living Center (Access II), Midland Empire Resources for Independent Living (MERIL), Rural Advocates for Independent Living (RAIL), and the University of Missouri-Kansas City, Institute for Human Development.

The Northwest Coalition for Integrating Community Resources (NW Coalition) was established to guide the development and implementation of the project at both the regional and local level by identifying partners, resources, and outreach opportunities, and developing specific work plans and project objectives. Workgroups were established to facilitate the planning process.

The *HDP* workgroup reviewed the aspects of several models and concluded the goal should be to develop a model that would facilitate hospital to home transition. The group determined the essential aspects of the model should include patient-centered planning, teach-back methods, and post-discharge follow-up. The group has developed a hand-off tool referred to as the Red Flag Tool, which will be completed by the discharge planner, patient, family, and/or caregivers. The tool will alert the Options Consultants to potential issues that may present obstacles for successfully living in the community. The workgroup also developed a training curriculum and

# Missouri State Plan on Aging FY 2012-2015

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strategies to involve all area hospitals in training. Heartland Regional Medical Center conducted the training throughout the region.

The *Training* workgroup identified four main areas of content which have been developed into modules for training staff in the aspects of Options Counseling. The training is suited to either new hires or existing staff that need to broaden or deepen their knowledge and skills. The modules include:

- *ADRC "101";*
- *Communicating and Interacting with Target Populations;*
- *Roles and Functions of Options Counseling; and*
- *Health and Safety.*

The *Marketing* workgroup developed a plan which was completed and approved by the Coalition. The group utilized input from focus groups, the Consumer Advisory Group, the Coalition, and the State Advisory Council to evaluate the branding packet. *Show Me Options (Appendix N, Branding Packet)*, was the chosen for the project, with [www.showmeoptions.org](http://www.showmeoptions.org) as our URL. *Aging and Disability Resource Center -- Northwest Missouri* was chosen as the tag line to optimize search results.

The *IT/MIS* workgroup studied the development of a statewide, interactive, online database, and MIS that would provide effective client intake and tracking, as well as other software tools for use with consumers. The IT/MIS workgroup made recommendations to the state that the current system developed and used by the ma4 be used as a basis for the ADRC's database and MIS needs. The state contracted with the Care Connections Area Agency on Aging to oversee the administrative responsibilities of the project.

*Collaboration of HDP/ADRC:* The PC HDM was designed with the ADRC as the main tool for streamlining discharge planning. The ADRC's web-based database is available to discharge planners, who are encouraged to use it. Discharge planners were trained to engage Options Consultants (OCs) in the discharge planning process in order to benefit from its person-centered planning approach, and to maximize the post-discharge advantages OCs can offer. Benefits offered by OCs were follow-up with the patient and/or caregivers, post-discharge; a more thorough assessment of a patient's long-term care needs, especially those that are non-medical; and an extensive knowledge of community-based supports, especially those that may address the on-going non-medical needs of the former patient.

*State Advisory Council:* A statewide advisory council was established and held its first meeting in September 2010. The purpose of the council is to advise the State on the design and operations for statewide implementation of the HDP/ADRC initiative. The council is composed of representatives from state agencies and organizations whom are extensively involved in programs and services for older adults and individuals with disabilities.

# Missouri State Plan on Aging FY 2012-2015

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Although Missouri is not required to develop an ADRC Statewide plan, the advisory council roles and responsibilities meet many of the requirements referred to in the ADRC Statewide Plan template. The council completed a partnership inventory, documenting contacts within key organizations and focus areas that will be important to the ADRC expansion effort. A SWOT analysis will be completed in the fall of 2011, and after analysis of all data, the council will develop a plan for expansion and sustainability.

The implementation of the ADRC project statewide will afford the AAAs the opportunity to work with the CILs and expand their efforts for developing and encouraging consumer-directed services. The ADRC project also allows Missouri to solicit other consumer-directed opportunities such as the Veterans Directed-Home and Community-based Services program.

## **APCS COLLABORATION/PARTNERSHIPS**

The DSDS Regional staff relies heavily on collaborative partnerships to meet the needs of seniors and persons with disabilities. The list below illustrates just a few of the many partnerships utilized by APCS staff in all five regions of the state. Many staff are members of councils and committees that work with or provide services and supports to seniors and adults with disabilities, including mental illness.

- ▶ Senior Centers
- ▶ Universities
- ▶ Housing Agencies
- ▶ Centers for Independent Living
- ▶ Area Agencies on Aging
- ▶ Alzheimer's Associations
- ▶ Public Administrators/Courts
- ▶ Law Enforcement
- ▶ Health Care Agencies/Physicians
- ▶ Faith-based Organizations
- ▶ Churches
- ▶ Mental Health Agencies
- ▶ Senior Services Agencies
- ▶ Other State Agencies



# Missouri State Plan on Aging FY 2012-2015

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## VISION

Establishing a dynamic aging and disability network that promotes dignity and facilitates empowerment throughout the lifespan

## MISSION

To promote a comprehensive, coordinated and cost-effective continuum of long-term care options and protective services that support older persons (60+) and adults with disabilities (18+) to maintain their health and independence wherever they choose to live.

**Goal 1: Encourage seniors, persons with disabilities and caregivers to assert a more active role in their choices regarding person-centered, consumer directed home and community-based services (HCBS).**

### **Strategic Objective**

1. Improve access to home and community-based care information.
2. Expand Aging and Disability Resource Center (ADRC) statewide.
3. Advise consumers on need for long-term care planning.
4. Promote educational opportunities to encourage HCBS over institutional care.
5. Encourage AAAs to work with the CILs in providing person-centered HCBS services.

### **Completion Date**

Ongoing  
January 1, 2012  
Ongoing  
Ongoing  
June 2015

### **Measures:**

- Increased number of consumers receiving person-centered/consumer directed HCBS.
- Improved and expanded information, referral and assistance database.
- Implementation of statewide ADRC.

**Goal 2: Enable more seniors and persons with disabilities to remain in their homes for as long as possible, through the provision and expansion of high quality home and community-based services, including supports for formal and informal caregivers.**

### **Strategic Objective**

1. Identify successful core principles of care transition models for the design and implementation of a care transition system throughout state.
2. Facilitate training of care transition model throughout the state.
3. Apply for federal grants to expand services when feasible.
4. Enhance monitoring of providers of HCBS to ensure consumers receive appropriate, high quality services.

### **Completion Date**

January 1, 2013  
Ongoing  
Ongoing  
Ongoing

## Missouri State Plan on Aging FY 2012-2015

### Measures:

- Increased training of nursing home and hospital staff and AAA staff regarding HCBS options through a care transition model.
- Increase number of facility and hospital referrals for HCBS.
- Increased satisfaction of HCBS participants.

**Goal 3: Encourage Missourians to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.**

### **Strategic Objective**

### **Completion Date**

1. Promote healthy living through primary prevention. Ongoing
2. Increase use of Evidence-based Disease and Disability Prevention Programs for Missourians at the community level. Ongoing
3. Promote the use of prevention benefits available under Medicare. Ongoing

### Measures:

- Increased number of people understanding and utilizing Medicare benefits.
- Better management of chronic diseases.
- Reduction in reported falls.
- Reported improvement of nutritional, physical, and mental health.

**Goal 4: Expand elder rights and legal services for seniors in Missouri.**

### **Strategic Objective**

### **Completion Date**

1. Raise awareness of elder abuse through training of staff and partners and consumers. Ongoing
2. Promote awareness of elder abuse through support of World Elder Abuse Awareness Day Ongoing
3. Implement the MO Senior Legal HelpLine Spring 2011

### Measures:

- Number of calls to hotline.
- Number of trainings provided to staff, partners, and consumers.
- Promotional materials distributed.

**Goal 5: To preserve and protect the rights of residents in long-term care facilities and prevent abuse/neglect/exploitation.**

### **Strategic Objective**

### **Completion Date**

1. Increase the number of volunteers making weekly visits to facilities. Ongoing
2. Advocate for residents who are given involuntary discharge notices. Ongoing

## Missouri State Plan on Aging FY 2012-2015

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3. Monitor and advocate for residents indicating on section Q of the Minimum Data Set (MDS) that they wish to move out of the nursing home. Ongoing

**Measures:**

- The Long-Term Care Ombudsman Program will conduct 20 training sessions a year for long-term care facility staff, residents and family members, on the topic of abuse prevention.
- The DSDS will convene a workgroup of state agencies and elected officials in 2011 in order to develop a comprehensive plan for awareness, prevention and reporting of abuse/neglect/exploitation of the elderly and adults with disabilities.

**Goal 6: Maximize management of information systems for data for tracking and reporting performance measures.**

***Strategic Objective***

1. Identify information to be tracked and reported.
2. Analyze information system for updates needed.
3. Refine information system to improve performance.

***Completion Date***

January 1, 2012  
January 1, 2012  
January 1, 2012

**Measures:**

- The Area Agencies on Aging will have an improved information tracking and reporting system.

# Missouri State Plan on Aging FY 2012-2015

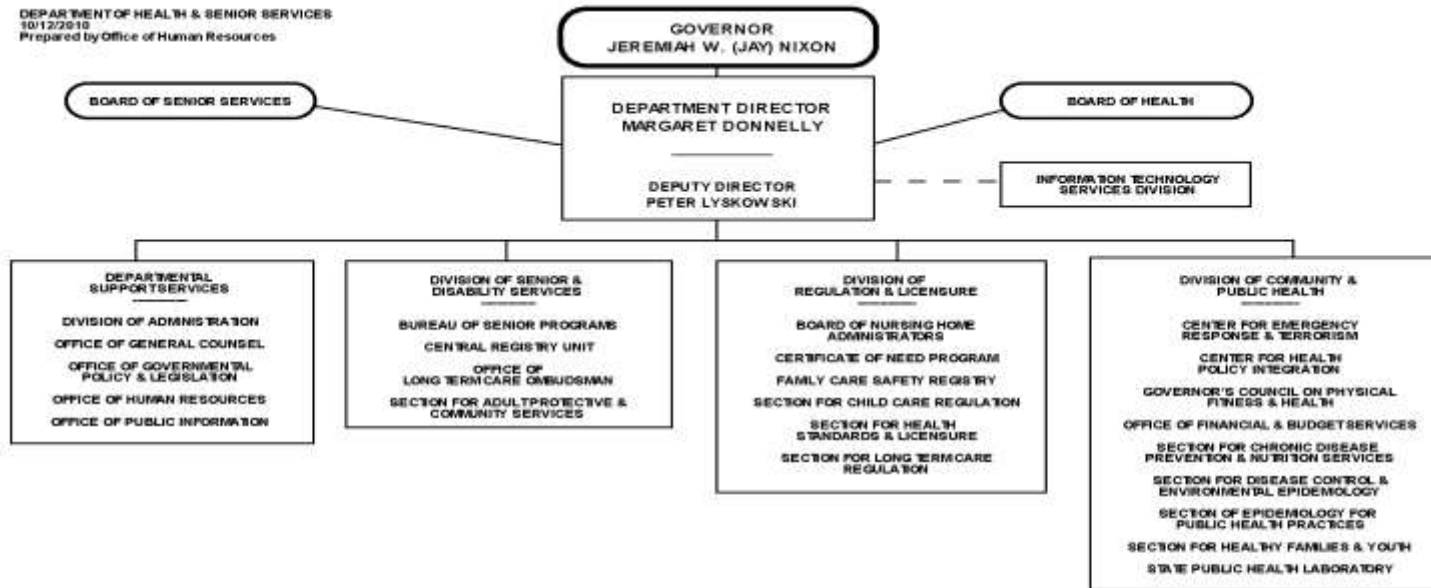
## Relationship between AoA Strategic Plan Goals and DHSS Goals

AoA Strategic Action Plan FY 2007-2012 Program Goals		DHSS Goals FY 2012-2015					
		Goal 1: Encourage seniors, persons with disabilities and caregivers to assert a more active role in their choices regarding person-centered, consumer directed home and community-based services (HCBS).	Goal 2: Enable more seniors and persons with disabilities to remain in their homes for as long as possible, through the provision and expansion of high quality home and community-based services, including supports for formal and informal caregivers.	Goal 3: Encourage Missourians to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.	Goal 4: Expand elder rights and legal services for seniors in Missouri.	Goal 5: To preserve and protect the rights of residents in long-term care facilities and prevent abuse/neglect/exploitation.	Goal 6: Maximize management of information systems for data for tracking and reporting performance measures
<b>Goal 1:</b> Empower older people and their families to make informed decisions about and be able to easily access, existing home and community-based options.	X		X				
<b>Goal 2:</b> Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services including supports for family caregivers.	X		X				
<b>Goal 3:</b> Empower older people to stay active and healthy through Older Americans Act Services and the new prevention benefits under Medicare.				X			
<b>Goal 4:</b> Ensure the rights of older people and prevent their abuse, neglect, and exploitation.					X	X	X

## **APPENDICES**

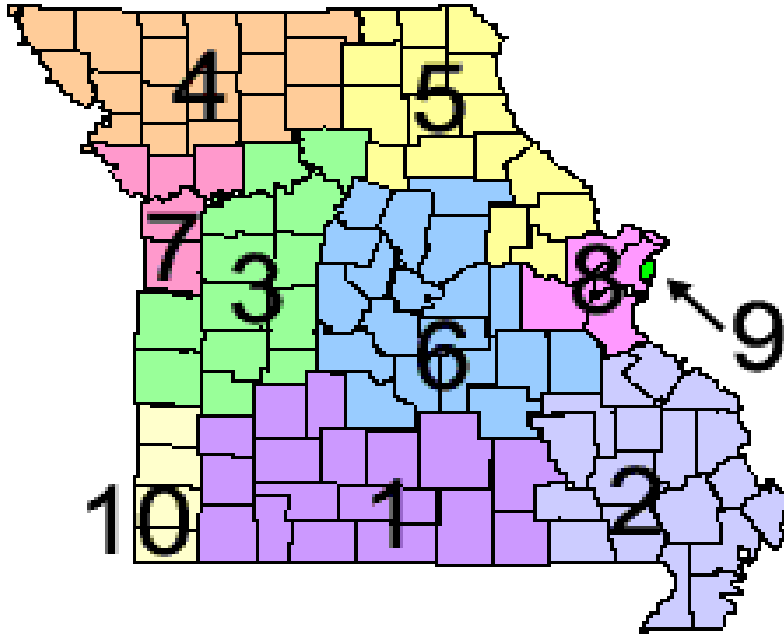
# Missouri State Plan on Aging FY 2012-2015

## Appendix A Organizational Chart



## Appendix B

### Long-Term Care Ombudsman Regions



1. Council of Churches of the Ozarks  
627 N. Glenstone  
P. O. Box 3947 G. S.  
Springfield, MO 65808  
(417) 862-3598  
FAX: (417) 862-2129 [www.ccozarks.org](http://www.ccozarks.org)

2. Southeast MO Area Agency on Aging  
1219 N. Kingshighway, Suite 100  
Cape Girardeau, MO 63701  
(573) 335-3331 or (800) 392-8771  
FAX: 573-335-3017 [www.semoaaa.org](http://www.semoaaa.org)

3. Care Connection for Aging Services  
106 W. Young Street  
P. O. Box 1078  
Warrensburg, MO 64093  
(660) 747-3107  
FAX: 660-747-3100  
[www.goaging.org](http://www.goaging.org)

4. Northwest MO Area Agency on Aging  
211 South Polk  
P.O. Box 265  
Albany, MO 64402  
(660) 726-3800 or (888) 844-5626  
[www.nwmoaaa.org](http://www.nwmoaaa.org)

7. Mid-America Regional Council  
600 Broadway, Suite 200  
Kansas City, MO 64105  
(816) 474-4240  
FAX: (816) 421-7758  
[www.marc.org](http://www.marc.org)

5. LTC Ombudsman Program  
8702 Manchester Road  
Brentwood, MO 63144  
866-918-8222  
FAX: (314)-918-9188  
[www.ltcop-stl.org](http://www.ltcop-stl.org)

8./9. LTC Ombudsman Program  
8702 Manchester Road  
Brentwood, MO 63144  
(314) 918-8222 or 866-918-8222  
FAX: (314) 918-9188  
[www.ltcop-stl.org](http://www.ltcop-stl.org)

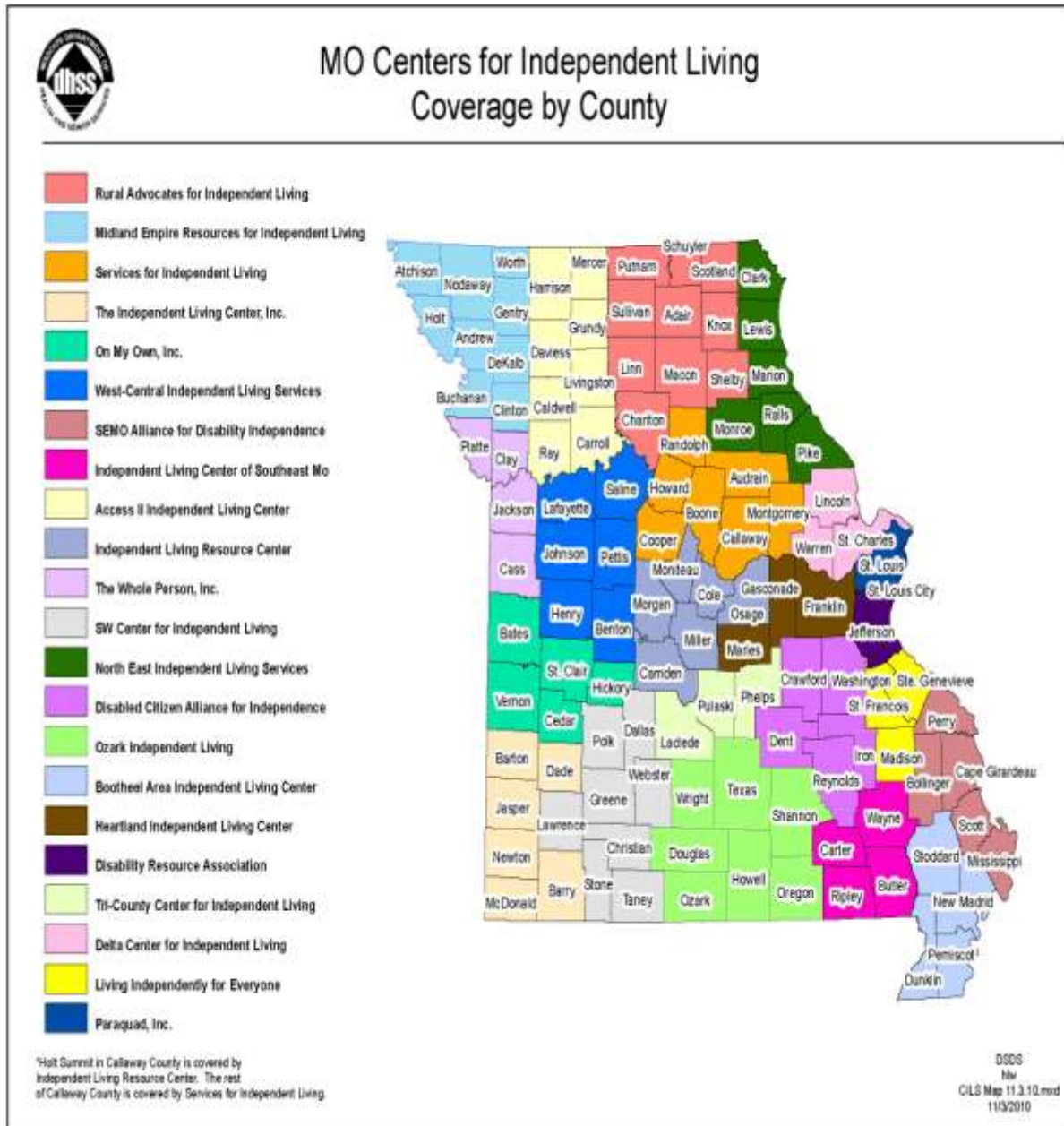
6. Central MO Area Agency on Aging  
1121 Business Loop 70 East, Suite 2A  
Columbia, MO 65201  
(573) 443-5823  
FAX: (573) 875-8907  
[www.cmaaaa.net](http://www.cmaaaa.net)

10. Area Agency on Aging  
531 E 15h Street  
P. O. Box 3990  
Joplin, MO 64804  
(417) 781-7562  
FAX: (417) 781-1609  
[www.aaaregionx.org](http://www.aaaregionx.org)



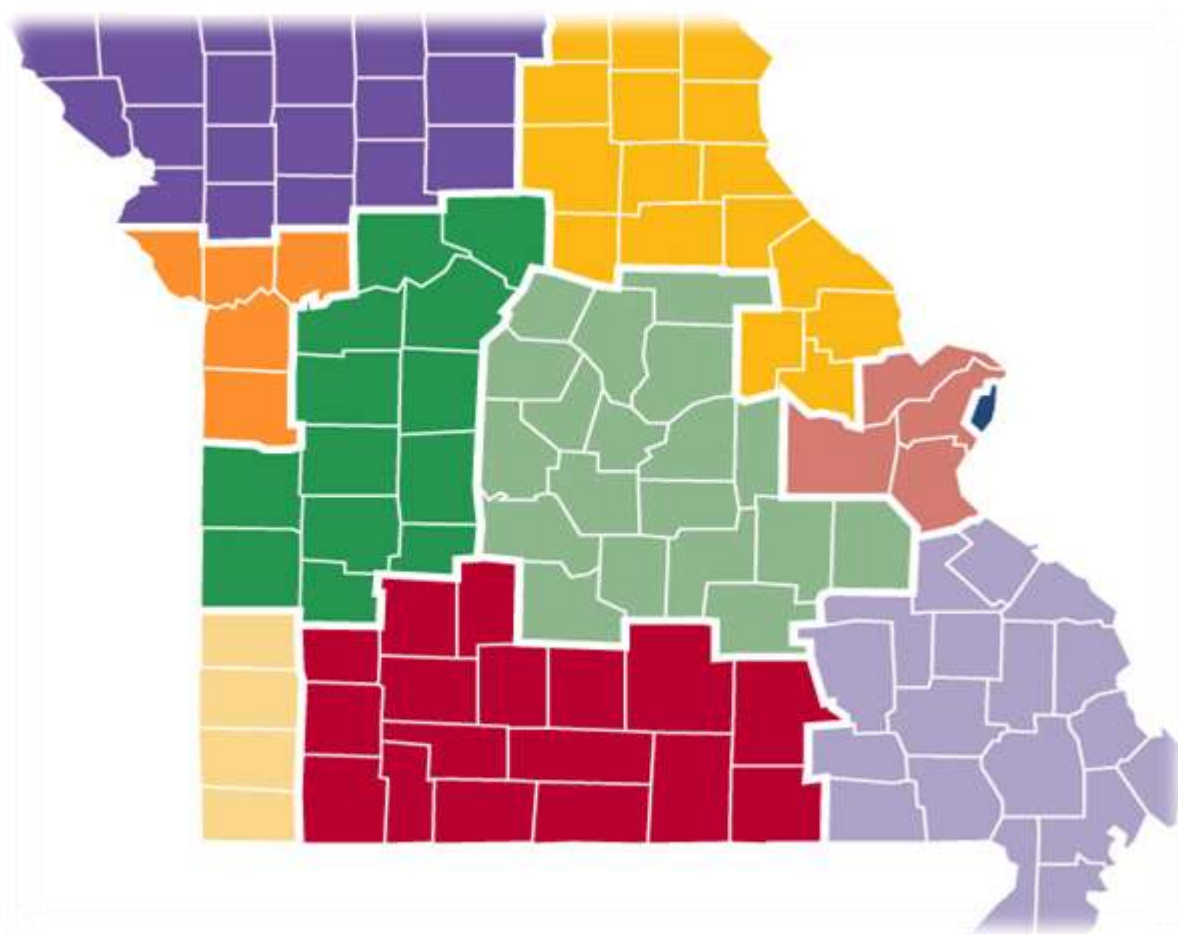












## Appendix D



## Appendix E

### AREA AGENCIES ON AGING



- |   |   |
|---|---|
|  Southwest MO Office on Aging      |  Central MO Area Agency on Aging     |
|  Southeast MO Area Agency on Aging |  Mid-America Regional Center         |
|  District III dba Care Connection  |  Mid-East Area Agency on Aging       |
|  Northwest MO Area Agency on Aging |  St. Louis City Area Agency on Aging |
|  Northeast MO Area Agency on Aging |  Region X Area Agency on Aging       |

# Missouri State Plan on Aging FY 2012-2015

## Appendix F

### Board Membership 2010-2011 Silver Haired Legislature

<u>Officers</u>	<u>Members</u>
<p>PRESIDENT- <u>BRUCE YAMPOLSKY</u> (SAAAA Chair) 4522 Maryland Ave., St. Louis 63108 (314) 454-1863 <a href="mailto:BBYTLG@sbcglobal.net">BBYTLG@sbcglobal.net</a></p> <p>1st VICE PRESIDENT – <u>PAT DONEHUE</u> (CM Chair) 4701 Woods Crossing, Jefferson City 65109 (573) 893-3428 <a href="mailto:chip@socket.net">chip@socket.net</a></p> <p>2<sup>nd</sup> VICE PRESIDENT – <u>JO WALKER</u> (Speaker Pro Tem of the House) 607 North Pine, Marshfield 65706 (417) 859-4496 <a href="mailto:jobillwalker@centurytel.net">jobillwalker@centurytel.net</a></p> <p>SECRETARY – <u>PEGGY WILSON</u> (House Minority Leader) 5547 Waterman Blvd., 2E, St. Louis 63112 (314) 367-0576 <a href="mailto:peggycookie2@charter.net">peggycookie2@charter.net</a></p> <p>TREASURER – <u>JACK ANDERSON</u> (Mid-East Chair) 1418 Ticonderoga Dr., St. Peters 63376 (636) 441-5614 <a href="mailto:imajsa@charter.net">imajsa@charter.net</a></p> <p>PRESIDENT PRO TEM OF THE SENATE - <u>Bill Trimm</u> 1101 Jobe Dr., Jefferson City 65101 (573) 634-2781</p> <p>SENATE MAJORITY LEADER - <u>Harold Dillon</u> 110 South Hawthorne, Independence 64053 (816) 252-6342 <a href="mailto:dhinmo@juno.com">dhinmo@juno.com</a></p> <p>SENATE MINORITY LEADER - <u>Andrew Duff</u> 1 Strecker Rd., C-212, Ellisville 63011-1982 (636) 627-9065 <a href="mailto:shlsenator@yahoo.com">shlsenator@yahoo.com</a></p> <p>SPEAKER OF THE HOUSE - <u>Fred Kratky</u> 6001 Bishops Pl, St. Louis 63109 (314) 481-0444 <a href="mailto:fkratky@stlrealtors.com">fkratky@stlrealtors.com</a></p> <p>HOUSE MAJORITY LEADER - <u>Eric Naegler</u> 6033 S. FR 223, Rogersville 65742 (417) 838-5661 <a href="mailto:Ern123@centurytel.net">Ern123@centurytel.net</a></p>	<p><u>Dale Johnson</u> (SW) PO Box 363, Alton 65606 (417) 778-6589 <a href="mailto:djohnson04@yahoo.com">djohnson04@yahoo.com</a></p> <p><u>Loretta Schneider</u> (SE) 3215 Lakewood Dr., Cape Girardeau 63701 (573) 335-3546 <a href="mailto:jeslas@att.net">jeslas@att.net</a></p> <p><u>Nancy Maxwell</u> (Care Connection for Aging Services) 1240 NW 450 Rd., Holden 64040 (816) 732-6706 <a href="mailto:nlmaxwell@knoxy.net">nlmaxwell@knoxy.net</a></p> <p><u>Dale Faulkner</u> (NW) 19049 State Hwy O, Tarkio 64491 (660) 736-5398 <a href="mailto:dlfaulk@tarkio.net">dlfaulk@tarkio.net</a></p> <p><u>Genevieve Lynch</u> (NE) 1697 North Buchanan Moberly 65270 (660) 263-5475</p> <p><u>Ken Fitzpatrick</u> (MARC) 6507 N. Agnes, Gladstone 64119 (816) 682-6002 <a href="mailto:mrfitz@kc.rr.com">mrfitz@kc.rr.com</a></p> <p><u>Anna Ruth Mosbaugh</u> (Region X) 2902 North Brownell Ave., Joplin 64801 (417) 623-2599 <a href="mailto:annaruth@cableone.net">annaruth@cableone.net</a></p>

## **Appendix G**

### **Top 5 Priorities of SHL - 2012**

1. Reinstate Core Funding for Meals (reinstate the funding that was cut from the AAA budget)
2. Pay Day Loan (set stricter guidelines on Pay Day Loan companies)
3. Silver Alert Adults (have an Amber Alert System for Seniors)
4. Property Tax Relief of Seniors (when seniors reach an established age, they can apply to have their property taxes frozen until the property is transferred to a new owner)
5. Raise the Asset Level Eligibility Guidelines (\$2,000 for single; \$3,000 for married couple)

# Missouri State Plan on Aging FY 2012-2015

## Appendix H

S1810: Disability Characteristics

Data Set: 2009 American Community Survey 1-Year Estimates

Survey: American Community Survey

Geographic Area: Missouri

Subject	Total	With a disability	Percent with a disability
<b>Total civilian non-institutionalized population</b>	5,871,474	825,456	14.1%
<b>Population under 5 years</b>	404,096	2,543	0.6%
With a hearing difficulty	(X)	1,542	0.4%
With a vision difficulty	(X)	1,471	0.4%
<b>Population 5 to 17 years</b>	1,022,803	62,221	6.1%
With a hearing difficulty	(X)	8,462	0.8%
With a vision difficulty	(X)	8,239	0.8%
With a cognitive difficulty	(X)	48,686	4.8%
With an ambulatory difficulty	(X)	7,675	0.8%
With a self-care difficulty	(X)	8,436	0.8%
<b>Population 18 to 64 years</b>	3,663,823	453,993	12.4%
With a hearing difficulty	(X)	96,810	2.6%
With a vision difficulty	(X)	78,846	2.2%
With a cognitive difficulty	(X)	202,114	5.5%
With an ambulatory difficulty	(X)	239,118	6.5%
With a self-care difficulty	(X)	85,311	2.3%
With an independent living difficulty	(X)	163,464	4.5%
<b>Population 65 years and over</b>	780,752	306,699	39.3%
With a hearing difficulty	(X)	129,174	16.5%
With a vision difficulty	(X)	55,007	7.0%
With a cognitive difficulty	(X)	72,811	9.3%
With an ambulatory difficulty	(X)	200,415	25.7%
With a self-care difficulty	(X)	67,699	8.7%
With an independent living difficulty	(X)	124,842	16.0%
Male	2,856,976	392,538	13.7%
Female	3,014,498	432,918	14.4%
<b>One Race</b>	N	N	N
White alone	4,936,551	698,852	14.2%
Black or African American alone	642,860	95,520	14.9%
American Indian and Alaska Native alone	18,018	4,580	25.4%
Asian alone	86,074	3,538	4.1%
Native Hawaiian and Other Pacific Islander alone	N	N	N
Some other race alone	59,806	4,526	7.6%
Two or more races	124,490	17,968	14.4%
White alone, not Hispanic or Latino	4,813,705	686,253	14.3%
Hispanic or Latino (of any race)	197,846	17,957	9.1%
Disability status	3.0%	(X)	(X)
Having difficulty	1.8%	(X)	(X)
Vision difficulty	2.1%	(X)	(X)
Cognitive difficulty	2.1%	(X)	(X)
Ambulatory difficulty	2.1%	(X)	(X)
Self-care difficulty	2.1%	(X)	(X)
Independent living difficulty	2.1%	(X)	(X)

# Missouri State Plan on Aging FY 2012-2015

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## Appendix I

### Missouri Medicaid Waivers

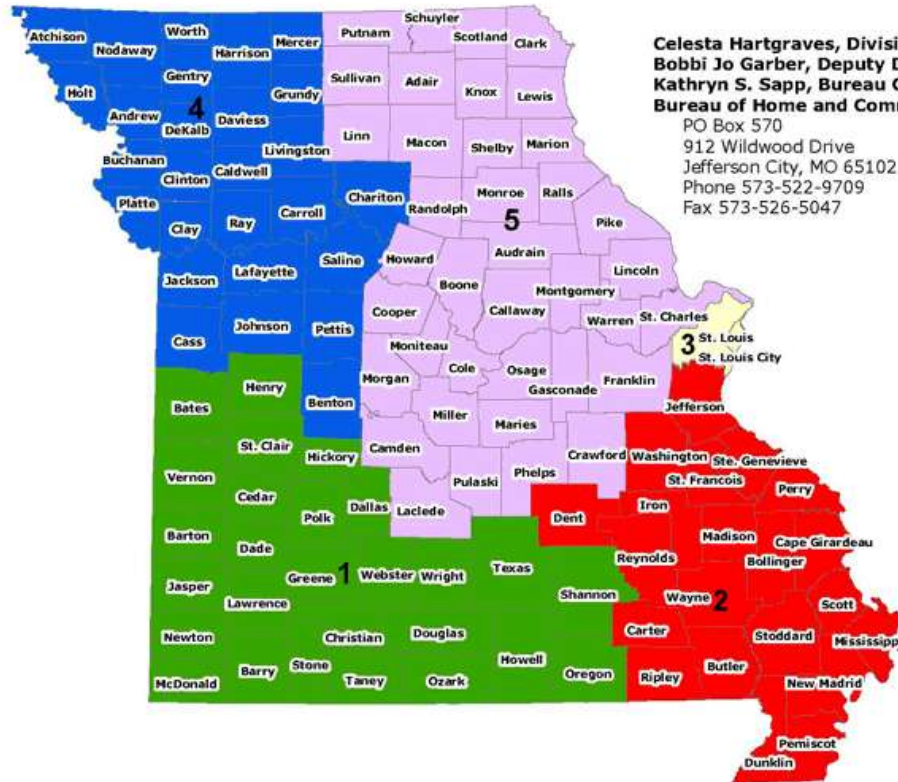
WAIVER	ADMINISTRATING AGENCY
AGED AND DISABLED	DEPARTMENT OF HEALTH AND SENIOR SERVICES/DIVISION OF SENIOR AND DISABILITY SERVICES
AIDS	DEPARTMENT OF HEALTH AND SENIOR SERVICES/DIVISION OF COMMUNITY AND PUBLIC HEALTH
INDEPENDENT LIVING	DEPARTMENT OF HEALTH AND SENIOR SERVICES/DIVISION OF SENIOR AND DISABILITY SERVICES
MRDD COMPREHENSIVE	DEPARTMENT OF MENTAL HEALTH/DEVELOPMENTAL DISABILITY
MISSOURI CHILDREN WITH DEVELOPMENTAL DISABILITIES	DEPARTMENT OF MENTAL HEALTH/DEVELOPMENTAL DISABILITY
MRDD COMMUNITY SUPPORT	DEPARTMENT OF MENTAL HEALTH/DEVELOPMENTAL DISABILITY
PHYSICAL DISABILITIES	DEPARTMENT OF HEALTH AND SENIOR SERVICES/DIVISION OF COMMUNITY AND PUBLIC HEALTH
AUTISM WAIVER	DEPARTMENT OF MENTAL HEALTH/DEVELOPMENTAL DISABILITY



## Appendix J



### Division of Senior and Disability Services Bureau of Home and Community Services Regional Managers and Evaluation Teams Request for Care Plan Change



**Celesta Hartgraves, Division Director**  
**Bobbi Jo Garber, Deputy Director**  
**Kathryn S. Sapp, Bureau Chief**  
**Bureau of Home and Community Services**  
PO Box 570  
912 Wildwood Drive  
Jefferson City, MO 65102  
Phone 573-522-9709  
Fax 573-526-5047

#### Region 1

Douglas Henry, HCSRM  
149 Park Central Square, Room 819  
Springfield, MO 65806  
417/895-6454  
Fax 417/895-1330  
E-Mail: Douglas.Henry@dhss.mo.gov

#### Region 2

Tim Jackson, HCSRM  
106 Arthur, Suite H  
Sikeston, MO 63801  
573/472-6696  
FAX 573/472-5237  
E-Mail: Tim.Jackson@dhss.mo.gov

#### Region 3

Venessa Hilbert, HCSRM  
815 Olive Street, Suite 10  
St. Louis, MO 63101-1503  
314/340-7351  
FAX 314/340-3451  
E-Mail: Venessa.Hilbert@dhss.mo.gov

#### Region 4

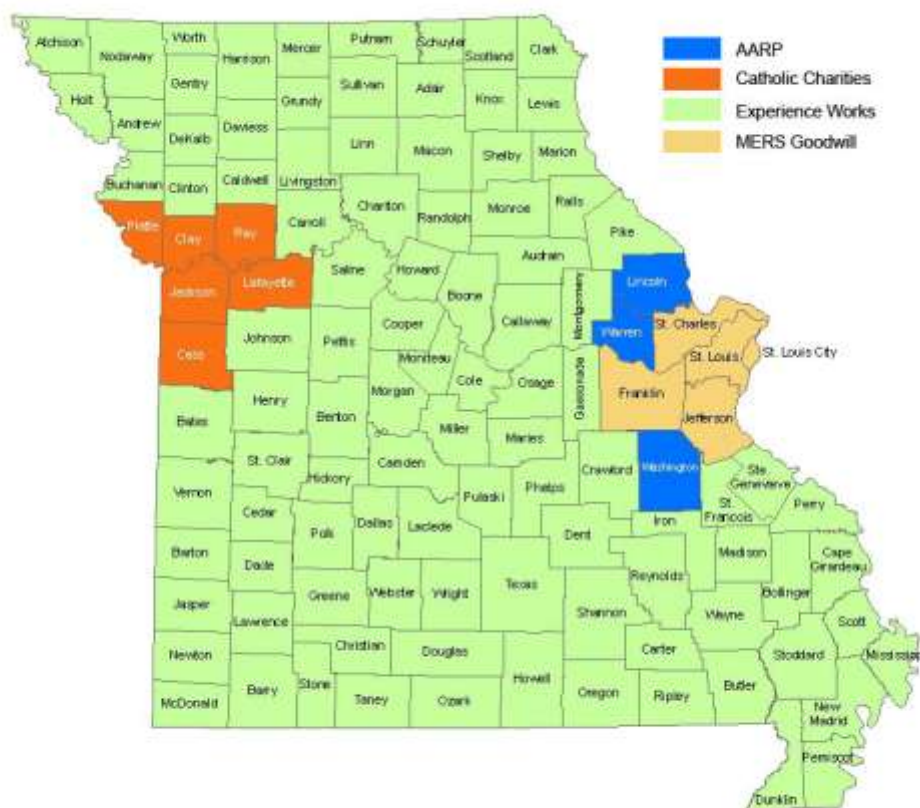
Patricia Ankrom, HCSRM  
525 Jules Street, Room 319  
St. Joseph, MO 64501  
816/387-2104  
FAX 816/387-2110  
E-Mail: Patricia.Ankrom@dhss.mo.gov

#### Region 5

Thelda Linkey, HCSRM  
1500 Vandiver Drive, Suite 102  
Columbia, MO 65202  
573/882-5190  
FAX 573/884-4884  
E-Mail: Thelda.Linkey@dhss.mo.gov

## Appendix K

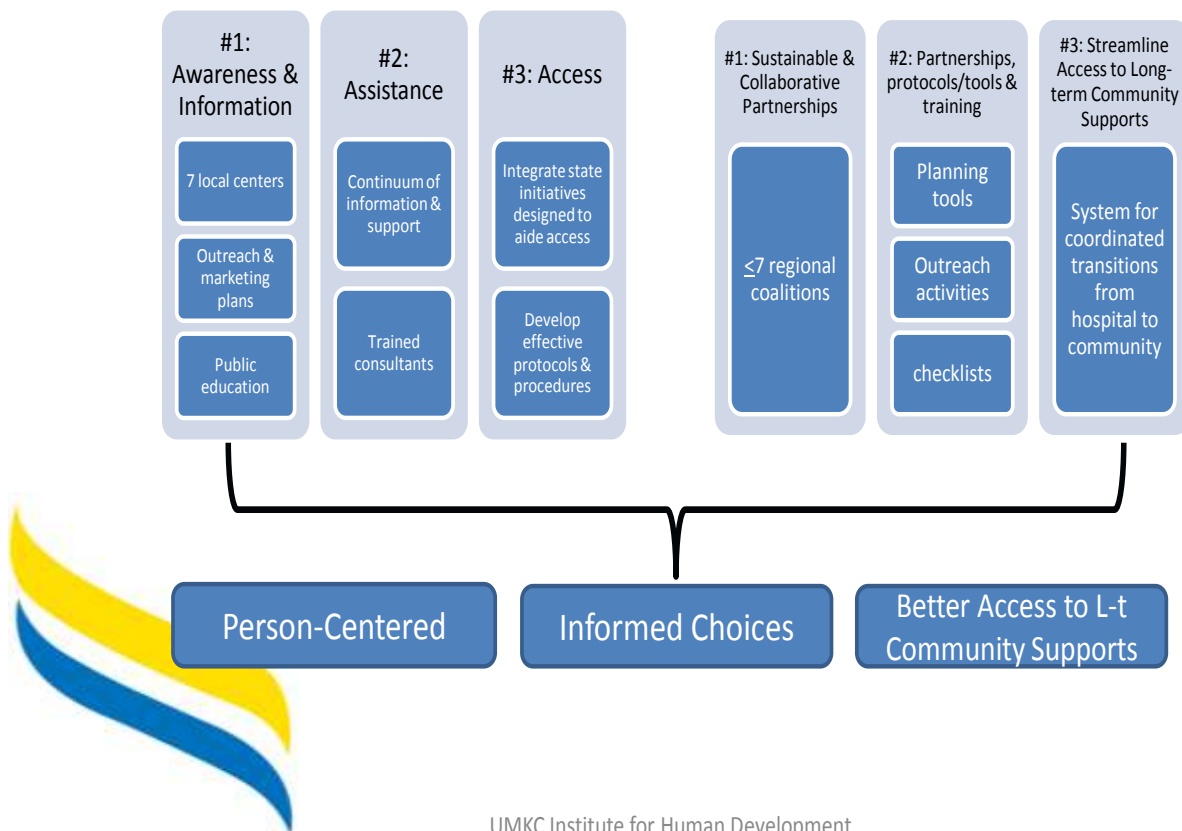
### SCSEP Provider Map



**Appendix L**

**HDP/ADRC Deliverables**

**What we will achieve:  
Project Deliverables**



## Appendix M

### ADRC Pilot Area Map



Appendix N

## Branding Package



URL: [www.showmeoptions.org](http://www.showmeoptions.org)

Toll-free number: To be determined

## ATTACHMENT A

### FY 2012 STATE PLAN GUIDANCE

#### STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND INFORMATION REQUIREMENTS

##### **Older Americans Act, As Amended in 2006**

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

##### **ASSURANCES**

###### **Sec. 305(a) - (c), ORGANIZATION**

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

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

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

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

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

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

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

###### **Sec. 306(a), AREA PLANS**

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

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance



## Missouri State Plan on Aging FY 2012-2015

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to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

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

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

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

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

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and  
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

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

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

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and



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(4)(C) Each area agency on aging shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

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

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

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

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

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

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

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

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

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

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

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

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

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

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

### **Sec. 307, STATE PLANS**

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

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

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

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

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

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

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

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

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (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

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or

## Missouri State Plan on Aging FY 2012-2015

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economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

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

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

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

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

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

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared--

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

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

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

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

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

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

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

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

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

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

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

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

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

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

(23) The plan shall provide assurances that demonstrable efforts will be made--

# Missouri State Plan on Aging FY 2012-2015

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(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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- (ii) receipt of reports of elder abuse;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
  - (i) if all parties to such complaint consent in writing to the release of such information;
  - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
  - (iii) upon court order

## **REQUIRED ACTIVITIES**

### **Sec. 307(a) STATE PLANS**

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

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

- (2) The State agency:
  - (A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;
  - (B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;
- (4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*
- (5) The State agency:
  - (A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
  - (B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

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

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

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

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

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

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

## INFORMATION REQUIREMENTS

### **Section 102(19)(G) – (required only if the State funds in-home services not already defined in Sec. 102(19))**

The term “in-home services” includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

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

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

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

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

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

(2) The plan shall provide that the State agency will:

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306

(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (*Note: those categories are access, in-home, and legal assistance*).

### **Section (307(a)(3)**

The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); (*Note: the “statement and demonstration” are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area*)

(B) with respect to services for older individuals residing in rural areas:

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such



# Missouri State Plan on Aging FY 2012-2015

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services (including the cost of providing access to such services).

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

## **Section 307(a)(8)) (Include in plan if applicable)**

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

## **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.

## **Section 307(a)(21)**

The plan shall:

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

## **Section 307(a)(28)**

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

## **Section 307(a)(29)**

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

## **Section 307(a)(30)**

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

## **Section 705(a)(7)**

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). (*Note: Paragraphs (1) of through (6) of this section are listed below*)

## Missouri State Plan on Aging FY 2012-2015

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*In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:*

- (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*
- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;*
- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;*
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;*
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);*
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--*
  - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:*
    - (i) public education to identify and prevent elder abuse;*
    - (ii) receipt of reports of elder abuse;*
    - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*
    - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;*
  - (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and*
  - (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--*
    - (i) if all parties to such complaint consent in writing to the release of such information;*
    - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or upon court order.*



June 2, 2011

Signature and Title of Authorized Official Date

## FY 2012 STATE PLAN GUIDANCE

### ATTACHMENT B

#### INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS

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

OAA, Sec. 305(a)(2)

*“States shall,*

*(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account--*

*(i) the geographical distribution of older individuals in the State; and*

*(ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals.”*

- For purposes of the IFF, “best available data” is the most recent census data (year 2000 or later), or more recent data of equivalent quality available in the State.
- As required by Section 305(d) of the OAA, the IFF revision request includes: a descriptive Statement; a numerical Statement; and a list of the data used (by planning and service area).
- The request also includes information on how the proposed formula will affect funding to each planning and service area.
- States may use a base amount in their IFFs to ensure viable funding for each Area Agency but generally, a hold harmless provision is discouraged because it adversely affects those planning and service areas experiencing significant population growth.

# Missouri State Plan on Aging FY 2012-2015

## Missouri Funding Allocation Plan Area Agency on Aging Intrastate Funding Formula (effective for State Fiscal Year 2012)

### Greatest Economic Need (GEN) Chart A

### Greatest Social Need (GSN) Chart B

AAA	Counts (Detailed below in Chart A)	AAA % of GEN Counts	AAA GEN% x 0.5 = 50% Weighted %	Counts (Detailed below in Chart B)	AAA % of GSN Counts	AAA GSN% x 0.5 = 50% Weighted %	AAA Allocation Percentages = sum GEN % x 50% + GSN
Southwest	35,685	14.62566%	7.3128%	379,959	13.5034%	6.7517%	14.0645%
Southeast	34,955	14.32647%	7.1632%	252,081	8.9587%	4.4794%	11.6426%
District III	17,105	7.01056%	3.5053%	171,510	6.0953%	3.0476%	6.5529%
Northwest	15,981	6.54989%	3.2749%	151,253	5.3754%	2.6877%	5.9626%
Northeast	14,289	5.85641%	2.9282%	144,146	5.1228%	2.5614%	5.4896%
Central	27,152	11.12837%	5.5642%	314,876	11.1904%	5.5952%	11.1594%
MARC	29,632	12.14481%	6.0724%	450,814	16.0215%	8.0107%	14.0831%
Mid-East	31,937	13.08952%	6.5448%	692,854	24.6233%	12.3117%	18.8564%
St. Louis	27,171	11.13616%	5.5681%	156,854	5.5744%	2.7872%	8.3553%
Region X	10,082	4.13215%	2.0661%	99,463	3.5348%	1.7674%	3.8335%
Missouri	243,989	100%	50%	2,813,810	100%	50%	100%

### (A) SFY 2012 Greatest Economic Need (GEN) Factors and Counts

AAA	Low-Income 60+ (2000)	Low-Income Minority 60+ (2000)	Low-Income 60+ With Physical Disability (2000)	Low-Income Rural 60+ (2000)	Low-Income Female 60+ (2000)	Total GEN
Southwest	12,981	526	5,595	8,038	8,545	35,685
Southeast	12,411	1,351	5,655	6,968	8,570	34,955
District III	6,278	288	2,535	3,944	4,060	17,105
Northwest	5,916	166	2,470	3,334	4,095	15,981
Northeast	5,087	317	2,080	3,420	3,385	14,289
Central	9,772	657	4,225	5,948	6,550	27,152
MARC	11,669	4,074	4,885	1,029	7,975	29,632
Mid-East	13,470	2,680	4,835	1,132	9,820	31,937
St. Louis	9,928	6,568	3,880	-	6,795	27,171
Region X	3,803	268	1,590	1,871	2,550	10,082
Missouri	91,315	16,895	37,750	35,684	62,345	243,989

### (B) SFY 2012 Greatest Social Need (GSN) Factors and Counts

AAA	Total 60+ (2009)	Minority 60+ (2009)	60+ With Physical Disability (2000)	Rural 60+ (2000)	Limited English 60+ (2000)	Female 60+ (2009)	Aged > Average Life Expectancy (2009)	Total GSN
Southwest	150,756	5,014	34,585	66,065	303	83,804	39,432	379,959
Southeast	94,052	4,930	26,605	46,695	169	53,328	26,302	252,081
District III	63,393	2,450	15,545	36,890	119	35,146	17,967	171,510
Northwest	55,919	1,631	14,995	29,515	113	31,836	17,244	151,253
Northeast	53,049	1,970	12,190	32,575	79	29,460	14,823	144,146
Central	121,834	5,892	27,715	60,450	459	66,812	31,714	314,876
MARC	195,541	32,623	39,650	16,340	1,305	110,169	55,186	450,814
Mid-East	311,137	37,249	55,815	22,155	2,030	175,519	88,949	692,854
St. Louis	55,535	27,525	18,410	-	1,085	33,946	20,353	156,854
Region X	39,513	2,109	9,800	15,055	144	22,161	10,681	99,463
Missouri	1,140,729	121,393	255,310	325,740	5,806	642,181	322,651	2,813,810

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	<b>OLDER AMERICANS ACT FUNDING</b>												
	<div> <div>Title III</div> <div>Title III</div> <div>Title III</div> <div>Title III</div> <div>Title III</div> <div>A.R.R.A. 2009</div> <div>A.R.R.A. 2009</div> <div>Title III State</div> <div>Title III - B</div> <div>Title VII</div> <div>Title VII</div> <div>N S I P</div> </div>												
	Part B	Part C-1	Part C-2	Part E	Part D	Congregate	Home Delivered	Admin Release	Ombudsman	Ombudsman	Elder Abuse	Title III & VII	Meals
								to Programs			Prevention	Ombudsman	Incentive
Total Funding	7,135,518	8,526,779	4,253,437	3,035,089	423,251	0	0		0	330,143	98,318	428,461	4,041,781
State Administration	(356,776)	(426,339)	(212,672)	(151,755)	(21,163)	0	0		0	0	0	0	0
Sub-Total	6,778,742	8,100,440	4,040,765	2,883,334	402,088	0	0		0	330,143	98,318	428,461	4,041,781
O.A.A. Ombudsman	(67,788)								67,788	0	0	67,788	
State Ombudsman									0	(326,368)	0	(326,368)	
E. A. Tsf. to Ombud.										98,318	(98,318)	0	
State Admin.: State Fair													
State Admin Released:								0					
								0					
Funding to AAAs	6,710,954	8,100,440	4,040,765	2,883,334	402,088	0	0	0	67,788	102,093	0	169,881	4,041,781

	<b>MISSOURI GENERAL REVENUE</b>								<b>TRUST</b>	<b>D.H.S.S.</b>	<b>SPECIAL</b>	<b>TOTALS</b>
	<div> <div>Missouri</div> <div>HDM by</div> <div>Hold Harmless</div> <div>Funding for</div> </div>								Missouri			
	OAA State	Care Options	SSBG	Prior Year	Transition to	Transition to	Ombudsman	Total Mo.	H.D.M.	Social Services	SPECIAL	SENIOR
	Match	H.D. Meals	Replacement	HDM Meals	New IFF	New IFF	Grants	Gen. Revenue	Trust Fund	Block Grant	PROGRAMS	SERVICES
Total Funding	400,708	2,258,406	1,434,016	1,408,910	1,254,378	2,206,941	150,000	9,113,359	0	1,191,427	208,200	38,357,302
State Administration	0	0	0	0	0	0	0	0	0	0	0	(1,168,705)
Sub-Total	400,708	2,258,406	1,434,016	1,408,910	1,254,378	2,206,941	150,000	9,113,359	0	1,191,427	208,200	37,188,597
O.A.A. Ombudsman												0
State Ombudsman												(326,368)
E. A. Tsf. to Ombud.												0
State Admin.: State Fair											2,500	2,500
State Admin Released:												0
												0
Funding to AAAs	400,708	2,258,406	1,434,016	1,408,910	1,254,378	2,206,941	150,000	9,113,359	0	1,191,427	210,700	36,864,729

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	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Intra State Formula %	14.0645%	11.6426%	6.5529%	5.9626%	5.4896%	11.1594%	14.0831%	18.8564%	8.3553%	3.8335%	100.00%

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

#### Part B

Base Allocation	102,036	102,036	102,036	102,036	102,036	102,036	102,036	102,036	102,036	102,036	1,020,360
% Allocation	800,354	662,532	372,901	339,309	312,391	635,035	801,415	1,073,043	475,466	218,148	5,690,594
Total	902,390	764,568	474,937	441,345	414,427	737,071	903,451	1,175,079	577,502	320,184	6,710,954

#### Part C 1

Base Allocation	123,162	123,162	123,162	123,162	123,162	123,162	123,162	123,162	123,162	123,162	1,231,620
% Allocation	966,067	799,708	450,109	409,563	377,071	766,517	967,346	1,295,214	573,910	263,315	6,868,820
Total	1,089,229	922,870	573,271	532,725	500,233	889,679	1,090,508	1,418,376	697,072	386,477	8,100,440

#### Part C 2

	61,437	61,437	61,437	61,437	61,437	61,437	61,437	61,437	61,437	61,437	614,370
% Allocation	481,907	398,921	224,529	204,303	188,096	382,364	482,544	646,096	286,285	131,350	3,426,395
Total	543,344	460,358	285,966	265,740	249,533	443,801	543,981	707,533	347,722	192,787	4,040,765

#### Part E

Base Allocation	43,839	43,839	43,839	43,839	43,839	43,839	43,839	43,839	43,839	43,839	438,390
% Allocation	343,870	284,655	160,215	145,783	134,218	272,840	344,325	461,029	204,282	93,727	2,444,944
Total	387,709	328,494	204,054	189,622	178,057	316,679	388,164	504,868	248,121	137,566	2,883,334



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	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
<b>Intra State Formula %</b>	<b>14.0645%</b>	<b>11.6426%</b>	<b>6.5529%</b>	<b>5.9626%</b>	<b>5.4896%</b>	<b>11.1594%</b>	<b>14.0831%</b>	<b>18.8564%</b>	<b>8.3553%</b>	<b>3.8335%</b>	<b>100.00%</b>
<b>Ombudsman</b>											
% III - B Allocation	6,581	5,447	3,066	2,790	2,568	5,221	6,589	8,823	3,909	1,794	46,788
III - B Facilities / Volunteers	2,512	4,220	4,242	1,575	342	3,746	992	1,906	826	639	21,000
% VII Allocation	1,744	1,443	811	740	680	1,383	1,745	2,337	1,035	475	12,393
VII % of Beds	5,938	5,880	3,186	3,159	3,052	5,387	6,895	11,960	2,131	1,412	49,000
VII State Ombudsman Discretion	3,500	2,500	2,500	3,000	2,500	3,500	2,500	5,000	1,500	2,500	29,000
VII Reporting System Access	900	900	1,800	1,800	900	1,800	900	1,800	0	900	11,700
<b>Total</b>	<b>21,175</b>	<b>20,390</b>	<b>15,605</b>	<b>13,064</b>	<b>10,042</b>	<b>21,037</b>	<b>19,621</b>	<b>31,826</b>	<b>9,401</b>	<b>7,720</b>	<b>169,881</b>
<b>Health Promotion Formula %</b>	<b>15.42%</b>	<b>10.69%</b>	<b>8.29%</b>	<b>7.95%</b>	<b>7.10%</b>	<b>10.93%</b>	<b>12.78%</b>	<b>13.10%</b>	<b>8.15%</b>	<b>5.59%</b>	<b>100.00%</b>
<b>O.A.A. TITLE III D:</b>											
<b>PART D</b>											
% Allocation	62,002	42,983	33,333	31,966	28,548	43,948	51,387	52,674	32,770	22,477	402,088
<b>Total</b>	<b>62,002</b>	<b>42,983</b>	<b>33,333</b>	<b>31,966</b>	<b>28,548</b>	<b>43,948</b>	<b>51,387</b>	<b>52,674</b>	<b>32,770</b>	<b>22,477</b>	<b>402,088</b>
<b>NSIP:</b>											
<b>FFY 2011</b>											
<b>NSIP Meals</b>	<b>216,711</b>	<b>219,118</b>	<b>97,519</b>	<b>126,354</b>	<b>127,569</b>	<b>235,766</b>	<b>126,975</b>	<b>199,398</b>	<b>97,373</b>	<b>55,734</b>	<b>1,502,517</b>
Funding Per Meal	\$ 0.6750764	\$ 0.6750764	\$ 0.6750764	\$ 0.6750764	\$ 0.6750764	\$ 0.6750764	\$ 0.6750764	\$ 0.6750764	\$ 0.6750764	\$ 0.6750764	\$ 0.6750764
<b>Total</b>	<b>146,297</b>	<b>147,921</b>	<b>65,832</b>	<b>85,299</b>	<b>86,119</b>	<b>159,160</b>	<b>85,717</b>	<b>134,609</b>	<b>65,734</b>	<b>37,624</b>	<b>1,014,312</b>
<b>FFY 2012</b>											
<b>NSIP Meals</b>	<b>634,953</b>	<b>649,861</b>	<b>284,393</b>	<b>380,646</b>	<b>378,541</b>	<b>719,734</b>	<b>358,732</b>	<b>588,798</b>	<b>322,587</b>	<b>166,388</b>	<b>4,484,633</b>
Funding Per Meal	\$ 0.6750764	\$ 0.6750764	\$ 0.6750764	\$ 0.6750764	\$ 0.6750764	\$ 0.6750764	\$ 0.6750764	\$ 0.6750764	\$ 0.6750764	\$ 0.6750764	\$ 0.6750764
<b>Total</b>	<b>428,642</b>	<b>438,705</b>	<b>191,987</b>	<b>256,965</b>	<b>255,544</b>	<b>485,876</b>	<b>242,171</b>	<b>397,483</b>	<b>217,771</b>	<b>112,325</b>	<b>3,027,469</b>
<b>Total NSIP</b>	<b>574,939</b>	<b>586,626</b>	<b>257,819</b>	<b>342,264</b>	<b>341,663</b>	<b>645,036</b>	<b>327,888</b>	<b>532,092</b>	<b>283,505</b>	<b>149,949</b>	<b>4,041,781</b>

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



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	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
<b>Intra State Formula % (eff. 7/1/09)</b>	<b>14.0645%</b>	<b>11.6426%</b>	<b>6.5529%</b>	<b>5.9626%</b>	<b>5.4896%</b>	<b>11.1594%</b>	<b>14.0831%</b>	<b>18.8564%</b>	<b>8.3553%</b>	<b>3.8335%</b>	<b>100.00%</b>
<b>Missouri General Revenue</b>											
<b>O.A.A. State Match</b>											
Base Allocation	6,092	6,092	6,092	6,092	6,092	6,092	6,092	6,092	6,092	6,092	60,920
% Allocation	47,790	39,560	22,266	20,260	18,653	37,918	47,853	64,072	28,390	13,026	339,788
<b>Total</b>	<b>53,882</b>	<b>45,652</b>	<b>28,358</b>	<b>26,352</b>	<b>24,745</b>	<b>44,010</b>	<b>53,945</b>	<b>70,164</b>	<b>34,482</b>	<b>19,118</b>	<b>400,708</b>
<b>MO Care Options - Home Del. Meals</b>											
Base Allocation	34,338	34,338	34,338	34,338	34,338	34,338	34,338	34,338	34,338	34,338	343,380
% Allocation	269,339	222,959	125,490	114,186	105,127	213,705	269,696	361,106	160,006	73,412	1,915,026
<b>Total</b>	<b>303,677</b>	<b>257,297</b>	<b>159,828</b>	<b>148,524</b>	<b>139,465</b>	<b>248,043</b>	<b>304,034</b>	<b>395,444</b>	<b>194,344</b>	<b>107,750</b>	<b>2,258,406</b>
<b>GR SSBG Replacement - Transportation</b>											
Base Allocation	12,443	12,443	12,443	12,443	12,443	12,443	12,443	12,443	12,443	12,443	124,430
% Allocation	97,600	80,794	45,474	41,378	38,095	77,441	97,730	130,855	57,982	26,603	693,952
<b>Total</b>	<b>110,043</b>	<b>93,237</b>	<b>57,917</b>	<b>53,821</b>	<b>50,538</b>	<b>89,884</b>	<b>110,173</b>	<b>143,298</b>	<b>70,425</b>	<b>39,046</b>	<b>818,382</b>
<b>GR SSBG Replacement - Nutrition</b>											
Base Allocation	9,360	9,360	9,360	9,360	9,360	9,360	9,360	9,360	9,360	9,360	93,600
% Allocation	73,421	60,778	34,209	31,127	28,658	58,256	73,519	98,437	43,617	20,012	522,034
<b>Total</b>	<b>82,781</b>	<b>70,138</b>	<b>43,569</b>	<b>40,487</b>	<b>38,018</b>	<b>67,616</b>	<b>82,879</b>	<b>107,797</b>	<b>52,977</b>	<b>29,372</b>	<b>615,634</b>
<b>Maintaining Nutritional Needs</b>											
SFY 2011 Total HDM	675,528	920,962	294,060	397,000	454,034	730,000	345,571	605,640	480,000	194,788	5,097,583
% of Prior Year Total HDM	13.2519%	18.0666%	5.7686%	7.7880%	8.9068%	14.3205%	6.7791%	11.8809%	9.4162%	3.8212%	100.0000%
Allocation	122,436	166,920	53,297	71,954	82,291	132,309	62,633	109,769	86,997	35,304	923,910
<b>TOTAL</b>	<b>122,436</b>	<b>166,920</b>	<b>53,297</b>	<b>71,954</b>	<b>82,291</b>	<b>132,309</b>	<b>62,633</b>	<b>109,769</b>	<b>86,997</b>	<b>35,304</b>	<b>923,910</b>

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	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
<b>HDM - 2009 NDI</b>											
SFY 2011 Non-Medicaid HDM	483,084	491,024	169,349	265,000	301,471	551,100	309,997	555,564	430,000	124,701	3,681,290
% of Prior Year Non-Medicaid HDM	13.1227%	13.3384%	4.6003%	7.1986%	8.1893%	14.9703%	8.4209%	15.0916%	11.6807%	3.3874%	100.0000%
Allocation	63,646	64,691	22,311	34,913	39,718	72,606	40,841	73,194	56,651	16,429	485,000
<b>Total</b>	<b>63,646</b>	<b>64,691</b>	<b>22,311</b>	<b>34,913</b>	<b>39,718</b>	<b>72,606</b>	<b>40,841</b>	<b>73,194</b>	<b>56,651</b>	<b>16,429</b>	<b>485,000</b>
<b>Intra State Formula %</b>											
IFF Transitioning - Hold Harmless	14.0645%	11.6426%	6.5529%	5.9626%	5.4896%	11.1594%	14.0831%	18.8564%	8.3553%	3.8335%	100.0000%
% Allocation	310,396	256,945	144,619	131,592	121,152	246,281	310,807	416,150	184,396	84,603	2,206,941
Redistribution for Transition	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>310,396</b>	<b>256,945</b>	<b>144,619</b>	<b>131,592</b>	<b>121,152</b>	<b>246,281</b>	<b>310,807</b>	<b>416,150</b>	<b>184,396</b>	<b>84,603</b>	<b>2,206,941</b>
<b>Operational Grants - Hold Harmless</b>											
Transition to New IFF	0	0	0	0	0	0	68,134	641,834	422,978	0	1,132,946
% Allocation - Prospective %	17,079	14,138	7,957	7,241	6,666	13,551	17,101	22,898	10,146	4,655	121,432
<b>Total</b>	<b>17,079</b>	<b>14,138</b>	<b>7,957</b>	<b>7,241</b>	<b>6,666</b>	<b>13,551</b>	<b>85,235</b>	<b>664,732</b>	<b>433,124</b>	<b>4,655</b>	<b>1,254,378</b>
<b>Operational Grants - Ombudsman</b>											
Legislative Appropriation	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	150,000
<b>Total</b>	<b>15,000</b>	<b>15,000</b>	<b>15,000</b>	<b>15,000</b>	<b>15,000</b>	<b>15,000</b>	<b>15,000</b>	<b>15,000</b>	<b>15,000</b>	<b>15,000</b>	<b>150,000</b>
<b>Total General Revenue</b>	<b>1,078,940</b>	<b>984,018</b>	<b>532,856</b>	<b>529,884</b>	<b>517,593</b>	<b>929,300</b>	<b>1,065,547</b>	<b>1,995,548</b>	<b>1,128,396</b>	<b>351,277</b>	<b>9,113,359</b>
<b>Intra State Formula %</b>	<b>14.0645%</b>	<b>11.6426%</b>	<b>6.5529%</b>	<b>5.9626%</b>	<b>5.4896%</b>	<b>11.1594%</b>	<b>14.0831%</b>	<b>18.8564%</b>	<b>8.3553%</b>	<b>3.8335%</b>	<b>100.00%</b>
<b>Elderly Home Delivered Meals Trust Fund</b>											
(State Income Tax Check Off)											
% Allocation	0	0	0	0	0	0	0	0	0	0	0
<b>Total H.D. Meals Trust Fund</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# Missouri State Plan on Aging FY 2012-2015

2012-1

## SUPPLEMENTARY SCHEDULE 2

12/28/10

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	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
<b>Intra State Formula %</b>	<b>14.0645%</b>	<b>11.6426%</b>	<b>6.5529%</b>	<b>5.9626%</b>	<b>5.4896%</b>	<b>11.1594%</b>	<b>14.0831%</b>	<b>18.8564%</b>	<b>8.3553%</b>	<b>3.8335%</b>	<b>100.00%</b>
<b>Social Services Block Grant</b>											
Transportation											
Base Allocation	9,641	9,641	9,641	9,641	9,641	9,641	9,641	9,641	9,641	9,641	96,410
% Allocation	75,622	62,599	35,233	32,059	29,516	60,001	75,721	101,386	44,924	20,612	537,673
Total	85,263	72,240	44,874	41,700	39,157	69,642	85,362	111,027	54,565	30,253	634,083
<b>Nutrition</b>											
Base Allocation	7,252	7,252	7,252	7,252	7,252	7,252	7,252	7,252	7,252	7,252	72,520
% Allocation	56,888	47,091	26,505	24,117	22,204	45,137	56,963	76,269	33,795	15,505	404,474
Total	64,140	54,343	33,757	31,369	29,456	52,389	64,215	83,521	41,047	22,757	476,994
<b>Ombudsman</b>											
% Allocation	11,301	9,355	5,265	4,791	4,411	8,967	11,316	15,151	6,713	3,080	80,350
Total	11,301	9,355	5,265	4,791	4,411	8,967	11,316	15,151	6,713	3,080	80,350
<b>Total SSBG</b>	<b>160,704</b>	<b>135,938</b>	<b>83,896</b>	<b>77,860</b>	<b>73,024</b>	<b>130,998</b>	<b>160,893</b>	<b>209,699</b>	<b>102,325</b>	<b>56,090</b>	<b>1,191,427</b>
<b>Special Programs:</b>											
State Fair	0	0	2,500	0	0	0	0	0	0	0	2,500
Automation	0	0	20,000	0	0	0	0	0	0	0	20,000
ADRC / HDP Grant	0	0	0	0	0	0	0	0	0	0	0
MIPPA	25,714	21,744	12,996	12,109	11,334	24,096	16,950	21,154	10,668	6,983	163,748
Legal Helpline	0	0	0	0	0	24,452	0	0	0	0	24,452
<b>Total Special Programs</b>	<b>25,714</b>	<b>21,744</b>	<b>35,496</b>	<b>12,109</b>	<b>11,334</b>	<b>48,548</b>	<b>16,950</b>	<b>21,154</b>	<b>10,668</b>	<b>6,983</b>	<b>210,700</b>
<b>Total AAA Funds</b>	<b>4,846,146</b>	<b>4,267,989</b>	<b>2,497,233</b>	<b>2,436,579</b>	<b>2,324,454</b>	<b>4,206,097</b>	<b>4,568,390</b>	<b>6,648,849</b>	<b>3,437,482</b>	<b>1,631,510</b>	<b>36,864,729</b>

### NSIP Notes:

NSIP funding projections within this table are preliminary based on each AAAs *December 2010 projections of SFY 2011 meals to be served July 1, 2010 - June 30, 2011*.

- These estimates will be replaced with actual SFY 2011 meal service data in a revised allotment table to be issued in late September 2011 when the year ending June 30, 2011 meal counts have been finalized.
- The FFY 2011 NSIP per meal planning rate within this table is preliminary based on the FFY 2010 actual award level of \$0.6750764 per base period meal served. The FFY 2011 NSIP meal rate will be revised to reflect the FFY 2011 actual rate within a revised allotment table to be issued in late September, 2011 subsequent to AoA issuance of the final FFY 2011 NSIP award.
- The FFY 2012 NSIP per meal planning rate within this table is preliminary based on the FFY 2011 planning rate per footnote 2 above. The FFY 2012 NSIP per meal planning rate will be revised in late September, 2011 subsequent to AoA issuance of the final FFY 2011 NSIP award.

## 2012-1

**12/28/10**

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**SUPPLEMENTARY SCHEDULE 4 (Funding Allocated by Equal Base)**[illegible]

# Missouri State Plan on Aging FY 2012-2015

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## Missouri Intrastate Funding Formula Older American's Act Title III Disease Prevention and Health Promotion Funding

Missouri's intrastate funding formula for the allocation of Title III funds for Disease Prevention and Health Promotion Services shall be established by the proportion of the sum of the factors for each PSA to the total of the factors for the state as calculated by using the following three (3) factors:

### Factor 1

Average score of the sum of the following four (4) social and economic need indicators per region:

1.1 The proportion of the individuals who are age sixty (60) and over who are low-income to the total population of individuals who are age sixty (60) and over within each county or the city of St. Louis. A score was assigned to each county or the city of St. Louis based upon the following scale:

- A. 0.00%.6.00% = 1
- B. 6.01%.12.00% = 2
- C. 12.01%.18.00% = 3
- D. 18.01%.24.00% = 4
- E. 24.01%.100.00% = 5

1.2 The proportion of the individuals who are age sixty (60) and over who are receiving Medicaid assistance to the total population of individuals who are age sixty (60) and over within each county or the city of St. Louis. A score was assigned to each county or the city of St. Louis based upon the following scale:

- A. 0.00%.6.00% = 1
- B. 6.01%.12.00% = 2
- C. 12.01%.18.00% = 3
- D. 18.01%.24.00% = 4
- E. 24.01%.100.00% = 5

1.3. The proportion of the individuals who are age sixty (60) and over who are minority to the total population of individuals who are age sixty (60) and over within each county or the city of St. Louis. A score was assigned to each county or the city of St. Louis based upon the following scale:

- A. 0.00%.1.00% = 1
- B. 1.01%.5.00% = 2
- C. 5.01%.8.00% = 3
- D. 8.01%.12.00% = 4
- E. 12.01%.100.00% = 5

1.4 The population density expressed as individuals per square mile within each county or the city of St. Louis. A score was assigned to each county or the city of St. Louis based upon the following scale:

- A. 0.00.10.00 persons per square mile = 5
- B. 10.01.15.00 persons per square mile = 4
- C. 15.01.25.00 persons per square mile = 3
- D. 25.01.40.00 persons per square mile = 2
- E. 40.01.100.00 persons per square mile = 1

# Missouri State Plan on Aging FY 2012-2015

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## Factor 2

The proportion of individuals who are age sixty (60) and over within each PSA to the total population of individuals who are age sixty (60) and over within the state. This factor is computed by dividing the population sixty (60) and over per PSA by the total population sixty (60) and over within the state; the quotient is then multiplied by one hundred (100).

## Factor 3

The proportion of individuals who are age sixty (60) and over residing in a designated primary care health professional shortage area (HPSA), as designated by the United States Public Health Service, Office of Shortage Designation, within each PSA to the total population of individuals who are age sixty (60) and over residing in an HPSA within the state. This factor is computed by dividing the population sixty (60) and over residing in an HPSA per PSA by the total population sixty (60) and over residing in an HPSA within the state; the quotient is then multiplied by one hundred (100);

## Data Sources:

- A. Data used for the following categories will be derived from the most recent decennial Census for use in allocating funds.
  - 1. Population sixty (60) and over;
  - 2. Population sixty (60) and over minority;
- B. Data used for the population sixty (60) and over below poverty will be derived from the most recent decennial Census of Population and Housing;
- C. Data used for the population per square mile will be derived from the most recent decennial Census of Population and Housing Unit Counts;
- D. Data from the Missouri Department of Social Services, Mo HealthNet will be used for population sixty (60) and over receiving Medicaid assistance;
- E. Data from the Department of Health and Senior Services will be used for the population sixty (60) and over residing in HPSAs.



# Missouri State Plan on Aging FY 2012-2015

Missouri Department of Health and Senior Services										
Disease Prevention Health Promotion Funding										
State Fiscal Year 2012 Allocations										
				County			County			County
			Percentage	Weighting		Percentage	Weighting		Percentage	Weighting
	Individuals	Age 60	Age 60	Individuals	Individuals	Individuals	Individuals	Individuals	Individuals	Individuals
	Individuals	& Over	& Over	& Over	Age 60	Age 60	Age 60	Age 60	Age 60	Age 60
	Age 60	Below	Below	Below	& Over	& Over	& Over	& Over	& Over	& Over
	& Over	Poverty	Poverty	Poverty	Medicaid	Medicaid	Medicaid	Minority	Minority	Minority
Southwest	133,494	12,985	9.73%	43	13,275	9.94%	44	2,902	2.17%	34
Southeast	89,280	12,420	15.78%	56	15,124	14.56%	65	4,045	4.53%	47
District III	59,742	6,280	13.64%	32	5,981	17.68%	29	1,634	2.74%	26
Northwest	54,076	5,935	8.51%	42	5,931	9.97%	46	1,182	2.19%	26
Northeast	48,924	5,095	19.38%	37	5,615	20.29%	41	1,524	3.12%	31
Central	109,508	9,790	20.03%	42	10,227	24.40%	40	3,942	3.60%	41
M.A.R.C.	172,860	11,680	12.83%	7	12,162	17.14%	7	24,427	14.13%	13
Mid-East	284,211	13,480	14.19%	5	15,413	15.83%	5	25,088	8.83%	11
St. Louis	56,052	9,930	21.72%	3	8,409	25.73%	3	28,024	50.00%	5
Region X	36,463	3,795	17.23%	10	3,880	25.09%	9	1,317	3.61%	9
	1,044,610	91,390	8.75%	277	96,017	9.19%	289	94,085	9.01%	243



## Missouri State Plan on Aging FY 2012-2015

### Disease Prevention Health Promotion Funding

	Population  Per Square Mile	County Weighting  Population  Per Square Mile	Total  Weighting  Per County	Average  Score  Per Region	Percentage  State  Population 60 and over	Percentage State  60 and over  Population in HPSAs	Sum of : 1) Average Scores Per Region 2) % 60 and over 3) % 60 and over in HPSA	Allocation  Percentage
Southwest		34	155	9.1176	12.779	22.371	44.27	<b>15.42%</b>
Southeast		38	206	11.4444	8.547	10.716	30.71	<b>10.69%</b>
District III		33	120	9.2308	5.719	8.852	23.80	<b>8.29%</b>
Northwest		57	171	9.5000	5.177	8.135	22.81	<b>7.94%</b>
Northeast		44	153	9.5625	4.684	6.145	20.39	<b>7.10%</b>
Central		33	156	8.2105	10.483	12.700	31.39	<b>10.93%</b>
M.A.R.C.		1	28	5.6000	16.548	14.561	36.71	<b>12.78%</b>
Mid-East		0	21	5.2500	27.207	5.154	37.61	<b>13.10%</b>
St. Louis		0	11	11.0000	5.366	7.045	23.41	<b>8.15%</b>
Region X		5	33	8.2500	3.491	4.322	16.06	<b>5.60%</b>
		245	1,054	87.1659	100.000	100.000	287.17	<b>100.00%</b>

# Missouri State Plan on Aging FY 2012-2015

## ATTACHMENT C

### 2009 FUNDING FORMULA AMENDMENT DOCUMENTS

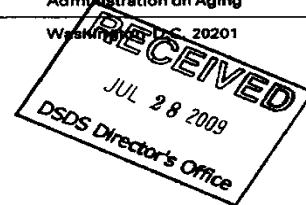


DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary  
Administration on Aging

Washington, DC 20201

JUL 22 2009



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

Dear Ms. Campbell:

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

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

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

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

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

Sincerely,

Kathy Greenlee  
Assistant Secretary for Aging

# Missouri State Plan on Aging FY 2012-2015



## Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Margaret T. Donnelly  
Director



Jeremiah W. (Jay) Nixon  
Governor

May 27, 2009

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

Dear Jim,

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

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

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

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

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

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

[www.dhss.mo.gov](http://www.dhss.mo.gov)

Healthy Missourians for life.

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

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

# Missouri State Plan on Aging FY 2012-2015

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

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

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

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

Sincerely,



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

Attachment 1 – IFF Descriptive Statement

Attachment 2 – IFF Numerical Statement

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

Attachment 4 – Summary of Public Review of IFF

Exhibit 4a – IFF Public Notice

Exhibit 4b – Public Hearing Introduction

Exhibit 4c – Public Hearing Presentation

# Missouri State Plan on Aging FY 2012-2015

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Attachment 1

## Descriptive Statement

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

Mat Reidhead, B.S., M.A., Health Economist  
Missouri Department of Health and Senior Services  
Phone: (573) 526-4276 or [Mat.Reidhead@dhss.mo.gov](mailto:Mat.Reidhead@dhss.mo.gov)



# Missouri State Plan on Aging FY 2012-2015

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## Attachment 1

### Background:

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

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

Beginning in 2007, DHSS conducted an in-depth review of the IFF used to allocate OAA funding to the state's ten AAAs. OAA funding is directed to the population aged sixty and older with numerous considerations for high-need and at-risk subgroups. This funding totaled over \$40.2 million in state fiscal year (SFY) 2008 with 69% coming from federal agencies, primarily the Administration on Aging, and 31% coming from Missouri General Revenue<sup>1</sup>. The findings of the review were presented in late 2007 to the AAAs, the Missouri Senate Appropriations Committee, and the Missouri House of Representatives Subcommittee on Senior Nutrition. From that point and lasting thru February 2009, DHSS and the AAAs conducted a series of in-depth discussions surrounding the proposed changes to the IFF. The analysis revealed that the current IFF carries the potential to direct OAA funding to Missouri seniors with greater efficiency and equity, and with enhanced cohesion to the intent and spirit of the OAA, as most recently amended<sup>2</sup>. Contemporary socioeconomic and demographic conditions in Missouri and the nation bolster the imperative to deliver aging program funding and services with maximum equity and efficiency.

### Problem Statement:

- The front cusp of the Baby Boomers began eligibility for OAA programs in 2006.
  - With the emergence of this cohort, the population sixty and older in Missouri stands to grow 11% in the next five years, 26% in the next ten, and 49% from 2008 to 2030<sup>3</sup>.
  - Aging program funding is not anticipated to keep pace with this exorbitant population growth.
- The current economic turmoil will bear disproportionately adverse effects on older individuals.
  - Seniors have less time to recoup losses in housing equity, pensions and stock assets<sup>4</sup>.
  - On average, retirement accounts have devalued by 18% over the last year<sup>4</sup>.
  - According to the Office of Federal Housing Enterprise and Oversight, house prices in Missouri increased less than 1% last year<sup>5</sup>.
  - This modest growth was outpaced by the Consumer Price Index in the Midwest by more than four points over the same period<sup>6</sup>.
  - The National Association of Realtors reports that existing home sales fell by nearly 17% in Missouri over the last year<sup>7</sup>.
  - The demand for employment is rising among seniors, however the unemployment rate is approaching a twenty five-year high<sup>4</sup>.

# Missouri State Plan on Aging FY 2012-2015

## Attachment 1

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

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

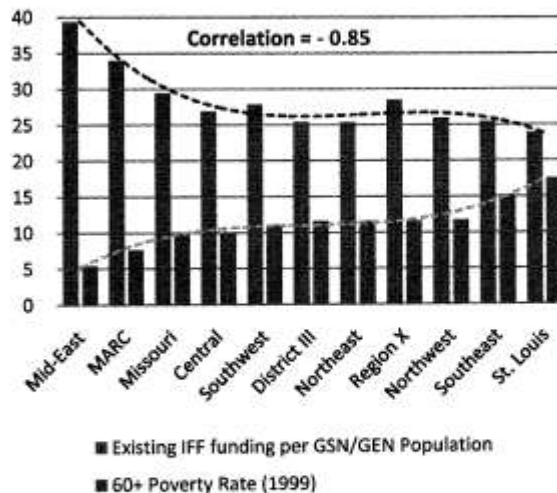
### The Existing IFF in Missouri:

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

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

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

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





# Missouri State Plan on Aging FY 2012-2015

## Attachment 1

By updating the total 60+ population annually while keeping the low-income population constant from year to year, the current IFF makes the implicit assumption that the 60+ poverty rate is declining while current economic posture suggest it is advancing, most notably when evaluating more comprehensive measures of poverty<sup>8</sup>. This aspect of the current distribution leaves AAAs susceptible to volatile shifts in funding when new 10-year Census data is manifested. This also bears a disproportionately adverse impact on smaller, less affluent areas with higher concentrations of indigent elderly.

Beginning in SFY 2005 the IFF reflected the LM/SC<sup>9</sup> disability population under new 2000 Census disability classifications. The new classification moved from three types of disability in the previous decennial census to six types and an overall disability indicator<sup>10</sup>. The result of this definitional change produced an increase in the 60+ LM/SC population of more than 2.5 fold in Missouri. The asymmetrical increases in the St. Louis and Southeast AAA regions resulted in significant annual funding losses for the state's two most impoverished areas.

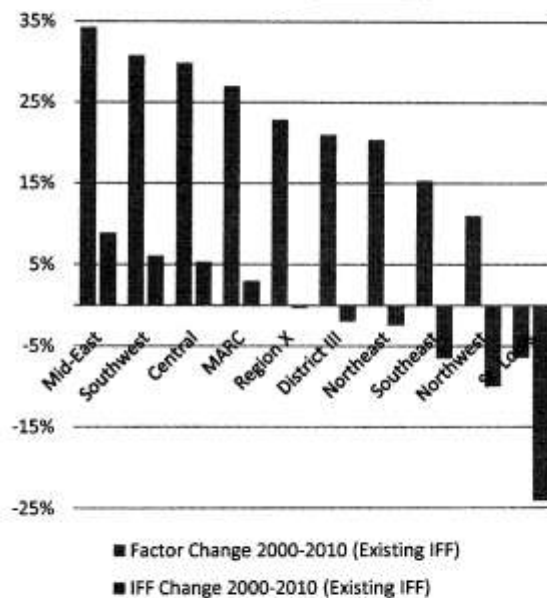
Another serious consideration for the current IFF is the rate at which the gap between factor growth and formula percentage is widening. Extreme variation in size among the AAA regions and the inability of the current IFF to annually update subgroup data alongside total 60+ population data has led to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

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

### The Recommended IFF for Missouri:

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

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



# Missouri State Plan on Aging FY 2012-2015

## Attachment 2

### Numerical Statement (continued):

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

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

$$\begin{aligned} GEN_{sw}^{10} &= \frac{IFF_T^{10}}{2} \left[ \frac{LIP_{sw}^{10}}{LIP_T^{10}} \left( \frac{LIP_T^{10}}{ENP_T^{10}} \right) + \frac{LIM_{sw}^{10}}{LIM_T^{10}} \left( \frac{LIM_T^{10}}{ENP_T^{10}} \right) + \frac{LID_{sw}^{10}}{LID_T^{10}} \left( \frac{LID_T^{10}}{ENP_T^{10}} \right) + \frac{LIR_{sw}^{10}}{LIR_T^{10}} \left( \frac{LIR_T^{10}}{ENP_T^{10}} \right) + \frac{LIF_{sw}^{10}}{LIF_T^{10}} \left( \frac{LIF_T^{10}}{ENP_T^{10}} \right) \right] \\ \Rightarrow \\ GEN_{sw}^{10} &= \frac{\$18317051}{2} \left[ \frac{12981}{91315} \left( \frac{91315}{243989} \right) + \frac{526}{16895} \left( \frac{16895}{243989} \right) + \frac{5595}{37750} \left( \frac{37750}{243989} \right) + \frac{8038}{35684} \left( \frac{35684}{243989} \right) + \frac{8545}{62345} \left( \frac{62345}{243989} \right) \right] \\ &\Rightarrow GEN_{sw}^{10} = \$9,158,526 \left( \frac{ENP_{sw}^{10}}{ENP_T^{10}} \right) \\ &\Rightarrow GEN_{sw}^{10} = \$9,158,526 \left( \frac{35,685}{243,989} \right) \\ &\underline{GEN_{sw}^{10} = \$1,339,495} \end{aligned}$$

$$\begin{aligned} GSN_{sw}^{10} &= \frac{IFF_T^{10}}{2} \left[ \frac{P_{sw}^{10}}{P_T^{10}} \left( \frac{P_T^{10}}{SNP_T^{10}} \right) + \frac{M_{sw}^{10}}{M_T^{10}} \left( \frac{M_T^{10}}{SNP_T^{10}} \right) + \frac{D_{sw}^{10}}{D_T^{10}} \left( \frac{D_T^{10}}{SNP_T^{10}} \right) + \frac{R_{sw}^{10}}{R_T^{10}} \left( \frac{R_T^{10}}{SNP_T^{10}} \right) + \frac{E_{sw}^{10}}{E_T^{10}} \left( \frac{E_T^{10}}{SNP_T^{10}} \right) + \frac{F_{sw}^{10}}{F_T^{10}} \left( \frac{F_T^{10}}{SNP_T^{10}} \right) + \frac{L_{sw}^{10}}{L_T^{10}} \left( \frac{L_T^{10}}{SNP_T^{10}} \right) \right] \\ \Rightarrow \\ GSN_{sw}^{10} &= \frac{\$18317051}{2} \left[ \frac{139793}{1082785} \left( \frac{1082785}{2711552} \right) + \frac{4396}{112597} \left( \frac{112597}{2711552} \right) + \frac{34585}{255310} \left( \frac{255310}{2711552} \right) + \frac{66065}{325740} \left( \frac{325740}{2711552} \right) + \right. \\ &\quad \left. \frac{303}{5806} \left( \frac{5806}{2711552} \right) + \frac{78352}{613369} \left( \frac{613369}{2711552} \right) + \frac{39887}{315945} \left( \frac{315945}{2711552} \right) \right] \\ &\Rightarrow GSN_{sw}^{10} \approx \$9,158,526 \left( \frac{SNP_{sw}^{10}}{SNP_T^{10}} \right) \\ &\Rightarrow GSN_{sw}^{10} \approx \$9,158,526 \left( \frac{363,371}{2,711,552} \right) \\ &\underline{GSN_{sw}^{10} = \$1,227,320} \end{aligned}$$

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

# Missouri State Plan on Aging FY 2012-2015

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

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

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

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

Funding Distribution: sfy2010 Greatest Economic Need (GEN) Factors											
Subfactor	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	Total
Low-Income 60+	\$ 487,263	\$ 465,867	\$ 235,655	\$ 222,067	\$ 190,949	\$ 366,808	\$ 438,015	\$ 505,618	\$ 372,664	\$ 142,752	\$ 3,427,658
Low-Income Minority 60+	\$ 19,744	\$ 50,712	\$ 10,811	\$ 6,231	\$ 11,899	\$ 24,662	\$ 152,924	\$ 100,598	\$ 246,541	\$ 10,060	\$ 634,181
Low-Income 60+ With Physical Disability	\$ 210,017	\$ 212,270	\$ 95,155	\$ 92,715	\$ 78,076	\$ 158,592	\$ 183,366	\$ 181,490	\$ 145,642	\$ 59,683	\$ 1,417,008
Low-Income Rural 60+	\$ 301,719	\$ 261,555	\$ 148,044	\$ 125,147	\$ 128,375	\$ 223,268	\$ 38,625	\$ 42,491	\$ -	\$ 70,231	\$ 1,339,457
Low-Income Female 60+	\$ 320,751	\$ 321,689	\$ 152,399	\$ 153,713	\$ 127,062	\$ 245,865	\$ 299,355	\$ 368,610	\$ 255,061	\$ 95,718	\$ 2,340,221
<b>Total</b>	<b>\$ 1,339,495</b>	<b>\$ 1,312,093</b>	<b>\$ 642,064</b>	<b>\$ 599,873</b>	<b>\$ 536,361</b>	<b>\$ 1,019,195</b>	<b>\$ 1,112,286</b>	<b>\$ 1,198,807</b>	<b>\$ 1,019,908</b>	<b>\$ 378,444</b>	<b>\$ 9,158,526</b>
Funding Distribution: sfy2010 Greatest Social Need (GSN) Factors											
Subfactor	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	Total
Total 60+	\$ 472,164	\$ 308,526	\$ 203,470	\$ 182,738	\$ 171,052	\$ 387,640	\$ 608,096	\$ 1,007,530	\$ 187,582	\$ 128,413	\$ 3,657,210
Minority 60+	\$ 14,848	\$ 16,179	\$ 7,539	\$ 5,006	\$ 6,272	\$ 17,979	\$ 98,058	\$ 117,767	\$ 90,165	\$ 6,495	\$ 380,307
60+ With Physical Disability	\$ 116,814	\$ 89,861	\$ 52,505	\$ 50,647	\$ 41,173	\$ 93,610	\$ 133,922	\$ 188,520	\$ 62,182	\$ 33,100	\$ 862,334
Rural 60+	\$ 223,141	\$ 157,717	\$ 124,599	\$ 99,690	\$ 110,025	\$ 204,176	\$ 55,190	\$ 74,831	\$ -	\$ 50,850	\$ 1,100,218
Limited English 60+	\$ 1,023	\$ 571	\$ 402	\$ 382	\$ 267	\$ 1,550	\$ 4,408	\$ 6,857	\$ 3,665	\$ 486	\$ 19,610
Female 60+	\$ 264,641	\$ 175,723	\$ 113,558	\$ 104,557	\$ 95,552	\$ 213,879	\$ 344,738	\$ 570,996	\$ 115,554	\$ 72,514	\$ 2,071,712
> Average Life Expectancy	\$ 134,688	\$ 91,114	\$ 62,563	\$ 59,287	\$ 51,806	\$ 107,036	\$ 171,926	\$ 280,060	\$ 71,868	\$ 36,785	\$ 1,067,134
<b>Total</b>	<b>\$ 1,227,320</b>	<b>\$ 839,690</b>	<b>\$ 564,636</b>	<b>\$ 502,306</b>	<b>\$ 476,146</b>	<b>\$ 1,025,870</b>	<b>\$ 1,416,337</b>	<b>\$ 2,246,560</b>	<b>\$ 531,015</b>	<b>\$ 328,643</b>	<b>\$ 9,158,526</b>
Percent Total sfy2010 Funding Distribution											
PSA	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	Total
Proposed IFF Percentage	14.01%	11.75%	6.59%	6.02%	5.53%	11.16%	13.80%	18.81%	8.47%	3.86%	100.00%

Data Sources:

Low-Income 60+	U.S. Department of Commerce. Census Bureau. Census 2000 Special Tabulations on Aging. Tables P076 available at: <a href="http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html">http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html</a>
Low-Income Minority 60+	Accessed March 2, 2009.
Low-Income Rural 60+	U.S. Department of Commerce. Census Bureau. Census 2000 Special Tabulations on Aging. Tables P086 available at: <a href="http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html">http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html</a>
Low-Income 60+ With Physical Disability	Accessed March 2, 2009.
Low-Income Female 60+	U.S. Department of Commerce. Census Bureau. Census 2000 Special Tabulations on Aging. Tables P093 available at: <a href="http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html">http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html</a>
Total 60+	Accessed March 2, 2009.
Minority 60+	U.S. Department of Commerce. Census Bureau. Population Estimates Program. County population estimates - characteristics; County Population by Age, Sex, Race, and Hispanic Origin: April 1, 2000 through July 1, 2007. Available at: <a href="http://www.census.gov/popest/counties/asrh/files/ccest2007-alldata-29.csv">http://www.census.gov/popest/counties/asrh/files/ccest2007-alldata-29.csv</a> Accessed March 2, 2009.
Female 60+	
> Average Life Expectancy	
60+ With Physical Disability	U.S. Department of Commerce. Census Bureau. Census 2000 Special Tabulations on Aging. Tables P086 available at: <a href="http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html">http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html</a>
Rural 60+	Accessed March 2, 2009.
Limited English 60+	U.S. Department of Commerce. Census Bureau. Census 2000 Special Tabulations on Aging. Tables P017 available at: <a href="http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html">http://www.aoa.gov/prof/Statistics/Tab/aoacensus2000.html</a>
	Accessed March 2, 2009.



# Missouri State Plan on Aging FY 2012-2015

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

- Information on how the proposed formula will affect funding to each planning and service area
- Funding Based on SFY 2010-1 Allotment Tables, Supplement 2-4 (\$18,317,051 allocated via IFF and \$2,982,060 allocated equally via base)

Existing IFF sfy2010											
	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Intra State Formula %	13.60%	9.78%	6.46%	5.67%	5.45%	11.55%	14.89%	22.56%	6.42%	3.62%	100.00%
Part B Base Allocation	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 933,440
Part B % Allocation	\$ 779,773	\$ 560,749	\$ 370,392	\$ 325,097	\$ 312,483	\$ 662,234	\$ 853,737	\$ 1,293,506	\$ 368,099	\$ 207,557	\$ 5,733,626
Part B Total	\$ 873,117	\$ 654,093	\$ 463,736	\$ 418,441	\$ 405,827	\$ 755,578	\$ 947,081	\$ 1,386,850	\$ 461,443	\$ 300,901	\$ 6,667,066
Part C1 Base Allocation	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 1,136,200
Part C1 % Allocation	\$ 949,144	\$ 682,546	\$ 450,843	\$ 395,709	\$ 380,356	\$ 806,075	\$ 1,039,173	\$ 1,574,462	\$ 448,052	\$ 252,640	\$ 6,979,000
Part C1 Total	\$ 1,062,764	\$ 796,166	\$ 564,463	\$ 509,329	\$ 493,976	\$ 919,695	\$ 1,152,793	\$ 1,688,082	\$ 561,672	\$ 366,260	\$ 8,115,200
Part C2 Base Allocation	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 507,620
Part C2 % Allocation	\$ 424,044	\$ 304,938	\$ 201,421	\$ 176,789	\$ 169,930	\$ 360,126	\$ 464,266	\$ 703,415	\$ 200,174	\$ 112,871	\$ 3,117,973
Part C2 Total	\$ 474,806	\$ 355,700	\$ 252,183	\$ 227,551	\$ 220,692	\$ 410,888	\$ 515,028	\$ 754,177	\$ 250,936	\$ 163,633	\$ 3,625,593
Part E Base Allocation	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 404,800
Part E % Allocation	\$ 338,157	\$ 243,175	\$ 160,625	\$ 140,982	\$ 135,512	\$ 287,185	\$ 370,233	\$ 560,944	\$ 159,630	\$ 90,010	\$ 2,486,452
Part E Total	\$ 378,637	\$ 283,655	\$ 201,105	\$ 181,462	\$ 175,992	\$ 327,665	\$ 410,713	\$ 601,424	\$ 200,110	\$ 130,490	\$ 2,891,252
% IIB Ombuds Allocation	\$ 6,349	\$ 4,565	\$ 3,016	\$ 2,647	\$ 2,544	\$ 5,392	\$ 6,951	\$ 10,531	\$ 2,997	\$ 1,690	\$ 46,681
% VII Ombuds Allocation	\$ 12,661	\$ 9,105	\$ 6,014	\$ 5,278	\$ 5,074	\$ 10,752	\$ 13,862	\$ 21,002	\$ 5,977	\$ 3,370	\$ 93,095
Ombudsman Total	\$ 19,010	\$ 13,670	\$ 9,030	\$ 7,925	\$ 7,618	\$ 16,144	\$ 20,813	\$ 31,533	\$ 8,974	\$ 5,060	\$ 139,776
<b>Total:</b>	<b>\$ 2,808,334</b>	<b>\$ 2,103,284</b>	<b>\$ 1,490,517</b>	<b>\$ 1,344,708</b>	<b>\$ 1,304,103</b>	<b>\$ 2,429,970</b>	<b>\$ 3,046,428</b>	<b>\$ 4,462,066</b>	<b>\$ 1,483,134</b>	<b>\$ 966,343</b>	<b>\$ 21,438,887</b>
Proposed IFF sfy2010											
	Southwest	Southeast	District III	Northwest	Northeast	Central	MARC	Mid-East	St. Louis	Region X	TOTAL
Intra State Formula %	14.01%	11.75%	6.59%	6.02%	5.53%	11.16%	13.80%	18.81%	8.47%	3.86%	100.00%
Part B Base Allocation	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 93,344	\$ 933,440
Part B % Allocation	\$ 803,281	\$ 673,701	\$ 377,846	\$ 345,164	\$ 317,070	\$ 639,873	\$ 791,240	\$ 1,078,495	\$ 485,638	\$ 221,318	\$ 5,733,626
Part B Total	\$ 896,625	\$ 767,045	\$ 471,190	\$ 438,508	\$ 410,414	\$ 733,217	\$ 884,584	\$ 1,171,839	\$ 578,982	\$ 314,662	\$ 6,667,066
Part C1 Base Allocation	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 113,620	\$ 1,136,200
Part C1 % Allocation	\$ 977,758	\$ 820,033	\$ 459,916	\$ 420,136	\$ 385,939	\$ 778,856	\$ 963,102	\$ 1,312,750	\$ 591,121	\$ 269,389	\$ 6,979,000
Part C1 Total	\$ 1,091,378	\$ 933,653	\$ 573,536	\$ 533,756	\$ 499,559	\$ 892,476	\$ 1,076,722	\$ 1,426,370	\$ 704,741	\$ 383,009	\$ 8,115,200
Part C2 Base Allocation	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 50,762	\$ 507,620
Part C2 % Allocation	\$ 436,828	\$ 366,362	\$ 205,474	\$ 187,702	\$ 172,424	\$ 347,966	\$ 430,280	\$ 586,491	\$ 264,092	\$ 120,354	\$ 3,117,973
Part C2 Total	\$ 487,590	\$ 417,124	\$ 256,236	\$ 238,464	\$ 223,186	\$ 398,728	\$ 481,042	\$ 637,253	\$ 314,854	\$ 171,116	\$ 3,625,593
Part E Base Allocation	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 40,480	\$ 404,800
Part E % Allocation	\$ 348,352	\$ 292,158	\$ 163,857	\$ 149,684	\$ 137,501	\$ 277,488	\$ 343,130	\$ 467,702	\$ 210,602	\$ 95,977	\$ 2,486,452
Part E Total	\$ 388,832	\$ 332,638	\$ 204,337	\$ 190,164	\$ 177,981	\$ 317,968	\$ 383,610	\$ 508,182	\$ 251,082	\$ 136,457	\$ 2,891,252
% IIB Ombuds Allocation	\$ 6,540	\$ 5,485	\$ 3,076	\$ 2,810	\$ 2,581	\$ 5,210	\$ 6,442	\$ 8,781	\$ 3,954	\$ 1,802	\$ 46,681
% VII Ombuds Allocation	\$ 13,043	\$ 10,939	\$ 6,135	\$ 5,604	\$ 5,148	\$ 10,389	\$ 12,847	\$ 17,511	\$ 7,885	\$ 3,593	\$ 93,095
Ombudsman Total	\$ 19,583	\$ 16,424	\$ 9,211	\$ 8,415	\$ 7,730	\$ 15,599	\$ 19,289	\$ 26,292	\$ 11,839	\$ 5,395	\$ 139,776
<b>Total:</b>	<b>\$ 2,884,007</b>	<b>\$ 2,466,883</b>	<b>\$ 1,514,511</b>	<b>\$ 1,409,307</b>	<b>\$ 1,318,869</b>	<b>\$ 2,357,988</b>	<b>\$ 2,845,248</b>	<b>\$ 3,769,935</b>	<b>\$ 1,861,499</b>	<b>\$ 1,010,640</b>	<b>\$ 21,438,887</b>
Impact											
IFF Percentage Change	0.41%	1.97%	0.13%	0.35%	0.08%	-0.39%	-1.09%	-3.75%	2.05%	0.24%	0.00%
Funding Percent Change	2.69%	17.29%	1.61%	4.80%	1.13%	-2.96%	-6.60%	-15.51%	25.51%	4.58%	0.00%
Funding Change	\$ 75,673	\$ 363,599	\$ 23,994	\$ 64,599	\$ 14,765	\$ (71,982)	\$ (201,179)	\$ (692,131)	\$ 378,365	\$ 44,296	\$ -

# Missouri State Plan on Aging FY 2012-2015

## Attachment 1

1. Including five additional factors of economic and social need (see table 2, the new factors appear in *italics*); these factors are identified by recent literature as high-risk subgroups in the older population<sup>11</sup>. Including these factors increases the precision with which the IFF can identify individuals who are socioeconomically disadvantaged, and at highest risk of unwanted institutionalization—the key tenets of the OAA as amended in 2006<sup>2</sup>. The population aged beyond average life expectancy at birth by race and gender is a measure of frailty, often referred to as an “oldest-old” factor. The key difference is that typical oldest-old factors use an arbitrary benchmark age which neglects to consider disparities in the longevity of minorities and males, fostering inequitable distributions.
2. Adjusting the factor weights to more objectively reflect the socioeconomic and demographic environment for older individuals from region to region; this is accomplished by setting equal precedence on the overall factors of social and economic need and setting proportional weights on the subgroups within each overall factor.
3. Updating a greater portion of IFF data annually.
4. Employing a more stable measure of the older population suffering disability.

**Table 2: Proposed IFF Factors and Weights**

<b>Total Allocation</b>			
<b>Greatest Economic Need @ 50%</b>			
<b>Greatest Social Need @ 50%</b>			

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

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

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



# Missouri State Plan on Aging FY 2012-2015

Attachment 1

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

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

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

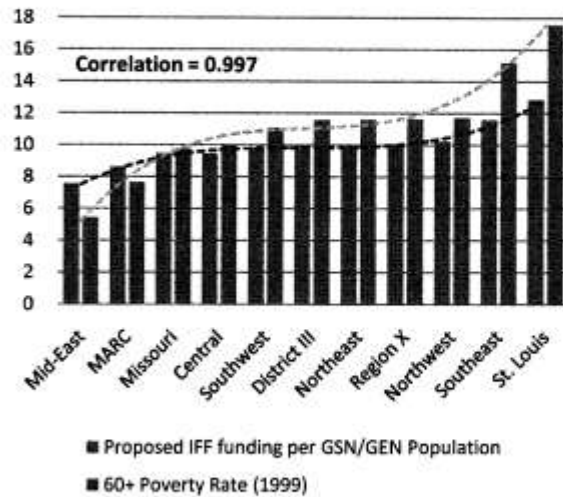
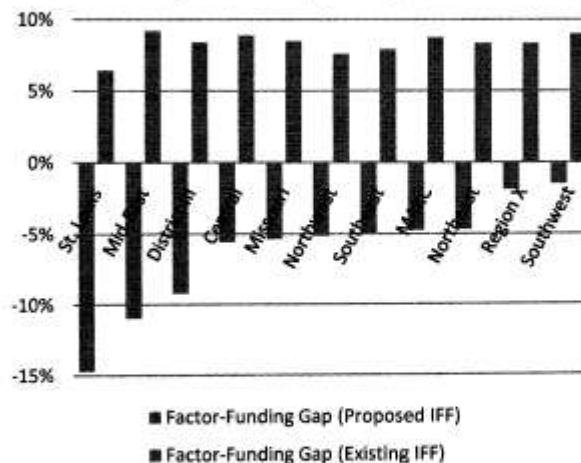


Figure four shows the gaps between factor and funding change for each IFF since SFY2000. The red bars, depict the gap experienced under the existing IFF; the blue bars represent the same gap simulated under the proposed IFF. From SFY2000 to SFY2010, factor growth has outpaced funding growth by 8% in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

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



# Missouri State Plan on Aging FY 2012-2015

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## Attachment 1

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

### Conclusion:

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



# Missouri State Plan on Aging FY 2012-2015

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Attachment 2

## Numerical Statement

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

# Missouri State Plan on Aging FY 2012-2015

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## Attachment 2

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

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

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

#### **Equation 1**

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

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

#### **Equation 2**

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

The superscript 't' on the demographic variables below actually depicts the year of the most contemporary data during SFY<sup>t</sup>. Typically in Missouri this difference is a three-year lag. For example, during SFY<sup>10</sup> the most recent intercensal population estimates stem from calendar year 2007 so that the technically apropos superscript on the demographic variables would be 't-3'. For the sake of facsimile we will not specifically differentiate between the two in this demonstration.

Equation 3a depicts the Greatest Economic Need allocation to AAA<sub>i</sub> in FY<sup>t</sup>. This is derived by taking half of the total IFF by the portion of the total 60+ population in Missouri with Great Economic Need

**Numerical Statement (continued):**

residing within the jurisdictional boundaries of AAA<sub>i</sub> in SFY<sup>t</sup>. In other words, this is half of the total IFF allocation multiplied by the quotient of the Greatest Economic Need population in AAA<sub>i</sub> and the Greatest Economic Need population in all Missouri in SFY<sup>t</sup>, as depicted in equation 3b.

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

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

**Equation 3a**

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

Where:

$$\left( LIP'_T = \sum_{i=1}^{n=10} LIP'_i \right); \left( ENP'_T = \sum_{i=1}^{n=10} ENP'_i \right); \left( LIM'_T = \sum_{i=1}^{n=10} LIM'_i \right); \left( LID'_T = \sum_{i=1}^{n=10} LID'_i \right);$$

$$\left( LIR'_T = \sum_{i=1}^{n=10} LIR'_i \right); \text{ and } \left( LIF'_T = \sum_{i=1}^{n=10} LIF'_i \right)$$

**Equation 3b**

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

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

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### Numerical Statement (continued):

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

- $P_t^i$  is the total population in AAA ‘i’ at time ‘t’.
- $M_t^i$  is the minority population in AAA ‘i’ at time ‘t’.
- $D_t^i$  is the population with a physical disability in AAA ‘i’ at time ‘t’.
- $R_t^i$  is the rural population in AAA ‘i’ at time ‘t’.
- $E_t^i$  is the population with limited English proficiency in AAA ‘i’ at time ‘t’.
- $F_t^i$  is the female population in AAA ‘i’ at time ‘t’.
- $L_t^i$  is the population older than average life expectancy by race and sex in AAA ‘i’ at time ‘t’.
- $SNP_t^i$  is the total Greatest Social Need population in AAA ‘i’ at time ‘t’.

#### Equation 4a

$$GSN_t^i = \frac{IFF_t}{2} \left[ \frac{P_t^i}{P_t^i} \left( \frac{P_t^i}{SNP_t^i} \right) + \frac{M_t^i}{M_t^i} \left( \frac{M_t^i}{SNP_t^i} \right) + \frac{D_t^i}{D_t^i} \left( \frac{D_t^i}{SNP_t^i} \right) + \frac{R_t^i}{R_t^i} \left( \frac{R_t^i}{SNP_t^i} \right) + \frac{E_t^i}{E_t^i} \left( \frac{E_t^i}{SNP_t^i} \right) + \frac{F_t^i}{F_t^i} \left( \frac{F_t^i}{SNP_t^i} \right) + \frac{L_t^i}{L_t^i} \left( \frac{L_t^i}{SNP_t^i} \right) \right]$$

Where:

$$\left( P_t^i = \sum_{i=1}^{n=10} P_t^i \right); \left( SNP_t^i = \sum_{i=1}^{n=10} SNP_t^i \right); \left( M_t^i = \sum_{i=1}^{n=10} M_t^i \right); \left( D_t^i = \sum_{i=1}^{n=10} D_t^i \right);$$

$$\left( R_t^i = \sum_{i=1}^{n=10} R_t^i \right); \left( E_t^i = \sum_{i=1}^{n=10} E_t^i \right); \left( F_t^i = \sum_{i=1}^{n=10} F_t^i \right); \text{ and } \left( L_t^i = \sum_{i=1}^{n=10} L_t^i \right)$$

#### Equation 4b

$$\therefore GSN_t^i \approx \$9.16M \left( \frac{SNP_t^i}{SNP_t^i} \right)$$

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### Numerical Statement (continued):

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

Table 1

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

Table 2

Indicators of Greatest Social Need for the 60+ Population in Missouri								
AAA	P	M	D	R	E	F	L	SNP
Southwest	139,793	4,396	34,585	66,065	303	78,352	39,877	363,371
Southeast	91,345	4,790	26,605	46,695	169	52,026	26,976	248,606
District III	60,241	2,232	15,545	36,890	119	33,621	18,523	167,171
Northwest	54,103	1,482	14,995	29,515	113	30,956	17,553	148,717
Northeast	50,643	1,857	12,190	32,575	79	28,290	15,338	140,972
Central	114,768	5,323	27,715	60,450	459	63,323	31,690	303,728
MARC	180,038	29,032	39,650	16,340	1,305	102,066	50,902	419,333
Mid-East	298,298	34,867	55,815	22,155	2,030	169,054	82,917	665,136
St. Louis	55,537	26,695	18,410	-	1,085	34,212	21,278	157,217
Region X	38,019	1,923	9,800	15,055	144	21,469	10,891	97,301
Total	1,082,785	112,597	255,310	325,740	5,806	613,369	315,945	2,711,552

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



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<sup>1</sup> Missouri Office of Administration, *Missouri Population Trends*,  
<http://oa.mo.gov/bp/projections/trends.htm>

<sup>2</sup> Missouri Association of Area Agencies on Aging, 2010, <http://www.ma4web.org>

<sup>3</sup> Missouri Senior Report, University of Missouri, Office of Social and Economic Data Analysis, Columbia, MO, 2009.

<sup>4</sup> U. S. Census, American FactFinder, 2005-2009 American Community Survey 5-Year Estimates

<sup>5</sup><http://grandfactsheets.org/doc/Missouri%2008.pdf>, April 2008

<sup>6</sup> U. S. Census, American FactFinder, 2005-2009 American Community Survey 5-Year Estimates

<sup>7</sup> Health Reform: New Opportunities for Missouri to Invest in Home and Community-Based Services. Families USA. July 2010. Washington D.C <http://familiesusa2.org/assets/pdfs/long-term-care/state-fact-sheets/Missouri.pdf>

<sup>8</sup> Missouri Medicaid Basics, Spring 2010

<sup>9</sup>Health Reform: New Opportunities for Missouri to Invest in Home and Community-Based Services. Families USA. July 2010. Washington D.C <http://familiesusa2.org/assets/pdfs/long-term-care/state-fact-sheets/Missouri.pdf>