MISSOULA *aging* SERVICES

# Area VII Area Plan on Aging

**October 2027-September 2031**

# DRAFT

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## Section 1. Planning and Service Area (PSA) Context and Community Profile

### 1.1 Area Agency on Aging (AAA) Description

Missoula Aging Services (MAS) is a 501(c)(3) nonprofit under the umbrella of Missoula County. MAS serves as the Area VII Agency on Aging (AAA) covering Missoula and Ravalli Counties. MAS is also an Aging and Disability Resource Center (ADRC).

MAS provides person-centered Older Americans Act (OAA) Programs and non-OAA aging services to individuals and family caregivers that are designed to support older adults to age safely and comfortably at home, access important benefits and services, achieve improved health and well-being, learn about aging and plan for older years, connect to others, and engage in community life. MAS also advocates for policies, programs and funding that benefit older Montanans.

MAS is the direct provider of Older Americans Act (OAA) services in Missoula County, and contracts with a subrecipient in Ravalli County, the Ravalli County Council on Aging (RCCOA).

For more information about MAS, visit Missoula Aging Services | Home. Organizational documents, including the most recent Annual Report, Audit, Form 990 Tax Return, and Strategic Plan can be found at About Us | Missoula Aging Services.

MAS is located at 337 Stephens Ave., Missoula, MT 59801. Questions about this Plan should be directed to info@missoulaagingservices.org.

### 1.2 PSA Description

Area VII encompasses Missoula and Ravalli Counties in western Montana. Missoula County covers 2,600 square miles and includes the City of Missoula, which is the second largest in the state, as well as smaller and more remote communities such as Frenchtown, Lolo, Seeley Lake, Condon, Clinton, and Potomac. Ravalli County covers 2,400 square miles to the south, centered on the Bitterroot Valley and stretching to the Idaho border. It includes the incorporated communities of Stevensville, Pinesdale, Hamilton, and Darby, along with numerous unincorporated communities. Mountain ranges, river corridors, forested public lands, and long travel distances shape where people live and how services are delivered within the PSA.

U.S. Census Bureau estimates for 2025 place Missoula County's population at 123,513 and Ravalli County's at 48,582. Since the 2020 Census, the counties grew by an estimated 4.7 percent and 10.0 percent, respectively. The City of Missoula is home to 78,903 people and the concentration of health care, retail, education, transportation, and human services for the broader region. Outside Missoula, much of the two-county service area is rural, with residents dispersed among small towns, unincorporated communities, farms, ranches, and remote mountain valleys. Ravalli County's settlement pattern follows the

north–south Bitterroot Valley corridor. The PSA does not include a reservation; however, American Indian older adults live throughout the Area.

Missoula is home to the University of Montana, which affords residents many educational and cultural opportunities, including the Osher Lifelong Learning Institute (MOLLI). The Missoula Public Library also provides numerous resources and events to encourage learning and engagement. The City's Parks and Recreation department offers a variety of activities, including those tailored to older adults. The urban public transportation system, Mountain Line, offers fare-free fixed route and paratransit service and operates extended hours 7 days a week. Mountain Line runs primarily in the City of Missoula and does not reach the rural areas of Missoula County. Summit Independent Living Center serves people with disabilities of all ages. There are two hospitals, Providence St. Patrick and Community Health Center and a number of home care, home health care and hospice agencies. There are three nursing facilities and 16 assisted living facilities. While there are behavioral health providers, including Western Montana Mental Health/AWARE, finding, accessing, and affording mental health care services in Montana is challenging, especially in rural areas. Missoula does have a Mobile Crisis Team, and older Montanans can call the 988 suicide and crisis lifeline.

Services and amenities in Ravalli County have grown over the last four years, but are still limited. Bitterroot College in Hamilton and numerous public libraries throughout the county support adult education and learning. Montana State University also has an extension agent. Bitterroot Hospital is located in Hamilton with clinics in Corvallis, Darby, Stevensville, and Victor. Other local health systems operate satellite centers in the area, along with some other providers like physical therapists. However, many residents continue to travel to Missoula for both routine and specialty health care. Independent living providers are more scarce. Few home care, home health or hospice providers serve Ravalli County. There are 2 nursing facilities and 14 assisted living facilities. RCCOA is the rural public transit provider, under the name BitterRoot Bus, but the service area and routes are limited. Emergency services in the county are primarily volunteer, which can impact availability and response.

### 1.3 Demographic Profile of Older Adults

Adults aged 60 and older represent 28% of the overall population in Area VII. However, similar to the statewide pattern in which rural areas have a higher number of older adults per capita than urban centers, the two counties differ substantially, with 25% of Missoula County and 38% of Ravalli County residents in the 60+ age group.

The tables below show the 2024 breakdown of older adults in the PSA as well as each county relative to characteristics such as age, race, poverty level, living alone, rural residence, veteran status, disability status, etc. Some highlights to note:

- Although Area VII includes Missoula, approximately one-third of older adults in Missoula County live outside the City limits. Given that all of Ravalli County is rural,

an estimated 60% of the older adults in the PSA live outside an urban area, which greatly impacts service availability and delivery.

- While 8% of older adults in the PSA live at or below the Federal Poverty Level, many more experience financial strain or insecurity. See Section 2: Needs Assessment for details.
- Approximately one-quarter of older adults are at risk of institutional placement when considering reported difficulties with daily living, the prevalence of disability, and dementia rates. The oldest age groups are at highest risk.
- 25% of older adults in the Area live alone, which often negatively affects financial and other resources.
- 19% of older adults in the PSA are veterans.
- The vast majority of older adults in Area VII are white and English speaking.

| Area VII Planning and Service Area Older Adult Population - 2024 Estimates | | | |
|---|---|---|---|
| **Combined Missoula and Ravalli Counties** | **Total #** | **% of Older Adults** | **% of Area VII Population** |
| Total County Population | 170,508 | N/A | N/A |
| **Older Adults 60+** | | | |
| Total Area Population 60+ | 48,458 | N/A | 28% |
| 60-64 | 10,662 | 22% | 6% |
| 65-69 | 11,340 | 23% | 7% |
| 70-74 | 10,620 | 22% | 6% |
| 75-79 | 7,805 | 16% | 5% |
| 80-84 | 4,553 | 9% | 3% |
| 85+ | 3,478 | 7% | 2% |
| African-American 60+ | 119 | 0% | 0% |
| American Indian 60+ | 613 | 1% | 0% |
| Asian 60+ | 361 | 1% | 0% |
| Hispanic/ Latino 60+ | 941 | 2% | 1% |
| Living at or below Federal Poverty Level 60+ | 3,929 | 8% | 2% |
| Living at or below Federal Poverty Level Minority 60+ | 361 | 1% | 0% |
| Individuals Residing in Rural Areas/ Isolated 60+ | 28,867 | 60% | 17% |
| Grandparents Raising Grandchildren/Kinship Caregivers 60+ | 249 | 1% | 0% |
| **Older Adults 65+** | | | |
| Total Area population 65+ | 37,796 | N/A | 22% |
| Individuals Living Alone 65+ | 9,499 | 25% | 6% |
| Limited English proficiency 65+ | 227 | 1% | 0% |
| Individuals with Alzheimer's Disease and Related Disorders 65+ | 3,544 | 9% | 2% |
| Individuals with Disabilities 65+ | 10,268 | 27% | 6% |
| Veterans 65+ | 7,179 | 19% | 4% |
| Individuals at Risk for Institutional Placement 65+ | 9,623 | 25% | 6% |

| Missoula County Older Adult Population - 2024 Estimates | | | |
|---|---|---|---|
| **Missoula County** | **Total #** | **% of Older Adults** | **% of County Population** |
| Total County Population | 122,471 | N/A | N/A |
| **Older Adults 60+** | | | |
| Total County Population 60+ | 30,409 | N/A | 25% |
| 60-64 | 6,855 | 23% | 6% |
| 65-69 | 7,071 | 23% | 6% |
| 70-74 | 6,710 | 22% | 5% |
| 75-79 | 4,852 | 16% | 4% |
| 80-84 | 2,804 | 9% | 2% |
| 85+ | 2,117 | 7% | 2% |
| African-American 60+ | 75 | 0% | 0% |
| American Indian 60+ | 446 | 1% | 0% |
| Asian 60+ | 271 | 1% | 0% |
| Hispanic/ Latino 60+ | 561 | 2% | 0% |
| Living at or below Federal Poverty Level 60+ | 2,366 | 8% | 2% |
| Living at or below Federal Poverty Level Minority 60+ | 271 | 1% | 0% |
| Individuals Residing in Rural Areas/ Isolated 60+ | 10,818 | 36% | 9% |
| Grandparents Raising Grandchildren/Kinship Caregivers 60+ | 237 | 1% | 0% |
| **Older Adults 65+** | | | |
| Total County population 65+ | 23,554 | N/A | 19% |
| Individuals Living Alone 65+ | 6,052 | 26% | 5% |
| Limited English proficiency 65+ | 141 | 1% | 0% |
| Individuals with Alzheimer's Disease and Related Disorders 65+ | 2,191 | 9% | 2% |
| Individuals with Disabilities 65+ | 5,946 | 25% | 5% |
| Veterans 65+ | 4,561 | 19% | 4% |
| Individuals at Risk for Institutional Placement 65+ | 5,979 | 25% | 5% |

| Ravalli County Older Adult Population - 2024 Estimates | | | |
|---|---|---|---|
| **Ravalli County** | **Total # in County** | **% of Older Adults** | **% of County Population** |
| Total County Population | 48,037 | N/A | N/A |
| **Older Adults 60+** | | | |
| Total County Population 60+ | 18,049 | N/A | 38% |
| 60-64 | 3,807 | 21% | 8% |
| 65-69 | 4,269 | 24% | 9% |
| 70-74 | 3,910 | 22% | 8% |
| 75-79 | 2,953 | 16% | 6% |
| 80-84 | 1,749 | 10% | 4% |
| 85+ | 1,361 | 8% | 3% |
| African-American 60+ | 44 | 0% | 0% |
| American Indian 60+ | 167 | 1% | 0% |
| Asian 60+ | 90 | 0% | 0% |
| Hispanic/ Latino 60+ | 380 | 2% | 1% |
| Living at or below Federal Poverty Level 60+ | 1,563 | 9% | 3% |
| Living at or below Federal Poverty Level Minority 60+ | 90 | 0% | 0% |
| Individuals Residing in Rural Areas/ Isolated 60+ | 18,049 | 100% | 38% |
| Grandparents Raising Grandchildren/Kinship Caregivers 60+ | 12 | 0% | 0% |
| **Older Adults 65+** | | | |
| Total County population 65+ | 14,242 | N/A | 30% |
| Individuals Living Alone 65+ | 3,447 | 24% | 7% |
| Limited English proficiency 65+ | 85 | 1% | 0% |
| Individuals with Alzheimer's Disease and Related Disorders 65+ | 1,353 | 10% | 3% |
| Individuals with Disabilities 65+ | 4,322 | 30% | 9% |
| Veterans 65+ | 2,618 | 18% | 5% |
| Individuals at Risk for Institutional Placement 65+ | 3,644 | 26% | 8% |

### 1.3 Populations with Greatest Economic and Social Need

Populations with the greatest economic need include those living at or below the Federal Poverty Level as well as those who are experiencing financial insecurity. Using the 2025 Elder Index created by the Gerontology Institute at UMass Boston, 54% of Montanans age 65+ who live alone, and 26% of older couples, lack enough income to cover basic costs. According to the 2026 Community Assessment Survey of Older Adults (CASOA) for Area VII, 34% of area residents have a financial need.

Populations with the greatest social need are those experiencing social isolation or loneliness, and/or lack of access to community engagement opportunities. Contributing factors can include rural location, living alone, health and mobility limitations, and financial barriers.

(See Section 2: Needs Assessment and Unmet Need for more detail.)

MAS and RCCOA engage in extensive outreach through multiple channels, including community presentations, tabling, distribution of newsletters and other printed material, websites and social media, targeted campaigns, paid ads (radio, TV, print), and earned media. Both agencies routinely connect with community partners, especially those that serve vulnerable populations, to ensure effective education and referral processes. Staff of both agencies routinely visit senior centers and other gathering places for older adults. MAS also offers onsite Information and Assistance (I&A) appointments at local senior housing complexes. Screening and intake processes include questions and assessment tools designed to identify those with the greatest economic and social need.

### 1.4 Service Network and Key Partners

MAS' primary partner is RCCOA, a subrecipient contractor providing OAA services in Ravalli County. In Missoula County, MAS provides services directly. Both MAS and RCCOA also have vendor contracts with area Senior Centers and meal service providers.

Area Senior Centers include: Missoula, Sela Senci (Seeley Lake), Hamilton, Victor, and Stevensville.

Staff at both MAS and RCCOA work closely with Adult Protective Services, the Office of Public Assistance, health systems and practitioners, the Veterans Administration, and community service providers to assist older adults and family caregivers to navigate and access needed benefits and supports. Other partners/collaborators include the University of Montana, Dementia Friendly Missoula, Dementia Friendly Bitterroot, Mountain Line (public transit), United Way, local governments, and advocacy groups.

## Section 2. Needs Assessment and Unmet Need

### 2.1 Data Sources Used

- Census data and other publicly available demographic data
- Community Assessment Survey of Older Adults (CASOA), Polco
- The 2025 Elder Index (Gerontology Institute of UMass Boston)
- Area VII Advisory Council, MAS Board, and RCCOA Board/Executive Director input
- Interviews, focus groups, discussions, and listening sessions with stakeholders
    - Missoula County Commissioners
    - Missoula Mayor and City Administrator
    - MAS Meals on Wheels Advisory Council
    - MAS Congregate Meals Advisory Council
    - Sela Senci Senior Center (Seeley Lake)
    - Hamilton Senior Center members
    - Victor Senior Center members
    - Missoula Senior Center Board
    - Bonner community lunch participants

    - Frenchtown monthly senior lunch participants
    - Other community leaders
- MAS and RCCOA service data

2.2 Summary of Identified Strengths and Needs

See Attachments 1 and 2 for detailed summaries of the Area VII Community Survey of Older Adults (CASOA) results and stakeholder input along with the questions used for the focus groups/listening sessions.

It is clear, from the data and the discussions, that older adults in both Missoula and Ravalli counties love their communities. They value the beauty and the way of life, the specialness of the place. They have deep roots and a deep desire to live out their lives here. Yet many worry whether they can do so affordably and with the support they need as they age. **The central finding from the 2026 CASOA is the gap between how older adults experience their communities today and how confident they are about aging there: 88% rate their community as a good place to live, but only 62% rate it as a good place to retire, a 26-point difference. Survey, stakeholder, and public data point to financial strain (especially around housing), health care access and affordability, limited services to support aging at home and caregiving, and reduced social and community engagement as key concerns shared across the Area.**

**Strengths**

- **Strong community attachment.** Despite their significant concerns, older adults express high regard for their communities, neighborhoods, natural environment, and personal safety, and 80% expect to stay in their community throughout retirement.

- **Substantial civic, social, and economic contributions.** Older adults volunteer, work, vote, assist family and friends, and provide unpaid care to people of all ages, contributing to the economy and strengthening families and community life.

- **Existing connection and engagement.** Most regularly talk with family and friends, and many participate in community activities. Libraries, churches, neighborhood networks, senior centers, meal programs, arts, recreation, and volunteer opportunities provide a strong base for broader engagement.

- **Shared commitment to aging in place.** Older adults, caregivers, volunteers, local leaders, and service organizations agree on the importance of helping people remain independent and connected in the homes and communities they choose. Both Missoula and Ravalli counties leverage voter approved tax dollars specifically to support aging services.

- **Distinct local assets.** Missoula County has stronger public infrastructure, preventive care, health and wellness resources, supportive services, and civic opportunities. The City of Missoula receives especially strong ratings as a place to live. Ravalli County residents also report high community quality overall and view their communities more positively than their Missoula counterparts as places to retire.
    - **The Aging Network makes a difference.** Stakeholders throughout the Area expressed appreciation for MAS, RCCOA, senior centers, and other partners. While Information and Assistance and Meal Programs serve the largest numbers of people and are most visible, people value the wider array of services provided and wish there were more funds to expand services.

**Challenges**

- **Financial concerns dominate, and income limitations drive other challenges.**
    - Older Montanans face substantial financial insecurity. Poverty rates as well as food insecurity measures for older adults have risen generally in recent years, especially in Missoula and despite poverty rates having decreased for the population overall. This is a reflection of incomes not having kept pace with higher costs of living. For many, rising Medicare Part B premiums often offset Social Security cost-of-living adjustments. Additionally, in 2025, 54% of Montana adults age 65 and older living alone had incomes below the Elder Index, the amount needed to cover basic expenses while living independently, placing Montana 10th worst among the states. Of those, 22% lived below the federal poverty guideline, while another 32% earned too much to be considered poor but still lacked enough income for economic security. Older couples were somewhat better positioned, yet 26% still fell below the Elder Index, including 4% below the poverty guideline and 22% in the gap between poverty and financial security. These findings show that traditional poverty measures significantly understate the financial hardship experienced by older Montanans.

    - Almost everyone is feeling the negative impact of the high cost of living, with 48% of older adults in Area VII reporting some difficulty meeting daily expenses. Those with lower incomes struggle with major needs like housing and health care costs, and are also more likely to have safety concerns, experience poor health, and have less access to opportunities for social connection and community engagement, putting them at higher risk for poor outcomes and premature institutionalization.

    - Higher cost of living means a higher cost of service delivery. Federal funding for aging services is stagnant, which means the dollars don't go as far.

- High expenses, especially housing, also contribute heavily to workforce shortages.

- Programs tied to federal poverty guidelines miss a substantial portion of older adults who are financially insecure and need assistance.

- **Housing is largely unaffordable.** Housing costs and related expenses like property taxes, utilities, and home upkeep are increasingly burdensome and a primary factor in overall financial insecurity rates. Across Area VII, 40% of older adults are estimated to have a housing need. Renters are often the most at risk with overlapping vulnerabilities.

- **Health coverage and care are difficult to obtain and afford.** Older adults face high costs for healthcare premiums and out-of-pocket expenses, including medication. Access to care is a particular concern, with many mentioning the lack of health providers who take Medicare. In both counties, 54% report difficulty finding affordable health insurance (worse than the national benchmark) and 45% report difficulty obtaining needed health care.

- **Gaps in supports for independent living.** Housecleaning, home chores and maintenance, yard work, personal care, meal preparation, transportation, and home accessibility become harder with age. Access to supportive services is often tied to Medicaid. Many older adults have too many resources to qualify for Medicaid but not enough to pay privately for care. Area Agencies on Aging (AAAs) are often the only source of affordable support, but funding is limited. Workforce shortages complicate service availability and quality.
    - Although older adults clearly want to age at home, they also worry about the availability, affordability, and quality of facility-based long-term care should they or a loved one need it.

- **Caregiver burden.** Family caregivers report emotional, physical, and financial strain as well as struggle to find respite, dementia support, practical training, and guidance before a crisis. Emotional caregiver burden is especially high in the City of Missoula.

- **Information and navigation barriers.** Although the majority of older adults (65%) think they are generally well-informed about services, about seven in ten across both counties also report not knowing what services are available. This discrepancy may reflect a lack of specific information, but may also be a proxy for a lack of actual services. Public benefits access, service referrals, hospital discharge, transportation help, and provider coordination remain difficult to navigate, and when eligibility for assistance is based on poverty levels, many older adults don't qualify despite being financially insecure. Difficulties related to Social Security,

Medicare, and Medicaid are often cited, including poor communication and frustrating, even futile, processes.

- **Unequal risk exists within every community.** Older adults with low incomes, renters, those living alone, and families providing unpaid care experience greater financial, health, housing, safety, and social needs.

- **Unequal risk exists between communities.**
    - **Rural access and uneven amenities.** Ravalli County and areas of Missoula County outside the City of Missoula have fewer transportation options, cultural and educational amenities, and services for older adults. Rural internet gaps further limit access; although many older adults in rural areas report using the internet and smart phones, the share of Ravalli County households with no internet is about twice the regional rate.

    - **Greater personal strain in the City of Missoula.** Despite very positive community ratings, city residents report more depression, difficulty belonging, trouble meeting daily expenses, and caregiver burden than residents elsewhere in the Area. Public health data likewise show higher depression and social isolation in the city.

### 2.3 Unmet and Under-Met Needs

See Attachments 1 and 2 for a detailed summary of the Area VII CASOA results and stakeholder input.

Based on data and stakeholder input, the following list represents unmet or under-met needs in Area VII. Although MAS, RCCOA, and partners provide OAA and non-OAA services to address many of these needs, the demand outweighs resources and/or the needs stem from systemic issues requiring broad social change.

**Priority Needs**

- **Improved financial security:**
    - Direct financial assistance to stabilize living situations or avert crisis
    - Help to access public benefits (to increase resources and/or reduce costs)
    - Protection from financial abuse, fraud, and scams
    - Money management
    - Better work opportunities for those who need employment in retirement

- **Direct support for aging in place:**
    - Affordable and dependable in-home personal care and housecleaning
    - Handyman help, home repair and accessibility modification
    - Meal preparation and/or home-delivered meals

    - Dementia-specific support
    - Temporary help post injury or hospitalization
    - Individualized transportation options.

- **Support for family caregivers:**
    - Flexible in-home and facility-based respite
    - Adult day options
    - Dementia education and support
    - Practical training, support groups, and guidance before needs become a crisis

- **Information and system navigation:**
    - Reliable, easily accessible information about services
    - Help to troubleshoot and problem-solve, especially Social Security, Medicare, and Medicaid
    - Support for people with dementia and other complex needs to navigate the health and social service systems and coordinate care with multiple providers

- **Better access in rural communities:**
    - Reliable medical and community transportation
    - More health, home health, and specialty care providers
    - More nearby goods and services that support aging in retirement
    - Information available through channels that do not require internet access

- **Physical and Mental Health Access and Support:**
    - Affordable health plans and reduced out-of-pocket expenses
    - More providers who take Medicare and Medicaid
    - Recognition and understanding of older adults' mental health needs
    - Available and affordable mental health care

- **Opportunities for meaningful social connection and community engagement**
    - Social, recreational, and learning options designed with older adults in mind
    - Reduction in financial, physical, and other barriers to participation
    - Individualized and/or one-on-one support

- **Adequate workforce and service capacity:**
    - Enough qualified workers and service providers to meet needs for direct care, health care, transportation, respite, dementia care, and other essential supports.
    - Housing solutions that support the direct care workforce
    - More funding to support workers and programs/services

- **Affordable, accessible housing choices:**
  - Affordable, safe homes in good repair and built or modified as needed for accessibility
  - Suitable and right-sized options
  - Shared or multigenerational housing
  - Community-based living options that support independence
  - More subsidized rental options
  - Affordable "handyman" services

### 2.4 Evaluation and Conclusions

Area VII has numerous strengths to draw on in supporting safe, healthy, connected aging, most notably a shared appreciation of and contribution to community. However, rural geography and infrastructure limitations, high costs of living and high rates of financial insecurity, along with numerous systemic barriers to accessing benefits, services, care, and engagement opportunities threaten the ability of older adults to age at home with dignity.

The needs assessment revealed critical gaps, all of which require coordinated planning and response at multiple levels and across public and private sectors. Area VII and the Aging Network can't solve the systemic issues identified but can serve as key community partners, playing a pivotal role in providing essential services and elevating aging and the interests of older adults through advocacy, education, and public discourse.

**Within funding/capacity constraints**, Area VII's mission and expertise lend themselves best to:

- Improving older adults' financial security through benefits access and support
- Navigating and troubleshooting "the system"
- Providing services to support aging at home
- Coordinating care and services for people with dementia and other complex needs
- Supporting families to care for aging loved ones
- Building and strengthening opportunities for connection and engagement
- Advocating and partnering for change at the local, state, and federal levels

## Section 3. Public Participation and Advisory Input

### 3.1 Advisory Council Engagement

The Advisory Council provided formal input on the Plan on April 16, 2026. Additionally, quarterly Council meetings include regular updates on program and service implementation with opportunity for discussion. The Advisory Council is an active group with 15 members, all but one of whom is an older adult. (See Attachment 5 for roster.) In

addition to fulfilling their duties regarding the Area Plan, they are currently engaged in pursuing Age-Friendly designation for Missoula and surrounding areas.

### 3.2 Public Comment Process

The Area Plan was posted on the MAS website for 30 days starting October 19, 2026, with an option to comment by email, mail, or drop off at the MAS or RCCOA offices. Social media posts invited community members to review and comment. Emails with links to the post were sent to select stakeholder groups for distribution.

### 3.3 Tribal Consultation/Coordination (if applicable)

Area VII does not include a reservation or have tribal contracts. MAS periodically engages with All Nations Health Center in Missoula to share information and explore potential opportunities for collaboration.

### 3.4 Summary of Input and Response

See Section 2 Above and Attachment 2 for more detail. Add info on any public comment.

In addition to input solicited specifically for the Area Plan, MAS engages in ongoing assessment of local needs through a variety of means. The information gathered through all processes, combined with daily service delivery experience, form the basis of this plan, taking into account funding and capacity constraints.

## Section 4. Goals, Objectives, Strategies, and Outcomes

For each Montana State Plan Goal and local goal, if applicable, complete the information below.

**Goal #1:** Promote innovation and quality in the delivery of core OAA Programs to meet the unique needs of older Montanans and their family caregivers.

**Objective:** OAA Core Programs are aligned with community needs, grounded in best practices, and delivered in compliance with OAA requirements.

**Strategies:**

- Use demographic data, CASOA results, stakeholder input, client feedback, other local needs assessments, and community engagement to drive ongoing strategic and operational planning.
- Engage Advisory Council members on Area Plan implementation and other efforts to meet local needs.
- Develop annual performance measures and targets for OAA Programs, including client satisfaction/impact feedback, and use data to routinely assess performance and inform continual improvement processes.

- Ensure MAS and RCCOA staff participate in education and training to enhance relevant knowledge and skills.
- Share successful innovative approaches or programs with the MTDPHHS State Unit on Aging (SUA) and the other Montana AAAs; partner and collaborate with other AAAs as feasible to enhance program quality or reach.
- Actively participate in M4A, the Montana Area Agencies on Aging Association; attend monthly M4A/SUA meetings and take part in collective problem-solving and improvement efforts.
- Maintain MAS membership and engagement with USAging, the national association for Area Agencies on Aging, to learn about innovations and best practices in the field, federal policy and regulatory changes that impact OAA and other aging services programs, and potential funding or partnership opportunities to expand services to older adults and family caregivers.
- Update policies and procedures as needed to ensure consistent and compliant service delivery; provide required oversight and monitoring of subrecipient contractors; manage vendor contracts to ensure purchased goods and services meet standards and specifications.

**Target Population:** Recipients of OAA Programs

**Outcome Measure(s):** Quantitative and qualitative data on OAA Programs collected, analyzed, reported, and used to improve OAA Programs

**Timeline:** Ongoing

**Responsible Parties:** MAS Leadership; MAS and RCCOA management staff; MAS staff tasked with oversight and compliance monitoring

**Goal #2:** Ensure services are provided to vulnerable older individuals with the greatest economic and social need by improving access and quality of service delivery.

Objective: Older adults receive public benefits, OAA programs, and community services that reduce financial insecurity and support social connection and community engagement.

**Strategies:**

- Provide Information and Assistance (I&A) and SHIP counseling to older adults to help them 1) understand, apply for, and problem-solve public benefits, such as Social Security, Medicare, Medicaid, SNAP, homeowner/renter tax credits, etc.; 2) access OAA programs like meals and in home services; and 3) connect to social supports like senior centers, libraries, recreation, volunteer opportunities, etc.
- Implement outreach efforts that are widespread, varied, and continuous, and that include strategies and messaging specific to the targeted populations.
- Ensure intake and assessment processes for OAA services include questions or other methods to help determine clients' economic and social need and inform the best service delivery approaches.
- Support efforts to protect older adults from financial scams, exploitation, and abuse.
- Support and participate in efforts to address the needs of special populations, like those with dementia or other complex needs, who are more likely to experience barriers to social connection and community participation.

- Advocate for funding and policies at the federal, state, and local levels that reduce financial insecurity and social isolation among older adults and support OAA programs and other benefits and services older adults rely on; empower older adults to advocate for programs and policies that are important to them.

**Target Population:** Older adults living at or below the Federal Poverty Level as well as those with limited incomes experiencing financial strain or insecurity; older adults who live in rural parts of Area VII, who have conditions or circumstances that are barriers to connection, and/or who report or are assessed to be socially isolated or lonely; all older adults who could benefit from education about financial scams and exploitation or abuse.

**Outcome Measure(s):** Information and Assistance contacts; SHIP consultations; estimated financial savings/impact (when possible); client impact surveys and satisfaction feedback; outreach and educational "events"/reach

**Timeline:** Ongoing

**Responsible Party:** MAS and RCCOA Information and Assistance staff/SHIP counselors; MAS staff tasked with oversight and compliance monitoring

**Goal #3:** Provide person-centered home and community-based services that are meaningful to older individuals and their family caregivers.

**Objective:** Older adults and family caregivers receive home and community-based services that support aging at home.

**Strategies:**
- Provide Home-Delivered and Congregate Meals.
- Provide In Home Services – Senior Companion in Missoula County and Homemaker in Ravalli County.
- Provide Transportation – Ravalli County.
- Provide Falls Prevention and/or other evidence-based health promotion programs.
- Pursue and provide non-OAA funded programs and services when feasible to enhance and expand support for older adults and family caregivers.
- Recruit and support volunteers to help with service delivery.

**Target Population:** Older adults and family caregivers

**Outcome Measure(s):** Service units as defined by the OAA and client feedback

**Timeline:** Ongoing

**Responsible Party:** MAS and RCCOA program staff; MAS staff tasked with oversight and compliance monitoring

**Goal #4:** Strengthen services and supports for family caregivers.

**Objective:** Family caregivers of older adults and older adult caregivers receive accurate and timely information and assistance to access resources and services to help them care for their loved ones.

**Strategies:**
- Provide Caregiver I&A.
- Provide caregivers with access to Trualta, a web-based support platform that offers education, training, tools, online "live" support groups, and communication communities where caregivers can learn from and support each other; help families navigate and engage with Trualta as needed.
- Offer Powerful Tools for Caregivers classes.

**Target Population:** Family caregivers of older adults and older adult caregivers

**Outcome Measure(s):** Caregiver I&A contacts; client impact/satisfaction feedback

**Timeline:** Ongoing

**Responsible Parties:** MAS and RCCOA Information and Assistance staff; staff trained to provide Powerful Tools for Caregivers; MAS staff tasked with oversight and compliance monitoring

## Section 5. Service Projections and Resource Targeting

See Attachment 3 for estimated budgets by year for 2028-2031 for OAA programs.

Area VII will provide the OAA programs in the table below during the Plan period. Projected annual service units are estimated based on past trends and anticipated funding levels and would change accordingly if funds are higher or lower than expected. Programs will target those with the most economic and social need as described in Section 1.3 and Section 4, Goal #2.

Additionally, the MTDPHHS contract includes the OAA Ombudsman Program, which advocates for residents in nursing home and assisted living facilities. To fulfill contract requirements, MAS and RCCOA employ Local Long Term Care Ombudsmen who work under the direction of the State Ombudsman at the State Unit on Aging.

| OAA Programs Estimate of Annual Service Units | | | | | |
|---|---|---|---|---|---|
| **Program** | **MAS** | **RCCOA** | **Total** | **Service Unit Type** | **Notes** |
| Information and Assistance (I&A) | 20,650 | 3,336 | 23,986 | Contacts | |
| Caregiver I&A | 1,000 | 400 | 1,400 | Contacts | Plus access to Trualta |
| Home-Delivered Meals | 95,000 | 28,000 | 123,000 | Meals | |
| Congregate Meals | 44,000 | 13,500 | 57,500 | Meals | |
| In Home Services - Senior Companion | 2,080 | N/A | 2,080 | Contacts | MAS only |
| In Home Services - Homemaker | N/A | 133 | 133 | Hours | RCCOA only |
| Evidence-Based Health Promotion | 100 | 30 | 130 | Participants | Falls Prevention/Powerful Tools for Caregivers/Other |
| Transportation for 60+ | N/A | 5,800 | 5,800 | Rides | RCCOA BitterRoot Bus |

## Non-OAA Programs and Services

OAA funds are foundational to the work of AAAs and Aging Network partners, but they are insufficient to meet the increasingly complex needs of a growing older adult population. Funding challenges are even more acute in a minimally funded state like Montana with a high percentage of older adults and vast rural/frontier geography. Diversified, layered, leveraged, and braided funding from public and private sources is critical to supporting the independence and dignity of older Montanans.

In Area VII, the following efforts sit alongside AAA administration and OAA Programs for the benefit of older adults and family caregivers.

Provided through MAS Care Solutions, LLC:

- Veteran Directed Care Program - In home support to older veterans and veterans with disabilities funded by the Veterans Administration (approximately 110 veterans per year)
- CMS GUIDE Program - Dementia care navigation and support for traditional Medicare beneficiaries and their family caregivers (annual estimate of 100 individuals with dementia and their family caregivers)
- Homemaker and Personal Care on a sliding fee scale (40-50 clients per year)
- Respite for caregivers on a sliding fee scale (10-12 clients per year)
- Minor Home Repair and Accessibility Modification on a sliding scale through vetted contractors (new, no trend data)
- Caregiver Support Groups – in person and virtual (2 groups per month)
- Support for Dementia Friendly Missoula
- Representative Payee and Money Management Services for at-risk older adults who need help managing finances and paying bills (40-45 clients annually)
- Senior Medicare Patrol – management of the statewide federal SMP grant to educate older adults about protecting themselves from Medicare fraud

- Missoula Villages – a citizen-driven, grassroots membership network helping neighbors connect with and care for each other, based on the national Village-to-Village model
- Tech Café – Volunteers helping older adults with computers, smart phones, and other technology related needs
- Advanced Planning Education and Assistance – Volunteer attorney-led help with Advanced Directives and Powers of Attorney
- Meals on Wheels for Pets – in partnership with the Human Society offering free pet food to Home-Delivered Meals clients

Provided by RCCOA:

- Representative Payee and Money Management (70-80 clients per year)
- Commodities delivery
- Adaptive equipment loan closet
- Lifeline alert service (180 clients per year)

## Section 6. Service Delivery Structure

### 6.1 AAA Direct Services

See Attachment 10 for Direct Services Waiver Form.

MAS is requesting a waiver to provide direct services in Missoula County as allowed in the Older Americans Act to ensure an adequate supply of services, provided economically and with comparable or greater quality to subrecipient contracts. For more than 40 years, MAS has developed and grown infrastructure and expertise, partnerships, donors, diversified funding, and a strong reputation as a trusted community resource for information and direct services.

MAS uses Older Americans Act and State Funds to provide the following services directly in Missoula County:

- Nutrition (Home-Delivered and Congregate Meals) – IIIC1 and IIIC2
    - MAS maintains responsibility for intake, assessment, eligibility determination, volunteer management, and collection of voluntary contributions for both programs but contracts with local vendors for meal preparation/service.
        - For Home-Delivered Meals, MAS contracts with an institutional vendor capable of preparing the large volume of meals, selected through a periodic RFP process.
        - For Congregate Meals, MAS also uses vendor contracts to purchases meals from participating restaurants as well as the Missoula and Seeley Lake Senior Centers.

- Senior Companion – IIIB (no more than 10% of IIIB funds)
    - MAS offers Senior Companion services as an "in-home service," matching paid staff/volunteers to older adults who are socially isolated for companionship, community engagement, and light support with daily living tasks. MAS has provided this service for many years.

### 6.2 Provider Procurement and Monitoring

MAS follows its Financial Policies and Procedures regarding procurement, which align with federal regulations and have been reviewed by the State Unit on Aging (SUA) at MTDPHHS.

Currently, MAS has one subrecipient contractor, RCCOA. MAS has contracted with RCCOA for many years due to its unique position. While not part of Ravalli County government, it is a nonprofit Council on Aging that receives local mill levy funding for the provision of aging services. It also operates the commodities delivery program in Ravalli County and serves as the 5311 rural transit provider. However, if RCCOA were unable to satisfactorily provide OAA services or comply with OAA rules, MAS would implement a process to select and contract with alternative providers in accordance with OAA requirements and MAS' Financial Policies and Procedures. Monitoring activities are detailed in the MAS Subrecipient Monitoring Manual, which has also been provided to SUA.

MAS engages in ongoing assessment of the quality of goods and services purchased through vendor contracts to ensure they meet standards and specifications. Vendor agreements may be terminated at any time.

## Section 7. Nutrition Services

### 7.1 Congregate and Home-Delivered Meals

Home-Delivered and Congregate Meal Programs across Acrea VII comply with OAA rules regarding eligibility, nutritional requirements, and voluntary contributions.

**Home-Delivered Meals**

- Missoula Aging Services (MAS) provides approximately 95,000 home-delivered meals annually to adults age 60 and older, prioritizing individuals who are homebound, have cognitive impairments affecting their ability to manage nutrition, or are over age 80. Certain caregivers and individuals under age 60 may also qualify under specific circumstances as allowed for by the OAA. Access begins with a telephone intake assessing functional abilities, nutritional risk, and social isolation, followed by an in-home visit to determine appropriate services. Meals include a safety check and social contact, with quarterly reassessments to monitor ongoing needs. Delivery frequency

ranges from three to five days per week depending on location, with maximum weekly allotments of 14 meals in Missoula and rural areas and five meals in Seeley Lake. Services are available throughout Missoula County, including rural communities, subject to delivery coverage and program capacity.

- RCCOA provides almost 30,000 home-delivered meals annually, serving eligible older adults throughout Ravalli County. Participants may receive up to seven meals per week through a combination of hot meals prepared at kitchens in Hamilton, Victor, and Stevensville and frozen meals, with delivery schedules varying by location. The program prioritizes older adults who are homebound, socially isolated, experiencing food insecurity, or facing physical, health-related, or transportation barriers that limit their ability to obtain or prepare nutritious meals. Ravalli County's extensive rural geography presents additional challenges for individuals living in remote areas with limited access to groceries, services, and informal support systems. The home-delivered meal program helps address these barriers while providing regular personal contact and informal wellness checks that support independence and aging in place. Individuals may self-refer or be referred by family members, healthcare providers, or community partners, and each participant completes a nutrition assessment to determine individual needs and appropriate services.

**Congregate Meals**

- In the most recently completed fiscal year, MAS provided nearly 35,000 congregate meals and is budgeting for approximately 44,000 meals annually going forward. Meals are provide through two distinct programs designed to meet the needs of older adults across Missoula County. In Seeley Lake, MAS partners with the local senior center to provide meals five days per week. In the Missoula area, the Community Table program expands access through restaurant partnerships, senior center meals, and monthly pop-up sites offering varied locations and experiences. Open to adults age 60 and older regardless of income, Community Table provides meal vouchers that allow participants to choose where, when, and what they eat while promoting social engagement and reducing isolation. Both programs provide nutritious meals and connections to educational opportunities and community resources. Newsletters share program updates and educational offerings.

- RCCOA provides approximately 13,500 congregate meals annually at senior centers in Hamilton, Victor, and Stevensville, as well as the Darby Clubhouse. Meals are offered multiple days per week, providing nutritious food, opportunities for socialization, and connections to additional community resources. The program serves adults age 60 and older, with particular emphasis on individuals experiencing food insecurity, social isolation, economic hardship, or transportation barriers. Ravalli County's rural geography and dispersed population can make accessing nutritious meals and social opportunities challenging, particularly for older adults living alone or in outlying communities. By offering meals at multiple locations throughout the Bitterroot Valley,

RCCOA helps reduce geographic barriers and promotes community engagement. No reservations are required. Transportation may be available through BitterRoot Bus with advance scheduling, depending on location and availability.

### 7.2 OPTIONAL: Alternative Meal Model Requests

N/A

## Section 8. Quality Management and Continuous Improvement

### 8.1 Data Collection and Reporting

To track data related to OAA services provided through the contract with MTDPHHS, MAS uses a combination of Salesforce and Capstone, the State's required database. RCCOA uses Capstone only. RCCOA staff are responsible for their own data entry, participating in SUA training, and seeking technical assistance from SUA and/or MAS when needed.

The MAS Chief Financial Officer collects MAS and RCCOA financial data to prepare and submit monthly expenditure reports using the template provided by SUA. Periodically and at the end of the Federal Fiscal Year, MAS and RCCOA staff reconcile service units to reported expenses.

### 8.2 Monitoring and Corrective Action

**Direct Services:** For those services MAS provides directly, three Directors oversee all operations, as well as serve on the agency's Leadership Team. They are responsible for program development and implementation, creating and updating policies and procedures, and direct supervision of program managers to ensure high quality service delivery and compliance.

**Subrecipients:** MAS' contract with RCCOA, currently the only subrecipient, requires submission of numerous governance and financial documents as part of the annual contracting process and includes participation in compliance monitoring as a requirement for receiving funds. Subrecipient monitoring activities, including corrective action steps, are detailed in the MAS Subrecipient Monitoring Manual, which has been reviewed by SUA.

**Vendors:** MAS engages in ongoing assessment of the quality of goods and services purchased through vendor contracts to ensure they meet standards and specifications. Vendor agreements may be terminated at any time.

MAS staff at leadership and management levels are in frequent communication with subrecipients and vendors.

### 8.3 Training and Technical Assistance

MAS has an annual training budget to provide external and internal training opportunities to staff. Typically, staff participate in trainings required for their positions like I&A and Ombudsman certification and recertification. Additionally, staff attend in-state conferences such as the Governor's Conference on Aging and the Montana Nonprofit Association. Staff may also go to national conferences, including USAging, American Society on Aging, National Council on Aging, and Meals on Wheels America. Staff routinely engage in webinars and other online options offered by statewide and national organizations. Internally, the MAS Chief of Human Resources periodically arranges for speakers or presenters on a variety of topics, often extending invitations to RCCOA staff. MAS also supports staff to pursue individualized development opportunities online and through the University of Montana and other higher education venues.

RCCOA also supports staff to participate in required I&A and Ombudsman certification, participate in statewide conferences, and attend webinars. MAS' contract with RCCOA also requires Board members to receive annual governance training. MAS leadership and program staff routinely interact with RCCOA staff to provide technical assistance and support. The MAS CEO meets monthly with the RCCOA Executive Director and at least annually with the RCCOA Board. The MAS CFO is in frequent contact with RCCOA financial staff to answer questions and provide reporting guidance.

### 8.4 Quality Improvement

MAS engages in robust planning. In addition to the Area Plan, MAS has a long-range Strategic Plan to guide the organization overall plus a detailed Operational Plan that is updated annually. MAS also maintains an internal Dashboard with quantitative and qualitative performance measures and targets that is shared with the MAS Board on a quarterly basis. Leadership and management staff engage in ongoing assessment of program effectiveness based on data, client feedback, staff input, and environmental scans, working closely with MAS program teams to ensure processes are efficient and efforts are achieving desired outcomes.

MAS provides technical assistance to RCCOA as requested and monitors RCCOA for satisfactory performance and compliance.

## Section 9. Assurances and Attachments

Attachment 1: Summary and Analysis of Area VII CASOA Results

Attachment 2: Summary of Stakeholder Area Plan Input

Attachment 3: Area VII Projected Budget by Year for 2028-2031

Attachment 4: MAS Governing Board Roster

Attachment 5: Advisory Council Roster

Attachment 6: Staffing and Volunteers

Attachment 7: Service Provider Listing

Attachment 8: Emergency Preparedness Plan

Attachment 9: Legal Authorizing Documentation

Attachment 10: Direct Services Waiver

Attachment 11: Assurances

**Attachment 1: Summary and Analysis of Area VII CASOA Results**

See next page

# Montana 2026 Community Survey of Older Adults (CASOA):
# Area VII: Missoula and Ravalli Counties

**September 2026**

The **2026 Community Assessment Survey of Older Adults (CASOA) captures the experiences of Montanans age 55+ across six broad domains: 1)Productive Activities, 2) Community Connection and Participation, 3) Health and Wellness, 4) Information and Assistance, 5) Employment and Finances, and 6) Community Design and ranks community livability in each of these domains on a 100 point scale**. The methodology included random statewide sampling along with open participation, for a total of 7,727 responses with a margin of error of 1.2%. Area VII saw 1,094 responses with a margin of error of 2.9%. The results are weighted to reflect the older adult population. The survey results are benchmarked against the CASOA conducted in Montana in 2022 as well as surveys from 589 other communities across the country. The survey, conducted by Polco, was commissioned by the Montana Area Agencies on Aging in partnership with the Montana State Unit on Aging.

## Summary of Overall Livability in Area VII

**The CASOA assesses 17 topics across six domains of community living, assigning an overall livability score on a 100 point scale.** The scale should be interpreted as follows: 0 – 32 poor to approaching fair (red), 33–66 fair to approaching good (yellow), 67–100 good to excellent (green).

| Area VII Community Livability Scores | | | |
|---|---|---|---|
| **Domains** | **Topics** | **Score** | |
| | | **By Topic** | **Overall** |
| **Overall Community Quality** | ▪ Place to Live and Retire | 81 | 79 |
| | ▪ Recommend and Remain | 76 | |
| **Community Design** | ▪ Housing | 10 | 48 |
| | ▪ Mobility | 62 | |
| | ▪ Land Use | 49 | |
| **Employment and Finances** | ▪ Employment | 22 | 29 |
| | ▪ Finances | 30 | |
| **Community Access and Participation** | ▪ Access and Participation | 55 | 53 |
| | ▪ Connection and Engagement | 48 | |
| **Health and Wellness** | ▪ Safety | 81 | 56 |
| | ▪ Physical Health | 66 | |
| | ▪ Mental Health | 27 | |
| | ▪ Health Care | 50 | |
| | ▪ Independent Living | 19 | |
| **Information and Assistance** | ▪ Quality of Older Adult Services | 56 | 42 |
| | ▪ Information on Available Services | 34 | |
| **Productive Activities** | ▪ Civic Engagement | 59 | 62 |
| | ▪ Social Engagement | 64 | |
| | ▪ Caregiving | N/A | |

**The strongest scores for Area VII are in overall community quality and safety, while housing, employment, finances, mental health, and independent living are the greatest areas of concern. Most topics fall in the fair approaching good range, with information on available services bordering on fair.**

**The results above are for Area VII as a whole; there are some notable differences between Missoula and Ravalli Counties:**

- **Older adults find Missoula County to be less suitable for retirement.** Missoula County respondents rate the overall quality of their community at 85, but only 59 as a place to retire, a 26 point difference with place to retire in the "fair" range. In contrast, Ravalli County respondents rate overall community quality at 78 and their community as a place to retire at 68, both in the good range with a 10 point spread.
- **Missoula County rates significantly higher on public infrastructure generally and on ease of non-car transportation particularly (public transit, walking, and biking).** The quality of infrastructure scored a 74 in Missoula County but only 55 in Ravalli County. Public transit showed the largest difference (54 and 11 respectively). These results are expected given the highly rural nature of Ravalli County.
- **Affordable housing is profoundly problematic in both counties (lowest of all livability scores), but** somewhat more so in Missoula County. However, older adults in Ravalli County have a greater struggle finding suitable housing.
- **There are more options for preventive care (64 vs. 56) and support for overall health and wellness in Missoula County (72 vs. 60)**, also not surprising given the majority of health and related providers are concentrated in the City of Missoula.
- **Services for older adults are less robust in Ravalli County**.
- **Older adults in Missoula County feel they have substantially more opportunities for social and civic connection and engagement.**

## Summary of Needs in Area VII

The CASOA also provides a window into the specific problems older adults face. The table below shows the percent of respondents who report that one or more item within a specific topic area is a major or moderate problem. The report also notes that self-reported needs are often understated as people desire to feel and be seen as self-reliant, while others are not represented as they are too frail to participate in a survey.

| Percent and Estimated Number of Older Adults with a Need | | |
|---|---|---|
| Topic | % with Need | Number Affected N=53,798 |
| Housing | 40% | 21,499 |
| Mobility | 22% | 11,813 |
| Employment | 21% | 11,097 |
| Finances | 34% | 18,256 |
| Community Access and Participation | 8% | 4,557 |
| Community Connection and Engagement | 22% | 12,014 |
| Safety | 9% | 5,061 |
| Physical Health | 37% | 20,233 |
| Mental Health | 29% | 15,511 |
| Health Care | 49% | 26,340 |
| Independent Living | 9% | 4,710 |
| Information on Available Older Adult Servi | 41% | 22,287 |
| Civic Engagement | 22% | 11,751 |
| Social Engagement | 22% | 11,713 |
| Caregiving | 16% | 8,493 |

### Needs Related to Demographic Characteristics

The CASOA further breaks down need by demographic characteristics. The following are most noteworthy:

1. **Income is one of the clearest predictors of community livability challenges among older adults in AAA VII.** Respondents with annual household incomes below $25,000 reported substantially higher levels of need than those with incomes of $75,000 or more across nearly every topic, including housing (58% compared with 37%), finances (63% compared with 26%), community access and participation (19% compared with 5%), community connection and engagement (42% compared with 17%), safety (21% compared with 7%), physical health (53% compared with 36%), health care (63% compared with 45%), and information about older adult services (52% compared with 38%). Lower-income respondents were also more likely to report needs related to employment (43%), mental health (38%), and civic engagement (42%). Although differences were smaller for independent living, social engagement, and caregiving, the overall pattern shows that limited income affects far more than financial security.
2. **Housing status is also strongly related to community livability challenges, with renters reporting higher levels of need than homeowners across most topics.** The largest gaps appear in physical health (63% of renters compared with 32% of owners), finances (54% compared with 29%), safety (25% compared with 6%), housing (52% compared with 37%), community connection and engagement (35% compared with 19%), independent living (19% compared with 6%), and social engagement (31% compared with 20%). Renters also

reported greater needs related to mobility (31% compared with 20%), community access and participation (12% compared with 8%), health care (63% compared with 45%), information about older adult services (46% compared with 40%), civic engagement (30% compared with 20%), and caregiving (21% compared with 15%). Employment was the only topic in which the rates were essentially the same, at 20% for renters and 21% for owners. Overall, the pattern suggests that renting is associated with overlapping vulnerabilities

3. **Living alone is also associated with higher health and social needs.** Older adults who live alone reported notably higher levels of need than those living with others in community connection and engagement (32% compared with 16%), physical health (46% compared with 33%), mental health (37% compared with 24%), civic engagement (28% compared with 18%), and housing (45% compared with 37%).

## Comparison to National and Community Benchmarks

**Area VII results track with national livability benchmarks on all but 5 of the 52 data points.**

1. Area VII ratings were lower on four, three of which are related to financial concerns:
   - Quality of employment opportunities for older adults
   - Cost of living
   - Availability of affordable quality housing
   - Variety of housing options

2. And higher for one:
   - Opportunities to enroll in skill-building or personal enrichment classes

**There are no areas in the 2026 survey where the Area VII ratings improved over the CAOSA completed in 2022.**

1. Ten (10) areas showed a decline in quality since 2022, including quality and variety of employment opportunities for older adults, availability of affordable quality food, availability of affordable quality physical health care, and several measures related to community engagement and participation.

2. Ten (10) areas saw an increase in the percentage of older adults reporting challenges, including having enough money to meet expenses, finding work in retirement, finding affordable health insurance, getting and affording health care and medications, and experiencing caregiver burden.

## Analysis and Conclusions

### I. Montana communities are great places to live, but less so in retirement.

One of the most striking findings from the 2026 CASOA survey is the substantial gap between how older adults in Area VII view their communities overall and how they feel about them as places to age. While they report high levels of personal well-being and community satisfaction, many express concerns about affordability, health care access, housing, and social connection that may hinder their ability to remain independent as they age.

Although:

- **83%** rate the overall quality of life in their community as good or excellent.
- **90%** rate their neighborhood positively.
- **86%** appreciate the quality of the natural environment.
- **81%** report an overall feeling of safety.
- **88%** rate their community as a good place to live.
- **80%** expect to remain in their community throughout retirement.

Only:

- **62%** rate their community as a good place to retire.
- **72%** would recommend their community to other older adults.

This disparity, which is more pronounced in Missoula County, suggests older adults in Area VII value their quality of life but are not confident that their communities provide the systems and supports needed to sustain successful aging in place.

### II. Financial insecurity and affordability concerns threaten the ability to age in place.

The survey identifies financial security as one of the most significant challenges facing older adults in Area VII. **Those with lower incomes have significantly higher needs across all domains than those with greater resources.**

- The Employment and Finances domain received a score of only **29 out of 100**.
- **48%** report difficulty having enough money to meet daily expenses.
- **45%** report difficulty paying property taxes.
- **15%** report not always having enough food to eat.
- **22%** are concerned about being a victim of fraud or scams.

**Housing concerns** are a major component of these affordability challenges.

- **40%** are estimated as having housing-related needs.
- Only **8%** positively rate the availability of affordable housing.
- Only **13%** positively rate the variety of housing options.
- Ravalli County residents are especially struggling to find suitable housing.
- Being a renter significantly increases the likelihood of experiencing financial, health, access, and social/engagement related needs.

**Working in retirement:** 38% are having difficulty obtaining work in retirement. Although the survey doesn't speak to why retired older adults are seeking employment, a 2026 AARP survey found that 48% of people retuning to work in retirement do so primarily for financial reasons.

Together, these findings suggest that affordability, rather than aging itself, may be the greatest barrier to remaining in the community older adults call home.

**Area VII performed below national benchmarks in three areas related to financial security: 1)cost of living, 2)housing affordability, and 3) the quality of employment opportunities.**

## III. Health care access and affordability are a major concern.

Despite relatively strong self-reported health, access to affordable care is problematic.

- **76%** rate their physical health as excellent or good (although **37%** are estimated to have a need related to physical health and **20%** have been hospitalized in the last year).
- **83%** rate their overall mental health/emotional wellbeing as excellent or good.

Yet:

- **54% struggle to find affordable health insurance.** (worse than the national benchmark)
- **45%** report difficulty obtaining needed health care.
- **39%** report difficulty affording medications.

## IV. Independent living needs are out of sync with available support, and it isn't always clear what help *is* available.

### A. Older adults sometimes need support to age at home.

The survey suggests that many older adults are successfully living independently today, but aging at home becomes more difficult as health, mobility, and caregiving needs increase. Independent Living received one of the lowest livability scores in the survey at **19 out of 100**, highlighting significant concern about the supports available to help older adults remain at home.

Many respondents report difficulty managing daily living activities:

- **56%** report difficulties with heavy or intense housework.
- **57%** report challenges maintaining their home.
- **54%** report challenges maintaining their yard.
- **35%** report a need for safe and affordable transportation; **12%** no longer drive.
- **24%** report difficulty performing routine activities such as walking, eating, or preparing meals.
- **38%** report having fallen and injured themselves in their home in the last year.

### B. It can be difficult to know what help might be available and how to access it.

- **65%** feel they are generally well-informed about services, but **71%** still experience a lack of information about what is available.
- **56%** report insufficient information or problems dealing with public programs such as Social Security, Medicare, and Medicaid.

### C. The kind of support people need isn't always available.

Although 56% of respondents generally rated the services available to older adults in their community as excellent or good, they find long-term care options wanting.

- Only **24%** positively rated the availability of long-term care options.
- Only **12%** positively rated the availability of daytime care options for older adults.

### D. Family caregivers experience stress related to their caregiving duties.

Families provide the majority of caregiving for older adults in Montana (and nationally), delaying and even preventing loved ones' entry into expensive long-term care, much of which is funded through Medicaid, but they need support to play this vital role.

In Area VII:

- 30% of family caregivers feel emotionally burdened.
- 25% feel physically burdened.
- 24% feel financially burdened.

The ability to age in place depends not only on housing and health care, but also on having access to practical assistance with home maintenance, personal care, meal preparation, transportation, and long-term care services when needed. Without these supports, maintaining independence becomes increasingly difficult as people age.

## V. Mental health challenges are prevalent despite overall positive feelings of well-being.

The report reveals an important disconnect between older adults' overall assessment of their mental health and the challenges many face. While **83%** rated their mental health positively, Mental Health received a low livability score at **27 out of 100**, and **29%** of older adults overall were identified as having mental health needs.

Specific concerns included:

- **43%** are struggling with the loss of a close friend or family member.
- **44%** report depression.
- **32%** experience confusion or forgetfulness.
- Only **27%** positively rate the availability of affordable mental health services.

These findings suggest that grief, loneliness, and a lack of meaningful engagement may be affecting many more older adults than broad mental health ratings alone would indicate.

## VI. Social engagement is a strength, but many want more connection.

Older Montanans make substantial contributions to their communities.

- **Older adults provide substantial unpaid care.**
  - **40%** are caregiving for another older adult.
  - **17%** are caregiving for an adult age 18 to 54.
  - **20%** are caregiving for a child under 18.
- **55%** volunteer.
- **29%** are in the paid workforce.
- **91%** voted in their most recent local election.

**Older adults contributed $1.35 Million to the Area VII economy in 2026, a 45% increase since 2022.**

**95%** regularly spend time talking with family and friends, **84%** assist friends or family, and **56%** rate the opportunities to participate in community matters as good or excellent. However, **22%** were identified as having unmet social engagement needs.

- **37%** lack friends or family they can depend on.
- **38%** feel lonely or isolated.
- **40%** experience boredom.
- **41%** report difficulty finding interesting social activities.
- **37%** report difficulty finding recreational or cultural activities.
- **47%** feel their voice is not heard in the community.

These findings suggest that community engagement opportunities exist but may not be sufficiently accessible, meaningful, or varied to meet the needs of all older adults.

## Summary of Takeaways and Priority Areas for Action

**The central message from the CASOA findings is not that older Montanans are unhappy. In fact, most report a high quality of life and strong attachment to their communities. The more important finding is that many are concerned whether their communities are sufficiently affordable, supportive, and connected to allow them to age successfully in place.**

**The 21-point gap between overall quality of life (83%) and viewing Montana as a good place to retire (62%) may be the clearest indicator of this concern.**

To close that gap, the survey points to five priority areas for focused community action:

1. **Finances:**
    a. Addressing affordability issues, including housing and food costs
    b. Educating and protecting older adults from fraud and scams
2. **Healthcare Access:**
    a. Advocating for and assisting older adults to access more affordable health insurance options
    b. Improving access to health care of all types
    c. Providing health care and related services navigation
3. **Independent Living and Caregiving:**
    a. Providing affordable services that help older adults age at home, including personal care and housecleaning as well as home accessibility modification and maintenance/repair
    b. Offering respite and other support for family caregivers, including day activity services for loved ones
    c. Meeting the need for affordable, accessible transportation
    d. Addressing significant gaps in the long term care system

4. **Mental Health Support:**
    a. Identifying hidden mental health challenges among older adults
    b. Addressing lack of affordable, accessible mental health resources
5. **Connection and Engagement:**
    a. Expanding opportunities for meaningful social connection, civic participation, and community engagement
    b. Supporting older adults' access and sustained engagement

**Older adults in Area VII love their neighborhoods and communities and plan to live out their lives here. They have a good quality of life overall and contribute significantly to the greater good through paid work, volunteering, and caregiving for others of all ages. However, many desire a deeper connection to others and more enjoyable or meaningful engagement. They are independent and resilient, but limited finances combined with high costs of living and of care are concerns. They know they may need more support along their way to maintain their health, well-being, and independence - and that of their aging loved ones. They worry that help may not be available or affordable.**

**Missoula Aging Services and our Aging Network partners can play a critical role in helping to improve systems and working with other community leaders to build solutions.**

**Attachment 2: Summary of Stakeholder Area Plan Input**

See next page

**AREA PLAN ON AGING: COMMUNITY INPUT SUMMARY**

*Planning period: October 2027 - September 2031*

Across urban and rural conversations, participants emphasized protecting independence while making services simpler, more affordable, and easier to reach. The strongest themes were consistent across older adults, caregivers, volunteers, boards, local government, and community leaders.

**1. Aging in place requires practical, dependable support**

- Expand in-home care, homemaker and handyman help, home repair/modification, meals, check-ins, and post-surgery assistance.
- Support safe, accessible and visitable housing, right-sized options, shared or multigenerational housing, and community-based models such as Missoula Villages.

**2. Workforce shortages limit nearly every service**

- Recruitment and retention problems affect in-home care, home health, respite, dementia care, health care, transportation, and other essential services.
- Explore business, university, volunteer, immigration, and training partnerships while maintaining adequate agency staffing and infrastructure.

**3. Navigation and coordination must be simpler**

- Create a clear, trusted point of entry with a real person, one number to call, and person-centered navigation or case management.
- Improve hospital discharge follow-up, referrals, provider coordination, transportation scheduling, and access to vetted information on cost, quality, and availability.

**4. Financial insecurity, housing costs, and health care access are urgent**

- Rising rents, property taxes, utilities, food, medicine, and service costs threaten older adults on fixed incomes and the organizations serving them.
- Rural residents face added travel burdens, fewer medical providers and facilities, limited shopping, infrastructure concerns, and reduced access to home health and specialty care.

**5. Caregivers need respite, skills, and earlier support**

- Increase flexible in-home and facility-based respite, dementia support, practical caregiver training, and help understanding levels of care.
- Reach families before crisis, including adult children, working caregivers, and people who may be reluctant to identify with aging or ask for help.

**6. Transportation, technology, and communication shape access**

- Address first/last-mile and door-to-door transportation, rural connections, medical trips, paratransit barriers, unsafe traffic, sidewalks, and accessibility.
- Use multiple trusted channels: phone, direct mail, newsletters, local newspapers, radio/TV, libraries, senior centers, churches, utilities, neighborhood networks, and digital options with ongoing tech help.

**7. Connection, safety, and advocacy strengthen communities**

- Reduce isolation through meals, arts, recreation, peer check-ins, intergenerational activity, volunteerism, memory cafés, and neighbor-to-neighbor networks.
- Expand fraud prevention, dementia education, emergency preparedness, age-friendly planning, and meaningful inclusion of older adults in public decisions.

**Groups that provided input**

MAS Governing Board; MAS Advisory Council; Meals on Wheels Volunteer Advisory Group; Bonner Community Lunch participants; Frenchtown participants; Seeley Lake community members; Hamilton Senior Center participants; Victor Senior Center participants; Missoula Senior Center Board; Ravalli County Council on Aging Board and Executive Director; Missoula County Commissioners Dave Strohmaier and Juan Vero; Missoula Mayor Andrea Davis and City Administrator Dale Bickell; and First Security Bank President Scott Burke.

# Area Plan on Aging Listening Sessions

Missoula Aging Services is working on a new Area Plan on Aging (effective October 2027-September 2031) to identify the needs of older adults and family caregivers in our area and describe the services we are going to provide to help meet those needs. An essential part of the planning process is getting input from the people who live here. We want to learn what is important to you as you age or as you care for aging loved ones and how you think we can best support people to age at home and in their communities. **We appreciate your willingness to share your perspective and look forward to the conversation!**

## Guiding Questions

As you consider the questions below, think about both your own experiences of aging or caregiving and also what you're hearing from friends, neighbors, and others in the community as that helps paint the picture of common concerns and priorities in our area.

1. What makes this a strong and supportive community for older adults?
2. What are the top three concerns for older adults? For family caregivers of aging loved ones? *(What issues come up most often in conversations or day-to-day life?)*
3. What are the five most impactful services MAS can provide and why?
4. What are the best ways to connect with older adults and family caregivers who need help?
5. Beyond providing services and programs, how can MAS best educate and engage the community around issues that matter to older adults and advocate for policies and decisions that promote healthy aging for all?
6. Is there anything else you'd like to share? *(Stories, examples, or observations are especially helpful.)*

**Attachment 3: Area VII Projected Budget by Year for 2028-2031**

See next page

**FY 2028 Projected Budget**

Area VII Agency on Aging

| | Area Admin | Area Wide Programs* | Contracted Services** | Total |
|---|---|---|---|---|
| Personnel | $ 795,281 | $ 1,229,311 | $ 728,586 | $ 2,753,178 |
| Supplies | $ 3,216 | $ 8,177 | $ - | $ 11,393 |
| Communications | $ 1,253 | $ 4,096 | $ - | $ 5,349 |
| Utilities | $ - | $ - | $ - | $ - |
| Repairs/Maintenance | $ 12,525 | $ 33,868 | $ - | $ 46,393 |
| Travel & Training | $ 32,589 | $ 33,660 | $ 16,550 | $ 82,799 |
| Building Space | $ 64,977 | $ 89,871 | $ - | $ 154,848 |
| Insurance | $ - | $ - | $ - | $ - |
| Equipment | $ - | $ - | $ - | $ - |
| Raw Food/Meals | $ - | $ 1,234,904 | $ 258,876 | $ 1,493,780 |
| Raw Food/Commodities | $ - | $ - | $ - | $ - |
| Contracted Services | $ 101,918 | $ 1,020 | $ 111,002 | $ 213,940 |
| Other | $ (597,433) | $ 739,116 | $ 306,507 | $ 448,190 |
| **TOTAL** | $ 414,326 | $ 3,374,023 | $ 1,421,521 | $ 5,209,870 |
| | | | | $ 5,209,870 |
| Sources of Funding: | | | | |
| FY27 Carryover - IIIB, IIIC1, IIIC2 | $ - | $ - | $ - | $ - |
| FY27 Carryover - IIB - Omb, IIID, VII | $ - | | $ - | $ - |
| FY27 Carryover - IIIE | $ - | | $ - | $ - |
| IIIB | $ 14,907 | $ 84,426 | $ 49,740 | $ 149,073 |
| IIIB Ombud | $ - | $ 26,072 | $ - | $ 26,072 |
| IIIC1 | $ 29,051 | $ 164,529 | $ 96,934 | $ 290,514 |
| IIIC2 | $ 21,249 | $ 120,342 | $ 70,900 | $ 212,491 |
| IIID | $ - | $ 10,026 | $ 5,907 | $ 15,933 |
| IIIE | $ 11,529 | $ 65,296 | $ 38,470 | $ 115,295 |
| VII Ombud | $ - | $ 7,911 | $ 4,661 | $ 12,572 |
| VII-Elder Abuse | $ - | $ 1,684 | $ 991 | $ 2,675 |
| SHIP | $ - | $ 29,478 | $ 17,368 | $ 46,846 |
| MIPPA - SHIP | $ - | $ 10,622 | $ 6,258 | $ 16,880 |
| MIPPA - AAA | $ - | $ 9,184 | $ 5,410 | $ 14,594 |
| MIPPA - ADRC | $ - | $ 369 | $ 218 | $ 587 |
| Workforce Grant | $ - | $ - | $ - | $ - |
| State One-Time Needs Assessment | $ - | | | $ - |
| State General Fund | $ 115,449 | $ 653,832 | $ 385,208 | $ 1,154,489 |
| State - Ombudsman | $ - | $ 19,767 | $ 11,645 | $ 31,412 |
| NSIP | $ - | $ 62,588 | $ 21,229 | $ 83,817 |
| ***Subtotal*** | *$ 192,185* | *$ 1,266,126* | *$ 714,939* | *$ 2,173,250* |
| Local Match | $ 25,579 | $ 81,294 | $ 51,219 | $ 158,092 |
| Commodities | $ - | $ - | $ - | $ - |
| Project Income | $ - | $ 183,906 | $ 84,250 | $ 268,156 |
| Other Resources | $ 196,562 | $ 1,842,697 | $ 571,113 | $ 2,610,372 |
| **TOTAL** | $ 414,326 | $ 3,374,023 | $ 1,421,521 | $ 5,209,870 |

* See Attachments - Administered by MAS (black print)

**** See Attachments - Contracted with RCCOA (blue print)**

**FY 2028 Projected Budget**

Area VII Agency on Aging

Area Wide Service Programs

| | MAS Resource I & A | MAS Caregiver I & A | MAS Ship Assistance Service | MAS Ombudsman | MAS Senior Companion | Page Total |
|---|---|---|---|---|---|---|
| Personnel | $ 505,604 | $ 87,916 | $ 50,140 | $ 86,556 | $ 65,984 | $ 796,200 |
| Supplies | $ 3,709 | | | $ - | $ 330 | $ 4,039 |
| Communications | $ 2,396 | | | | $ 445 | $ 2,841 |
| Utilities | | | | | | $ - |
| Repairs/Maintenance | $ 19,065 | | | $ - | $ 1,995 | $ 21,060 |
| Travel & Training | $ 4,590 | | | $ - | $ 5,355 | $ 9,945 |
| Building Space | $ 57,096 | | | | $ 1,845 | $ 58,941 |
| Insurance | | | | | | $ - |
| Equipment | | | | | | $ - |
| Raw Food/Meals | | | | | | $ - |
| Raw Food/Commodities | | | | | | $ - |
| Contracted Services | $ 1,020 | | | | | $ 1,020 |
| Other | $ 236,520 | | $ - | $ - | $ 36,924 | $ 273,444 |
| **TOTAL** | $ 830,000 | $ 87,916 | $ 50,140 | $ 86,556 | $ 112,878 | $ 1,167,490 |
| Sources of Funding: | | | | | | |
| FY27 Carryover - IIIB | $ - | $ - | $ - | $ - | $ - | $ - |
| IIIB | $ 39,043 | | | $ 31,966 | $ 13,417 | $ 84,426 |
| IIIB Ombudsman | | | | $ 26,072 | | $ 26,072 |
| IIIE | | $ 65,296 | | | | $ 65,296 |
| VII Ombud | | | | $ 7,911 | | $ 7,911 |
| VII Elder Abuse | $ 1,684 | | | | | $ 1,684 |
| SHIP | | | $ 29,478 | | | $ 29,478 |
| MIPPA - SHIP | | | $ 10,622 | | | $ 10,622 |
| MIPPA - AAA | | | $ 9,184 | | | $ 9,184 |
| MIPPA - ADRC | | | $ 369 | | | $ 369 |
| Workforce Grant | | | | | | $ - |
| State General Fund | $ 390,351 | | | | $ 1,490 | $ 391,841 |
| State Ombudsman | $ - | | | $ 19,767 | | $ 19,767 |
| ***Sub-Total*** | *$ 431,078* | *$ 65,296* | *$ 49,653* | *$ 85,716* | *$ 14,907* | *$ 646,650* |
| Local Match | $ 6,890 | $ 21,765 | $ - | $ - | $ 2,368 | $ 31,023 |
| Project Income | $ 18,768 | | | | $ 1,020 | $ 19,788 |
| Other Resources | $ 373,264 | $ 855 | $ 487 | $ 840 | $ 94,583 | $ 470,029 |
| **TOTAL** | $ 830,000 | $ 87,916 | $ 50,140 | $ 86,556 | $ 112,878 | $ 1,167,490 |

**FY 2028 Projected Budget**
Area VII Agency on Aging
Contracted Aging Supportive Services RCCOA

| Contracted Services | Trans-portation | Ombudsman Services | Home-Maker Serivces | Community Education | Outreach Services | Page Total |
|---|---|---|---|---|---|---|
| Personnel | $ 261,353 | $ 9,051 | $ 1,161 | | | $ 271,565 |
| Supplies | | | | | | $ - |
| Communications | | | | | | $ - |
| Utilities | | | | | | $ - |
| Repairs/Maintenance | | | | | | $ - |
| Travel & Training | | $ 2,244 | $ 1,020 | | | $ 3,264 |
| Building Space | | | | | | $ - |
| Insurance | | | | | | $ - |
| Equipment | | | | | | $ - |
| Raw Food/Meals | | | | | | $ - |
| Raw Food/Commodities | | | | | | $ - |
| Contracted Services | | | | | $ - | $ - |
| Other | $ 124,615 | $ 5,100 | $ 2,597 | | | $ 132,312 |
| **TOTAL** | $ 385,968 | $ 16,395 | $ 4,778 | $ - | $ - | $ 407,141 |
| Sources of Funding: | | | | | | |
| FY27 Carryover - IIIB | $ - | $ - | $ - | $ - | $ - | $ - |
| FY27 Carryover - IIIB Omb | $ - | $ - | $ - | $ - | $ - | $ - |
| FY27 Carryover - VII Omb | $ - | $ - | $ - | $ - | $ - | $ - |
| IIIB | | | $ - | | | $ - |
| IIIB Ombudsman | $ - | $ - | | | | $ - |
| VII Ombud | $ - | $ 4,661 | | | | $ 4,661 |
| VII Elder Abuse | | $ - | | | | $ - |
| SHIP | | | | | | $ - |
| MIPPA - SHIP | | | | | | $ - |
| MIPPA - AAA | | | | | | $ - |
| MIPPA - ADRC | | | | | | $ - |
| State General Fund | $ 54,979 | | $ 1,494 | | | $ 56,473 |
| State Ombudsman | $ - | $ 11,645 | $ - | | | $ 11,645 |
| ***Sub-Total*** | *$ 54,979* | *$ 16,306* | *$ 1,494* | *$ -* | *$ -* | *$ 72,779* |
| Local Match | $ - | $ - | $ - | $ - | $ - | $ - |
| Project Income | $ 34,680 | $ - | $ 3,272 | | | $ 37,952 |
| Other Resources | $ 296,309 | $ 89 | $ 12 | $ - | $ - | $ 296,410 |
| **TOTAL** | $ 385,968 | $ 16,395 | $ 4,778 | $ - | $ - | $ 407,141 |

**FY 2028 Projected Budget**
Area VII Agency on Aging
Contracted Aging Supportive Services - RCCOA

| Contracted Services | Legal Services | SHIP MIPPA | Information & Assistance | Caregiver I & A | Page Total | Section Total |
|---|---|---|---|---|---|---|
| Personnel | | $ 29,540 | $ 120,978 | $ 51,797 | $ 202,315 | $ 473,880 |
| Supplies | | | | | $ - | $ - |
| Communications | | | | | $ - | $ - |
| Utilities | | | | | $ - | $ - |
| Repairs/Maintenance | | | | | $ - | $ - |
| Travel & Training | | | $ 1,760 | | $ 1,760 | $ 5,024 |
| Building Space | | | | | $ - | $ - |
| Insurance | | | | | $ - | $ - |
| Equipment | | | | | $ - | $ - |
| Traw Food/Meals | | | | | $ - | $ - |
| Raw Food/Commodities | | | | | $ - | $ - |
| Contracted Services | $ - | | | $ - | $ - | $ - |
| Other | | | $ 47,508 | $ - | $ 47,508 | $ 179,820 |
| **TOTAL** | $ - | $ 29,540 | $ 170,246 | $ 51,797 | $ 251,583 | $ 658,724 |
| Sources of Funding: | | | | | | |
| FY27 Carryover - IIIB | $ - | $ - | $ - | $ - | $ - | $ - |
| FY27 Carryover - IIIB- Omb | $ - | $ - | $ - | $ - | $ - | $ - |
| FY27 Carryover - VII Omb | $ - | $ - | $ - | $ - | $ - | $ - |
| FY27 Carryover - IIIE | $ - | $ - | $ - | $ - | $ - | $ - |
| IIIB | | $ - | $ 49,740 | | $ 49,740 | $ 49,740 |
| IIIB - Ombudsman | | | | | $ - | $ - |
| VII - Ombudsman | | | | | $ - | $ 4,661 |
| VII - Elder Abuse | | | $ 991 | | $ 991 | $ 991 |
| IIIE | | | | $ 38,470 | $ 38,470 | $ 38,470 |
| SHIP Program | | $ 17,368 | $ - | $ - | $ 17,368 | $ 17,368 |
| MIPPA - SHIP | | $ 6,258 | | | $ 6,258 | $ 6,258 |
| MIPPA - AAA | | $ 5,410 | | | $ 5,410 | $ 5,410 |
| MIPPA - ADRC | | $ 218 | | | $ 218 | $ 218 |
| State General Fund | | | $ 82,268 | | $ 82,268 | $ 138,741 |
| State Ombudsman | | | | | $ - | $ 11,645 |
| ***Sub-Total*** | *$ -* | *$ 29,254* | *$ 132,999* | *$ 38,470* | *$ 200,723* | *$ 273,502* |
| Local Match | $ - | $ - | $ 8,778 | $ 12,823 | $ 21,601 | $ 21,601 |
| Project Income | | | | | $ - | $ 37,952 |
| Other Resources | $ - | $ 286 | $ 28,469 | $ 504 | $ 29,259 | $ 325,669 |
| **TOTAL** | $ - | $ 29,540 | $ 170,246 | $ 51,797 | $ 251,583 | $ 658,724 |

**FY 2028 Projected Budget**

Area VII Agency on Aging

Preventive Health Services

| Contracted Services | RCCOA Evidence-Based Health Promotion | MAS Evidence-Based Health Promotion | Evidence-Based Health Promotion |
|---|---|---|---|
| Personnel | $ 9,554 | $ 18,461 | $ 28,015 |
| Supplies | | $ 590 | $ 590 |
| Communications | | $ 69 | $ 69 |
| Utilities | | | $ - |
| Repairs/Maintenance | | $ 693 | $ 693 |
| Travel & Training | | | $ - |
| Building Space | | $ 4,867 | $ 4,867 |
| Insurance | | | $ - |
| Equipment | | | $ - |
| Raw Food/Meals | | | $ - |
| Raw Food/Commodities | | | $ - |
| Contracted Services | | | $ - |
| Other | | $ 10,273 | $ 10,273 |
| **TOTAL** | $ 9,554 | $ 34,953 | $ 44,507 |
| Sources of Funding: | | | |
| FY27 Carryover - IIID | $ - | $ - | $ - |
| IIID | $ 5,907 | $ 10,026 | $ 15,933 |
| State General Fund | | | $ - |
| ***Sub-Total*** | $ 5,907 | $ 10,026 | *$ 15,933* |
| Local Match | $ - | $ - | $ - |
| Project Income | | | $ - |
| Other Resources | $ 3,647 | $ 24,927 | $ 28,574 |
| **TOTAL** | $ 9,554 | $ 34,953 | $ 44,507 |

**FY 2028 Projected Budget**

Area VII Agency on Aging

Congregate Meals

| Contracted Services | RCCOA Section C1 | MAS Section C1 | Total |
|---|---|---|---|
| Personnel | $ 86,887 | $ 127,610 | $ 214,497 |
| Supplies | | $ 1,948 | $ 1,948 |
| Communications | | $ 366 | $ 366 |
| Utilities | | | $ - |
| Repairs/Maintenance | | $ 3,658 | $ 3,658 |
| Travel & Training | $ 3,876 | $ 2,040 | $ 5,916 |
| Building Space | | $ 7,446 | $ 7,446 |
| Insurance | | | $ - |
| Equipment | | | $ - |
| Raw Food/Meals | $ 71,400 | $ 504,900 | $ 576,300 |
| Raw Food/Commodities | | $ - | $ - |
| Contracted Services | $ 95,702 | $ - | $ 95,702 |
| Other | $ 57,511 | $ 129,453 | $ 186,964 |
| **TOTAL** | $ 315,376 | $ 777,421 | $ 1,092,797 |
| Sources of Funding: | | | |
| FY27 Carryover - IIIC1 | $ - | $ - | $ - |
| IIIB | $ - | | $ - |
| IIIC1 | $ 96,934 | $ 164,529 | $ 261,463 |
| IIIC2 | | | $ - |
| State General Fund | $ 101,013 | $ 33,150 | $ 134,163 |
| NSIP* | $ 8,846 | $ 12,158 | $ 21,004 |
| ***Subtotal*** | *$ 206,793* | *$ 209,837* | *$ 416,630* |
| Local Match | $ 17,106 | $ 29,035 | $ 46,140 |
| Commodities | | $ - | $ - |
| Project Income | $ 11,128 | $ 48,348 | $ 59,476 |
| Other Resources | $ 80,349 | $ 490,201 | $ 570,551 |
| **TOTAL** | $ 315,376 | $ 777,421 | $ 1,092,797 |

**FY 2028 Projected Budget**

Area VII Agency on Aging

Home Delivered Meals

| Contracted Services | RCCOA Section C2 | MAS Section C2 | Total |
|---|---|---|---|
| Personnel | $ 158,265 | $ 287,040 | $ 445,305 |
| Supplies | | $ 1,600 | $ 1,600 |
| Communications | | $ 820 | $ 820 |
| Utilities | | | $ - |
| Repairs/Maintenance | | $ 8,457 | $ 8,457 |
| Travel & Training | $ 7,650 | $ 21,675 | $ 29,325 |
| Building Space | | $ 18,617 | $ 18,617 |
| Insurance | | | $ - |
| Equipment | | | $ - |
| Raw Food/Meals | $ 187,476 | $ 730,004 | $ 917,480 |
| Raw Food/Commodities | | | $ - |
| Contracted Services | $ 15,300 | $ - | $ 15,300 |
| Other | $ 69,176 | $ 325,946 | $ 395,122 |
| **TOTAL** | $ 437,867 | $ 1,394,159 | $ 1,832,026 |
| Sources of Funding: | | | |
| FY27 Carryover - IIIC2 | $ - | $ - | $ - |
| IIIB | $ - | | $ - |
| IIIC1 | $ - | $ - | $ - |
| IIIC2 | $ 70,900 | $ 120,342 | $ 191,242 |
| State General Fund | $ 145,454 | $ 228,841 | $ 374,295 |
| NSIP* | $ 12,383 | $ 50,430 | $ 62,813 |
| ***Subtotal*** | *$ 228,737* | *$ 399,613* | *$ 628,350* |
| Local Match | $ 12,512 | $ 21,237 | $ 33,749 |
| Commodities | | | $ - |
| Project Income | $ 35,170 | $ 115,770 | $ 150,940 |
| Other Resources | $ 161,448 | $ 857,539 | $ 1,018,987 |
| **TOTAL** | $ 437,867 | $ 1,394,159 | $ 1,832,026 |

**FY 2029 Projected Budget**

Area VII Agency on Aging

| | Area Admin | Area Wide Programs* | Contracted Services** | Total |
|---|---|---|---|---|
| Personnel | $ 819,139 | $ 1,266,190 | $ 750,445 | $ 2,835,774 |
| Supplies | $ 3,280 | $ 8,341 | $ - | $ 11,621 |
| Communications | $ 1,278 | $ 4,177 | $ - | $ 5,455 |
| Utilities | $ - | $ - | $ - | $ - |
| Repairs/Maintenance | $ 12,776 | $ 34,545 | $ - | $ 47,321 |
| Travel & Training | $ 33,241 | $ 34,334 | $ 16,881 | $ 84,456 |
| Building Space | $ 66,277 | $ 91,668 | $ - | $ 157,945 |
| Insurance | $ - | $ - | $ - | $ - |
| Equipment | $ - | $ - | $ - | $ - |
| Raw Food/Meals | $ - | $ 1,259,602 | $ 264,054 | $ 1,523,656 |
| Raw Food/Commodities | $ - | $ - | $ - | $ - |
| Contracted Services | $ 103,956 | $ 1,040 | $ 113,222 | $ 218,218 |
| Other | $ (609,382) | $ 753,897 | $ 312,637 | $ 457,152 |
| **TOTAL** | $ 430,565 | $ 3,453,794 | $ 1,457,239 | $ 5,341,598 |
| | | | | $ 5,341,598 |
| Sources of Funding: | | | | |
| FY28 Carryover - IIIB, IIIC1, IIIC2 | $ - | $ - | $ - | $ - |
| FY28 Carryover - IIB - Omb, IIID, VII | $ - | | $ - | $ - |
| FY28 Carryover - IIIE | $ - | | $ - | $ - |
| IIIB | $ 15,205 | $ 86,114 | $ 50,735 | $ 152,054 |
| IIIB Ombud | $ - | $ 26,593 | $ - | $ 26,593 |
| IIIC1 | $ 29,632 | $ 167,820 | $ 98,873 | $ 296,325 |
| IIIC2 | $ 21,674 | $ 122,749 | $ 72,318 | $ 216,741 |
| IIID | $ - | $ 10,227 | $ 6,025 | $ 16,252 |
| IIIE | $ 11,760 | $ 66,602 | $ 39,239 | $ 117,601 |
| VII Ombud | $ - | $ 8,069 | $ 4,754 | $ 12,823 |
| VII-Elder Abuse | $ - | $ 1,718 | $ 1,011 | $ 2,729 |
| SHIP | $ - | $ 30,068 | $ 17,715 | $ 47,783 |
| MIPPA - SHIP | $ - | $ 10,834 | $ 6,383 | $ 17,217 |
| MIPPA - AAA | $ - | $ 9,368 | $ 5,518 | $ 14,886 |
| MIPPA - ADRC | $ - | $ 376 | $ 222 | $ 598 |
| Workforce Grant | $ - | $ - | $ - | $ - |
| State One-Time Needs Assessment | $ - | | | $ - |
| State General Fund | $ 117,758 | $ 666,909 | $ 392,912 | $ 1,177,579 |
| State - Ombudsman | $ - | $ 20,162 | $ 11,878 | $ 32,040 |
| NSIP | $ - | $ 63,840 | $ 21,654 | $ 85,494 |
| ***Subtotal*** | *$ 196,029* | *$ 1,291,449* | *$ 729,237* | *$ 2,216,715* |
| Local Match | $ 26,090 | $ 82,920 | $ 52,243 | $ 161,253 |
| Commodities | $ - | $ - | $ - | $ - |
| Project Income | $ - | $ 187,583 | $ 85,935 | $ 273,518 |
| Other Resources | $ 208,446 | $ 1,891,842 | $ 589,824 | $ 2,690,112 |
| **TOTAL** | $ 430,565 | $ 3,453,794 | $ 1,457,239 | $ 5,341,598 |

* See Attachments - Administered by MAS (black print)

**** See Attachments - Contracted with RCCOA (blue print)**

**FY 2029 Projected Budget**

Area VII Agency on Aging

Area Wide Service Programs

| | MAS Resource I & A | MAS Caregiver I & A | MAS Ship Assistance Service | MAS Ombudsman | MAS Senior Companion | Page Total |
|---|---|---|---|---|---|---|
| Personnel | $ 520,772 | $ 90,553 | $ 51,644 | $ 89,153 | $ 67,964 | $ 820,086 |
| Supplies | $ 3,783 | | | $ - | $ 337 | $ 4,120 |
| Communications | $ 2,444 | | | | $ 454 | $ 2,898 |
| Utilities | | | | | | $ - |
| Repairs/Maintenance | $ 19,446 | | | $ - | $ 2,035 | $ 21,481 |
| Travel & Training | $ 4,682 | | | $ - | $ 5,462 | $ 10,144 |
| Building Space | $ 58,238 | | | | $ 1,882 | $ 60,120 |
| Insurance | | | | | | $ - |
| Equipment | | | | | | $ - |
| Raw Food/Meals | | | | | | $ - |
| Raw Food/Commodities | | | | | | $ - |
| Contracted Services | $ 1,040 | | | | | $ 1,040 |
| Other | $ 241,250 | | $ - | $ - | $ 37,662 | $ 278,912 |
| **TOTAL** | $ 851,655 | $ 90,553 | $ 51,644 | $ 89,153 | $ 115,796 | $ 1,198,801 |
| Sources of Funding: | | | | | | |
| FY28 Carryover - IIIB | $ - | $ - | $ - | $ - | $ - | $ - |
| IIIB | $ 39,824 | | | $ 32,605 | $ 13,685 | $ 86,114 |
| IIIB Ombudsman | | | | $ 26,593 | | $ 26,593 |
| IIIE | | $ 66,602 | | | | $ 66,602 |
| VII Ombud | | | | $ 8,069 | | $ 8,069 |
| VII Elder Abuse | $ 1,718 | | | | | $ 1,718 |
| SHIP | | | $ 30,068 | | | $ 30,068 |
| MIPPA - SHIP | | | $ 10,834 | | | $ 10,834 |
| MIPPA - AAA | | | $ 9,368 | | | $ 9,368 |
| MIPPA - ADRC | | | $ 376 | | | $ 376 |
| Workforce Grant | | | | | | $ - |
| State General Fund | $ 398,158 | | | | $ 1,520 | $ 399,678 |
| State Ombudsman | $ - | | | $ 20,162 | | $ 20,162 |
| ***Sub-Total*** | *$ 439,700* | *$ 66,602* | *$ 50,646* | *$ 87,429* | *$ 15,205* | *$ 659,582* |
| Local Match | $ 7,028 | $ 22,201 | $ - | $ - | $ 2,415 | $ 31,643 |
| Project Income | $ 19,143 | | | | $ 1,040 | $ 20,183 |
| Other Resources | $ 385,784 | $ 1,750 | $ 998 | $ 1,724 | $ 97,136 | $ 487,393 |
| **TOTAL** | $ 851,655 | $ 90,553 | $ 51,644 | $ 89,153 | $ 115,796 | $ 1,198,801 |

**FY 2029 Projected Budget**
Area VII Agency on Aging
Contracted Aging Supportive Services RCCOA

| Contracted Services | Trans-portation | Ombudsman Services | Home-Maker Serivces | Community Education | Outreach Services | Page Total |
|---|---|---|---|---|---|---|
| Personnel | $ 269,194 | $ 9,323 | $ 1,196 | | | $ 279,713 |
| Supplies | | | | | | $ - |
| Communications | | | | | | $ - |
| Utilities | | | | | | $ - |
| Repairs/Maintenance | | | | | | $ - |
| Travel & Training | | $ 2,289 | $ 1,040 | | | $ 3,329 |
| Building Space | | | | | | $ - |
| Insurance | | | | | | $ - |
| Equipment | | | | | | $ - |
| Raw Food/Meals | | | | | | $ - |
| Raw Food/Commodities | | | | | | $ - |
| Contracted Services | | | | | $ - | $ - |
| Other | $ 127,107 | $ 5,202 | $ 2,649 | | | $ 134,958 |
| **TOTAL** | $ 396,301 | $ 16,814 | $ 4,885 | $ - | $ - | $ 418,000 |
| Sources of Funding: | | | | | | |
| FY28 Carryover - IIIB | $ - | $ - | $ - | $ - | $ - | $ - |
| FY28 Carryover - IIIB Omb | $ - | $ - | $ - | $ - | $ - | $ - |
| FY28 Carryover - VII Omb | $ - | $ - | $ - | $ - | $ - | $ - |
| IIIB | | | $ - | | | $ - |
| IIIB Ombudsman | $ - | $ - | | | | $ - |
| VII Ombud | $ - | $ 4,754 | | | | $ 4,754 |
| VII Elder Abuse | | $ - | | | | $ - |
| SHIP | | | | | | $ - |
| MIPPA - SHIP | | | | | | $ - |
| MIPPA - AAA | | | | | | $ - |
| MIPPA - ADRC | | | | | | $ - |
| State General Fund | $ 56,079 | | $ 1,524 | | | $ 57,603 |
| State Ombudsman | $ - | $ 11,878 | $ - | | | $ 11,878 |
| ***Sub-Total*** | *$ 56,079* | *$ 16,632* | *$ 1,524* | *$ -* | *$ -* | *$ 74,235* |
| Local Match | $ - | $ - | $ - | $ - | $ - | $ - |
| Project Income | $ 35,374 | $ - | $ 3,337 | | | $ 38,711 |
| Other Resources | $ 304,848 | $ 182 | $ 24 | $ - | $ - | $ 305,054 |
| **TOTAL** | $ 396,301 | $ 16,814 | $ 4,885 | $ - | $ - | $ 418,000 |

**FY 2029 Projected Budget**
Area VII Agency on Aging
Contracted Aging Supportive Services - RCCOA

| Contracted Services | Legal Services | SHIP MIPPA | Information & Assistance | Caregiver I & A | Page Total | Section Total |
|---|---|---|---|---|---|---|
| Personnel | | $ 30,426 | $ 124,607 | $ 53,351 | $ 208,384 | $ 488,097 |
| Supplies | | | | | $ - | $ - |
| Communications | | | | | $ - | $ - |
| Utilities | | | | | $ - | $ - |
| Repairs/Maintenance | | | | | $ - | $ - |
| Travel & Training | | | $ 1,795 | | $ 1,795 | $ 5,124 |
| Building Space | | | | | $ - | $ - |
| Insurance | | | | | $ - | $ - |
| Equipment | | | | | $ - | $ - |
| Traw Food/Meals | | | | | $ - | $ - |
| Raw Food/Commodities | | | | | $ - | $ - |
| Contracted Services | $ - | | | $ - | $ - | $ - |
| Other | | | $ 48,458 | $ - | $ 48,458 | $ 183,416 |
| **TOTAL** | $ - | $ 30,426 | $ 174,860 | $ 53,351 | $ 258,637 | $ 676,637 |
| Sources of Funding: | | | | | | |
| FY28 Carryover - IIIB | $ - | $ - | $ - | $ - | $ - | $ - |
| FY28 Carryover - IIIB- Omb | $ - | $ - | $ - | $ - | $ - | $ - |
| FY28 Carryover - VII Omb | $ - | $ - | $ - | $ - | $ - | $ - |
| FY28 Carryover - IIIE | $ - | $ - | $ - | $ - | $ - | $ - |
| IIIB | | $ - | $ 50,735 | | $ 50,735 | $ 50,735 |
| IIIB - Ombudsman | | | | | $ - | $ - |
| VII - Ombudsman | | | | | $ - | $ 4,754 |
| VII - Elder Abuse | | | $ 1,011 | | $ 1,011 | $ 1,011 |
| IIIE | | | | $ 39,239 | $ 39,239 | $ 39,239 |
| SHIP Program | | $ 17,715 | $ - | $ - | $ 17,715 | $ 17,715 |
| MIPPA - SHIP | | $ 6,383 | | | $ 6,383 | $ 6,383 |
| MIPPA - AAA | | $ 5,518 | | | $ 5,518 | $ 5,518 |
| MIPPA - ADRC | | $ 222 | | | $ 222 | $ 222 |
| State General Fund | | | $ 83,913 | | $ 83,913 | $ 141,516 |
| State Ombudsman | | | | | $ - | $ 11,878 |
| ***Sub-Total*** | *$ -* | *$ 29,838* | *$ 135,659* | *$ 39,239* | *$ 204,736* | *$ 278,971* |
| Local Match | $ - | $ - | $ 8,953 | $ 13,080 | $ 22,033 | $ 22,033 |
| Project Income | | | | | $ - | $ 38,711 |
| Other Resources | $ - | $ 588 | $ 30,248 | $ 1,032 | $ 31,868 | $ 336,922 |
| **TOTAL** | $ - | $ 30,426 | $ 174,860 | $ 53,351 | $ 258,637 | $ 676,637 |

**FY 2029 Projected Budget**

Area VII Agency on Aging

Preventive Health Services

| Contracted Services | RCCOA Evidence-Based Health Promotion | MAS Evidence-Based Health Promotion | Evidence-Based Health Promotion |
|---|---|---|---|
| Personnel | $ 9,841 | $ 19,015 | $ 28,856 |
| Supplies | | $ 602 | $ 602 |
| Communications | | $ 70 | $ 70 |
| Utilities | | | $ - |
| Repairs/Maintenance | | $ 707 | $ 707 |
| Travel & Training | | | $ - |
| Building Space | | $ 4,964 | $ 4,964 |
| Insurance | | | $ - |
| Equipment | | | $ - |
| Raw Food/Meals | | | $ - |
| Raw Food/Commodities | | | $ - |
| Contracted Services | | | $ - |
| Other | | $ 10,478 | $ 10,478 |
| **TOTAL** | $ 9,841 | $ 35,836 | $ 45,677 |
| Sources of Funding: | | | |
| FY28 Carryover - IIID | $ - | $ - | $ - |
| IIID | $ 6,025 | $ 10,227 | $ 16,252 |
| State General Fund | | | $ - |
| ***Sub-Total*** | $ 6,025 | $ 10,227 | *$ 16,252* |
| Local Match | $ - | $ - | $ - |
| Project Income | | | $ - |
| Other Resources | $ 3,816 | $ 25,609 | $ 29,425 |
| **TOTAL** | $ 9,841 | $ 35,836 | $ 45,677 |

**FY 2029 Projected Budget**

Area VII Agency on Aging

Congregate Meals

| Contracted Services | RCCOA Section C1 | MAS Section C1 | Total |
|---|---|---|---|
| Personnel | $ 89,494 | $ 131,438 | $ 220,932 |
| Supplies | | $ 1,987 | $ 1,987 |
| Communications | | $ 373 | $ 373 |
| Utilities | | | $ - |
| Repairs/Maintenance | | $ 3,731 | $ 3,731 |
| Travel & Training | $ 3,954 | $ 2,081 | $ 6,035 |
| Building Space | | $ 7,595 | $ 7,595 |
| Insurance | | | $ - |
| Equipment | | | $ - |
| Raw Food/Meals | $ 72,828 | $ 514,998 | $ 587,826 |
| Raw Food/Commodities | | $ - | $ - |
| Contracted Services | $ 97,616 | $ - | $ 97,616 |
| Other | $ 58,661 | $ 132,042 | $ 190,703 |
| **TOTAL** | $ 322,553 | $ 794,245 | $ 1,116,798 |
| Sources of Funding: | | | |
| FY28 Carryover - IIIC1 | $ - | $ - | $ - |
| IIIB | $ - | | $ - |
| IIIC1 | $ 98,873 | $ 167,820 | $ 266,693 |
| IIIC2 | | | $ - |
| State General Fund | $ 103,033 | $ 33,813 | $ 136,846 |
| NSIP* | $ 9,023 | $ 12,401 | $ 21,424 |
| ***Subtotal*** | *$ 210,929* | *$ 214,034* | *$ 424,963* |
| Local Match | $ 17,448 | $ 29,615 | $ 47,062 |
| Commodities | | $ - | $ - |
| Project Income | $ 11,351 | $ 49,315 | $ 60,666 |
| Other Resources | $ 82,825 | $ 501,281 | $ 584,107 |
| **TOTAL** | $ 322,553 | $ 794,245 | $ 1,116,798 |

**FY 2029 Projected Budget**

Area VII Agency on Aging

Home Delivered Meals

| Contracted Services | RCCOA Section C2 | MAS Section C2 | Total |
|---|---|---|---|
| Personnel | $ 163,013 | $ 295,651 | $ 458,664 |
| Supplies | | $ 1,632 | $ 1,632 |
| Communications | | $ 836 | $ 836 |
| Utilities | | | $ - |
| Repairs/Maintenance | | $ 8,626 | $ 8,626 |
| Travel & Training | $ 7,803 | $ 22,109 | $ 29,912 |
| Building Space | | $ 18,989 | $ 18,989 |
| Insurance | | | $ - |
| Equipment | | | $ - |
| Raw Food/Meals | $ 191,226 | $ 744,604 | $ 935,830 |
| Raw Food/Commodities | | | $ - |
| Contracted Services | $ 15,606 | $ - | $ 15,606 |
| Other | $ 70,560 | $ 332,465 | $ 403,025 |
| **TOTAL** | $ 448,208 | $ 1,424,912 | $ 1,873,120 |
| Sources of Funding: | | | |
| FY28 Carryover - IIIC2 | $ - | $ - | $ - |
| IIIB | $ - | | $ - |
| IIIC1 | $ - | $ - | $ - |
| IIIC2 | $ 72,318 | $ 122,749 | $ 195,067 |
| State General Fund | $ 148,363 | $ 233,418 | $ 381,781 |
| NSIP* | $ 12,631 | $ 51,439 | $ 64,070 |
| ***Subtotal*** | *$ 233,312* | *$ 407,606* | *$ 640,918* |
| Local Match | $ 12,762 | $ 21,662 | $ 34,424 |
| Commodities | | | $ - |
| Project Income | $ 35,873 | $ 118,085 | $ 153,958 |
| Other Resources | $ 166,261 | $ 877,559 | $ 1,043,820 |
| **TOTAL** | $ 448,208 | $ 1,424,912 | $ 1,873,120 |

**FY 2030 Projected Budget**

Area VII Agency on Aging

| | Area Admin | Area Wide Programs* | Contracted Services** | Total |
|---|---|---|---|---|
| Personnel | $ 843,713 | $ 1,304,176 | $ 772,959 | $ 2,920,848 |
| Supplies | $ 3,346 | $ 8,509 | $ - | $ 11,855 |
| Communications | $ 1,304 | $ 4,260 | $ - | $ 5,564 |
| Utilities | $ - | $ - | $ - | $ - |
| Repairs/Maintenance | $ 13,032 | $ 35,237 | $ - | $ 48,269 |
| Travel & Training | $ 33,906 | $ 35,021 | $ 17,219 | $ 86,146 |
| Building Space | $ 67,603 | $ 93,502 | $ - | $ 161,105 |
| Insurance | $ - | $ - | $ - | $ - |
| Equipment | $ - | $ - | $ - | $ - |
| Raw Food/Meals | $ - | $ 1,284,794 | $ 269,336 | $ 1,554,130 |
| Raw Food/Commodities | $ - | $ - | $ - | $ - |
| Contracted Services | $ 106,035 | $ 1,061 | $ 115,486 | $ 222,582 |
| Other | $ (621,570) | $ 768,975 | $ 318,889 | $ 466,294 |
| **TOTAL** | $ 447,369 | $ 3,535,535 | $ 1,493,889 | $ 5,476,793 |
| | | | | $ 5,476,793 |
| Sources of Funding: | | | | |
| FY29 Carryover - IIIB, IIIC1, IIIC2 | $ - | $ - | $ - | $ - |
| FY29 Carryover - IIB - Omb, IIID, VII | $ - | | $ - | $ - |
| FY29 Carryover - IIIE | $ - | | $ - | $ - |
| IIIB | $ 15,509 | $ 87,836 | $ 51,750 | $ 155,095 |
| IIIB Ombud | $ - | $ 27,125 | $ - | $ 27,125 |
| IIIC1 | $ 30,225 | $ 171,176 | $ 100,850 | $ 302,251 |
| IIIC2 | $ 22,107 | $ 125,204 | $ 73,764 | $ 221,075 |
| IIID | $ - | $ 10,432 | $ 6,146 | $ 16,578 |
| IIIE | $ 11,995 | $ 67,934 | $ 40,024 | $ 119,953 |
| VII Ombud | $ - | $ 8,230 | $ 4,849 | $ 13,079 |
| VII-Elder Abuse | $ - | $ 1,752 | $ 1,031 | $ 2,783 |
| SHIP | $ - | $ 30,669 | $ 18,069 | $ 48,738 |
| MIPPA - SHIP | $ - | $ 11,051 | $ 6,511 | $ 17,562 |
| MIPPA - AAA | $ - | $ 9,555 | $ 5,628 | $ 15,183 |
| MIPPA - ADRC | $ - | $ 384 | $ 226 | $ 610 |
| Workforce Grant | $ - | $ - | $ - | $ - |
| State One-Time Needs Assessment | $ - | | | $ - |
| State General Fund | $ 120,113 | $ 680,246 | $ 400,770 | $ 1,201,129 |
| State - Ombudsman | $ - | $ 20,565 | $ 12,116 | $ 32,681 |
| NSIP | $ - | $ 65,117 | $ 22,087 | $ 87,204 |
| ***Subtotal*** | *$ 199,949* | *$ 1,317,276* | *$ 743,821* | *$ 2,261,046* |
| Local Match | $ 26,612 | $ 84,579 | $ 53,288 | $ 164,479 |
| Commodities | $ - | $ - | $ - | $ - |
| Project Income | $ - | $ 191,335 | $ 87,653 | $ 278,988 |
| Other Resources | $ 220,808 | $ 1,942,345 | $ 609,127 | $ 2,772,280 |
| **TOTAL** | $ 447,369 | $ 3,535,535 | $ 1,493,889 | $ 5,476,793 |

* See Attachments - Administered by MAS (black print)

**** See Attachments - Contracted with RCCOA (blue print)**

**FY 2030 Projected Budget**

Area VII Agency on Aging

Area Wide Service Programs

| | MAS Resource I & A | MAS Caregiver I & A | MAS Ship Assistance Service | MAS Ombudsman | MAS Senior Companion | Page Total |
|---|---|---|---|---|---|---|
| Personnel | $ 536,395 | $ 93,270 | $ 53,193 | $ 91,828 | $ 70,003 | $ 844,689 |
| Supplies | $ 3,859 | | | $ - | $ 344 | $ 4,203 |
| Communications | $ 2,493 | | | | $ 463 | $ 2,956 |
| Utilities | | | | | | $ - |
| Repairs/Maintenance | $ 19,835 | | | $ - | $ 2,076 | $ 21,911 |
| Travel & Training | $ 4,776 | | | $ - | $ 5,571 | $ 10,347 |
| Building Space | $ 59,403 | | | | $ 1,920 | $ 61,323 |
| Insurance | | | | | | $ - |
| Equipment | | | | | | $ - |
| Raw Food/Meals | | | | | | $ - |
| Raw Food/Commodities | | | | | | $ - |
| Contracted Services | $ 1,061 | | | | | $ 1,061 |
| Other | $ 246,075 | | $ - | $ - | $ 38,415 | $ 284,490 |
| **TOTAL** | $ 873,897 | $ 93,270 | $ 53,193 | $ 91,828 | $ 118,792 | $ 1,230,980 |
| Sources of Funding: | | | | | | |
| FY29 Carryover - IIIB | $ - | $ - | $ - | $ - | $ - | $ - |
| IIIB | $ 40,620 | | | $ 33,257 | $ 13,959 | $ 87,836 |
| IIIB Ombudsman | | | | $ 27,125 | | $ 27,125 |
| IIIE | | $ 67,934 | | | | $ 67,934 |
| VII Ombud | | | | $ 8,230 | | $ 8,230 |
| VII Elder Abuse | $ 1,752 | | | | | $ 1,752 |
| SHIP | | | $ 30,669 | | | $ 30,669 |
| MIPPA - SHIP | | | $ 11,051 | | | $ 11,051 |
| MIPPA - AAA | | | $ 9,555 | | | $ 9,555 |
| MIPPA - ADRC | | | $ 384 | | | $ 384 |
| Workforce Grant | | | | | | $ - |
| State General Fund | $ 406,121 | | | | $ 1,550 | $ 407,671 |
| State Ombudsman | $ - | | | $ 20,565 | | $ 20,565 |
| ***Sub-Total*** | *$ 448,493* | *$ 67,934* | *$ 51,659* | *$ 89,177* | *$ 15,509* | *$ 672,772* |
| Local Match | $ 7,168 | $ 22,645 | $ - | $ - | $ 2,463 | $ 32,276 |
| Project Income | $ 19,526 | | | | $ 1,061 | $ 20,587 |
| Other Resources | $ 398,710 | $ 2,691 | $ 1,534 | $ 2,651 | $ 99,759 | $ 505,345 |
| **TOTAL** | $ 873,897 | $ 93,270 | $ 53,193 | $ 91,828 | $ 118,792 | $ 1,230,980 |

**FY 2030 Projected Budget**
Area VII Agency on Aging
Contracted Aging Supportive Services RCCOA

| Contracted Services | Trans-portation | Ombudsman Services | Home-Maker Serivces | Community Education | Outreach Services | Page Total |
|---|---|---|---|---|---|---|
| Personnel | $ 277,270 | $ 9,603 | $ 1,232 | | | $ 288,105 |
| Supplies | | | | | | $ - |
| Communications | | | | | | $ - |
| Utilities | | | | | | $ - |
| Repairs/Maintenance | | | | | | $ - |
| Travel & Training | | $ 2,335 | $ 1,061 | | | $ 3,396 |
| Building Space | | | | | | $ - |
| Insurance | | | | | | $ - |
| Equipment | | | | | | $ - |
| Raw Food/Meals | | | | | | $ - |
| Raw Food/Commodities | | | | | | $ - |
| Contracted Services | | | | | $ - | $ - |
| Other | $ 129,649 | $ 5,306 | $ 2,702 | | | $ 137,657 |
| **TOTAL** | $ 406,919 | $ 17,244 | $ 4,995 | $ - | $ - | $ 429,158 |
| Sources of Funding: | | | | | | |
| FY29 Carryover - IIIB | $ - | $ - | $ - | $ - | $ - | $ - |
| FY29 Carryover - IIIB Omb | $ - | $ - | $ - | $ - | $ - | $ - |
| FY29 Carryover - VII Omb | $ - | $ - | $ - | $ - | $ - | $ - |
| IIIB | | | $ - | | | $ - |
| IIIB Ombudsman | $ - | $ - | | | | $ - |
| VII Ombud | $ - | $ 4,849 | | | | $ 4,849 |
| VII Elder Abuse | | $ - | | | | $ - |
| SHIP | | | | | | $ - |
| MIPPA - SHIP | | | | | | $ - |
| MIPPA - AAA | | | | | | $ - |
| MIPPA - ADRC | | | | | | $ - |
| State General Fund | $ 57,201 | | $ 1,554 | | | $ 58,755 |
| State Ombudsman | $ - | $ 12,116 | $ - | | | $ 12,116 |
| ***Sub-Total*** | *$ 57,201* | *$ 16,965* | *$ 1,554* | *$ -* | *$ -* | *$ 75,720* |
| Local Match | $ - | $ - | $ - | $ - | $ - | $ - |
| Project Income | $ 36,081 | $ - | $ 3,404 | | | $ 39,485 |
| Other Resources | $ 313,637 | $ 279 | $ 37 | $ - | $ - | $ 313,953 |
| **TOTAL** | $ 406,919 | $ 17,244 | $ 4,995 | $ - | $ - | $ 429,158 |

**FY 2030 Projected Budget**
Area VII Agency on Aging
Contracted Aging Supportive Services - RCCOA

| Contracted Services | Legal Services | SHIP MIPPA | Information & Assistance | Caregiver I & A | Page Total | Section Total |
|---|---|---|---|---|---|---|
| Personnel | | $ 31,339 | $ 128,345 | $ 54,952 | $ 214,636 | $ 502,741 |
| Supplies | | | | | $ - | $ - |
| Communications | | | | | $ - | $ - |
| Utilities | | | | | $ - | $ - |
| Repairs/Maintenance | | | | | $ - | $ - |
| Travel & Training | | | $ 1,831 | | $ 1,831 | $ 5,227 |
| Building Space | | | | | $ - | $ - |
| Insurance | | | | | $ - | $ - |
| Equipment | | | | | $ - | $ - |
| Traw Food/Meals | | | | | $ - | $ - |
| Raw Food/Commodities | | | | | $ - | $ - |
| Contracted Services | $ - | | | $ - | $ - | $ - |
| Other | | | $ 49,427 | $ - | $ 49,427 | $ 187,084 |
| **TOTAL** | $ - | $ 31,339 | $ 179,603 | $ 54,952 | $ 265,894 | $ 695,052 |
| Sources of Funding: | | | | | | |
| FY29 Carryover - IIIB | $ - | $ - | $ - | $ - | $ - | $ - |
| FY29 Carryover - IIIB- Omb | $ - | $ - | $ - | $ - | $ - | $ - |
| FY29 Carryover - VII Omb | $ - | $ - | $ - | $ - | $ - | $ - |
| FY29 Carryover - IIIE | $ - | $ - | $ - | $ - | $ - | $ - |
| IIIB | | $ - | $ 51,750 | | $ 51,750 | $ 51,750 |
| IIIB - Ombudsman | | | | | $ - | $ - |
| VII - Ombudsman | | | | | $ - | $ 4,849 |
| VII - Elder Abuse | | | $ 1,031 | | $ 1,031 | $ 1,031 |
| IIIE | | | | $ 40,024 | $ 40,024 | $ 40,024 |
| SHIP Program | | $ 18,069 | $ - | $ - | $ 18,069 | $ 18,069 |
| MIPPA - SHIP | | $ 6,511 | | | $ 6,511 | $ 6,511 |
| MIPPA - AAA | | $ 5,628 | | | $ 5,628 | $ 5,628 |
| MIPPA - ADRC | | $ 226 | | | $ 226 | $ 226 |
| State General Fund | | | $ 85,591 | | $ 85,591 | $ 144,346 |
| State Ombudsman | | | | | $ - | $ 12,116 |
| ***Sub-Total*** | *$ -* | *$ 30,434* | *$ 138,372* | *$ 40,024* | *$ 208,830* | *$ 284,550* |
| Local Match | $ - | $ - | $ 9,132 | $ 13,341 | $ 22,474 | $ 22,474 |
| Project Income | | | | | $ - | $ 39,485 |
| Other Resources | $ - | $ 905 | $ 32,099 | $ 1,587 | $ 34,590 | $ 348,543 |
| **TOTAL** | $ - | $ 31,339 | $ 179,603 | $ 54,952 | $ 265,894 | $ 695,052 |

**FY 2030 Projected Budget**

Area VII Agency on Aging

Preventive Health Services

| Contracted Services | RCCOA Evidence-Based Health Promotion | MAS Evidence-Based Health Promotion | Evidence-Based Health Promotion |
|---|---|---|---|
| Personnel | $ 10,136 | $ 19,585 | $ 29,721 |
| Supplies | | $ 614 | $ 614 |
| Communications | | $ 71 | $ 71 |
| Utilities | | | $ - |
| Repairs/Maintenance | | $ 721 | $ 721 |
| Travel & Training | | | $ - |
| Building Space | | $ 5,063 | $ 5,063 |
| Insurance | | | $ - |
| Equipment | | | $ - |
| Raw Food/Meals | | | $ - |
| Raw Food/Commodities | | | $ - |
| Contracted Services | | | $ - |
| Other | | $ 10,688 | $ 10,688 |
| **TOTAL** | $ 10,136 | $ 36,742 | $ 46,878 |
| Sources of Funding: | | | |
| FY29 Carryover - IIID | $ - | $ - | $ - |
| IIID | $ 6,146 | $ 10,432 | $ 16,578 |
| State General Fund | | | $ - |
| ***Sub-Total*** | $ 6,146 | $ 10,432 | *$ 16,578* |
| Local Match | $ - | $ - | $ - |
| Project Income | | | $ - |
| Other Resources | $ 3,990 | $ 26,310 | $ 30,300 |
| **TOTAL** | $ 10,136 | $ 36,742 | $ 46,878 |

**FY 2030 Projected Budget**

Area VII Agency on Aging

Congregate Meals

| Contracted Services | RCCOA Section C1 | MAS Section C1 | Total |
|---|---|---|---|
| Personnel | $ 92,179 | $ 135,381 | $ 227,560 |
| Supplies | | $ 2,027 | $ 2,027 |
| Communications | | $ 380 | $ 380 |
| Utilities | | | $ - |
| Repairs/Maintenance | | $ 3,806 | $ 3,806 |
| Travel & Training | $ 4,033 | $ 2,123 | $ 6,156 |
| Building Space | | $ 7,747 | $ 7,747 |
| Insurance | | | $ - |
| Equipment | | | $ - |
| Raw Food/Meals | $ 74,285 | $ 525,298 | $ 599,583 |
| Raw Food/Commodities | | $ - | $ - |
| Contracted Services | $ 99,568 | $ - | $ 99,568 |
| Other | $ 59,834 | $ 134,683 | $ 194,517 |
| **TOTAL** | $ 329,899 | $ 811,445 | $ 1,141,344 |
| Sources of Funding: | | | |
| FY29 Carryover - IIIC1 | $ - | $ - | $ - |
| IIIB | $ - | | $ - |
| IIIC1 | $ 100,850 | $ 171,176 | $ 272,026 |
| IIIC2 | | | $ - |
| State General Fund | $ 105,094 | $ 34,489 | $ 139,583 |
| NSIP* | $ 9,203 | $ 12,649 | $ 21,852 |
| ***Subtotal*** | *$ 215,147* | *$ 218,314* | *$ 433,461* |
| Local Match | $ 17,797 | $ 30,208 | $ 48,004 |
| Commodities | | $ - | $ - |
| Project Income | $ 11,578 | $ 50,301 | $ 61,879 |
| Other Resources | $ 85,377 | $ 512,622 | $ 598,000 |
| **TOTAL** | $ 329,899 | $ 811,445 | $ 1,141,344 |

**FY 2030 Projected Budget**

Area VII Agency on Aging

Home Delivered Meals

| Contracted Services | RCCOA Section C2 | MAS Section C2 | Total |
|---|---|---|---|
| Personnel | $ 167,903 | $ 304,521 | $ 472,424 |
| Supplies | | $ 1,665 | $ 1,665 |
| Communications | | $ 853 | $ 853 |
| Utilities | | | $ - |
| Repairs/Maintenance | | $ 8,799 | $ 8,799 |
| Travel & Training | $ 7,959 | $ 22,551 | $ 30,510 |
| Building Space | | $ 19,369 | $ 19,369 |
| Insurance | | | $ - |
| Equipment | | | $ - |
| Raw Food/Meals | $ 195,051 | $ 759,496 | $ 954,547 |
| Raw Food/Commodities | | | $ - |
| Contracted Services | $ 15,918 | $ - | $ 15,918 |
| Other | $ 71,971 | $ 339,114 | $ 411,085 |
| **TOTAL** | $ 458,802 | $ 1,456,368 | $ 1,915,170 |
| Sources of Funding: | | | |
| FY29 Carryover - IIIC2 | $ - | $ - | $ - |
| IIIB | $ - | | $ - |
| IIIC1 | $ - | $ - | $ - |
| IIIC2 | $ 73,764 | $ 125,204 | $ 198,968 |
| State General Fund | $ 151,330 | $ 238,086 | $ 389,416 |
| NSIP* | $ 12,884 | $ 52,468 | $ 65,352 |
| ***Subtotal*** | *$ 237,978* | *$ 415,758* | *$ 653,736* |
| Local Match | $ 13,017 | $ 22,095 | $ 35,112 |
| Commodities | | | $ - |
| Project Income | $ 36,590 | $ 120,447 | $ 157,037 |
| Other Resources | $ 171,217 | $ 898,068 | $ 1,069,285 |
| **TOTAL** | $ 458,802 | $ 1,456,368 | $ 1,915,170 |

**FY 2031 Projected Budget**

Area VII Agency on Aging

| | Area Admin | Area Wide Programs* | Contracted Services** | Total |
|---|---|---|---|---|
| Personnel | $ 869,024 | $ 1,343,302 | $ 796,147 | $ 3,008,473 |
| Supplies | $ 3,413 | $ 8,679 | $ - | $ 12,092 |
| Communications | $ 1,330 | $ 4,345 | $ - | $ 5,675 |
| Utilities | $ - | $ - | $ - | $ - |
| Repairs/Maintenance | $ 13,293 | $ 35,942 | $ - | $ 49,235 |
| Travel & Training | $ 34,584 | $ 35,721 | $ 17,564 | $ 87,869 |
| Building Space | $ 68,955 | $ 95,371 | $ - | $ 164,326 |
| Insurance | $ - | $ - | $ - | $ - |
| Equipment | $ - | $ - | $ - | $ - |
| Raw Food/Meals | $ - | $ 1,310,490 | $ 274,723 | $ 1,585,213 |
| Raw Food/Commodities | $ - | $ - | $ - | $ - |
| Contracted Services | $ 108,156 | $ 1,082 | $ 117,795 | $ 227,033 |
| Other | $ (634,001) | $ 784,355 | $ 325,267 | $ 475,621 |
| **TOTAL** | $ 464,754 | $ 3,619,287 | $ 1,531,496 | $ 5,615,537 |
| | | | | $ 5,615,537 |
| Sources of Funding: | | | | |
| FY30 Carryover - IIIB, IIIC1, IIIC2 | $ - | $ - | $ - | $ - |
| FY30 Carryover - IIB - Omb, IIID, VII | $ - | | $ - | $ - |
| FY30 Carryover - IIIE | $ - | | $ - | $ - |
| IIIB | $ 15,819 | $ 89,592 | $ 52,785 | $ 158,196 |
| IIIB Ombud | $ - | $ 27,668 | $ - | $ 27,668 |
| IIIC1 | $ 30,830 | $ 174,600 | $ 102,867 | $ 308,297 |
| IIIC2 | $ 22,549 | $ 127,708 | $ 75,239 | $ 225,496 |
| IIID | $ - | $ 10,641 | $ 6,269 | $ 16,910 |
| IIIE | $ 12,235 | $ 69,293 | $ 40,824 | $ 122,352 |
| VII Ombud | $ - | $ 8,395 | $ 4,946 | $ 13,341 |
| VII-Elder Abuse | $ - | $ 1,787 | $ 1,052 | $ 2,839 |
| SHIP | $ - | $ 31,282 | $ 18,430 | $ 49,712 |
| MIPPA - SHIP | $ - | $ 11,272 | $ 6,641 | $ 17,913 |
| MIPPA - AAA | $ - | $ 9,746 | $ 5,741 | $ 15,487 |
| MIPPA - ADRC | $ - | $ 392 | $ 231 | $ 623 |
| Workforce Grant | $ - | $ - | $ - | $ - |
| State One-Time Needs Assessment | $ - | | | $ - |
| State General Fund | $ 122,515 | $ 693,851 | $ 408,786 | $ 1,225,152 |
| State - Ombudsman | $ - | $ 20,976 | $ 12,358 | $ 33,334 |
| NSIP | $ - | $ 66,419 | $ 22,529 | $ 88,948 |
| ***Subtotal*** | *$ 203,948* | *$ 1,343,622* | *$ 758,698* | *$ 2,306,268* |
| Local Match | $ 27,144 | $ 86,270 | $ 54,353 | $ 167,768 |
| Commodities | $ - | $ - | $ - | $ - |
| Project Income | $ - | $ 195,162 | $ 89,407 | $ 284,569 |
| Other Resources | $ 233,662 | $ 1,994,233 | $ 629,038 | $ 2,856,932 |
| **TOTAL** | $ 464,754 | $ 3,619,287 | $ 1,531,496 | $ 5,615,537 |

* See Attachments - Administered by MAS (black print)

**** See Attachments - Contracted with RCCOA (blue print)**

**FY 2031 Projected Budget**
Area VII Agency on Aging
Area Wide Service Programs

| | MAS Resource I & A | MAS Caregiver I & A | MAS Ship Assistance Service | MAS Ombudsman | MAS Senior Companion | Page Total |
|---|---|---|---|---|---|---|
| Personnel | $ 552,487 | $ 96,068 | $ 54,789 | $ 94,583 | $ 72,103 | $ 870,030 |
| Supplies | $ 3,936 | | | $ - | $ 351 | $ 4,287 |
| Communications | $ 2,543 | | | | $ 472 | $ 3,015 |
| Utilities | | | | | | $ - |
| Repairs/Maintenance | $ 20,232 | | | $ - | $ 2,118 | $ 22,350 |
| Travel & Training | $ 4,872 | | | $ - | $ 5,682 | $ 10,554 |
| Building Space | $ 60,591 | | | | $ 1,958 | $ 62,549 |
| Insurance | | | | | | $ - |
| Equipment | | | | | | $ - |
| Raw Food/Meals | | | | | | $ - |
| Raw Food/Commodities | | | | | | $ - |
| Contracted Services | $ 1,082 | | | | | $ 1,082 |
| Other | $ 250,997 | | $ - | $ - | $ 39,183 | $ 290,180 |
| **TOTAL** | $ 896,740 | $ 96,068 | $ 54,789 | $ 94,583 | $ 121,867 | $ 1,264,047 |
| Sources of Funding: | | | | | | |
| FY30 Carryover - IIIB | $ - | $ - | $ - | $ - | $ - | $ - |
| IIIB | $ 41,432 | | | $ 33,922 | $ 14,238 | $ 89,592 |
| IIIB Ombudsman | | | | $ 27,668 | | $ 27,668 |
| IIIE | | $ 69,293 | | | | $ 69,293 |
| VII Ombud | | | | $ 8,395 | | $ 8,395 |
| VII Elder Abuse | $ 1,787 | | | | | $ 1,787 |
| SHIP | | | $ 31,282 | | | $ 31,282 |
| MIPPA - SHIP | | | $ 11,272 | | | $ 11,272 |
| MIPPA - AAA | | | $ 9,746 | | | $ 9,746 |
| MIPPA - ADRC | | | $ 392 | | | $ 392 |
| Workforce Grant | | | | | | $ - |
| State General Fund | $ 414,243 | | | | $ 1,581 | $ 415,824 |
| State Ombudsman | $ - | | | $ 20,976 | | $ 20,976 |
| ***Sub-Total*** | *$ 457,462* | *$ 69,293* | *$ 52,692* | *$ 90,961* | *$ 15,819* | *$ 686,227* |
| Local Match | $ 7,312 | $ 23,098 | $ - | $ - | $ 2,513 | $ 32,922 |
| Project Income | $ 19,917 | | | | $ 1,082 | $ 20,999 |
| Other Resources | $ 412,049 | $ 3,677 | $ 2,097 | $ 3,622 | $ 102,453 | $ 523,899 |
| **TOTAL** | $ 896,740 | $ 96,068 | $ 54,789 | $ 94,583 | $ 121,867 | $ 1,264,047 |

**FY 2031 Projected Budget**
Area VII Agency on Aging
Contracted Aging Supportive Services RCCOA

| Contracted Services | Trans-portation | Ombudsman Services | Home-Maker Serivces | Community Education | Outreach Services | Page Total |
|---|---|---|---|---|---|---|
| Personnel | $ 285,588 | $ 9,891 | $ 1,269 | | | $ 296,748 |
| Supplies | | | | | | $ - |
| Communications | | | | | | $ - |
| Utilities | | | | | | $ - |
| Repairs/Maintenance | | | | | | $ - |
| Travel & Training | | $ 2,382 | $ 1,082 | | | $ 3,464 |
| Building Space | | | | | | $ - |
| Insurance | | | | | | $ - |
| Equipment | | | | | | $ - |
| Raw Food/Meals | | | | | | $ - |
| Raw Food/Commodities | | | | | | $ - |
| Contracted Services | | | | | $ - | $ - |
| Other | $ 132,242 | $ 5,412 | $ 2,756 | | | $ 140,410 |
| **TOTAL** | $ 417,830 | $ 17,685 | $ 5,107 | $ - | $ - | $ 440,622 |
| Sources of Funding: | | | | | | |
| FY30 Carryover - IIIB | $ - | $ - | $ - | $ - | $ - | $ - |
| FY30 Carryover - IIIB Omb | $ - | $ - | $ - | $ - | $ - | $ - |
| FY30 Carryover - VII Omb | $ - | $ - | $ - | $ - | $ - | $ - |
| IIIB | | | $ - | | | $ - |
| IIIB Ombudsman | $ - | $ - | | | | $ - |
| VII Ombud | $ - | $ 4,946 | | | | $ 4,946 |
| VII Elder Abuse | | $ - | | | | $ - |
| SHIP | | | | | | $ - |
| MIPPA - SHIP | | | | | | $ - |
| MIPPA - AAA | | | | | | $ - |
| MIPPA - ADRC | | | | | | $ - |
| State General Fund | $ 58,345 | | $ 1,585 | | | $ 59,930 |
| State Ombudsman | $ - | $ 12,358 | $ - | | | $ 12,358 |
| ***Sub-Total*** | *$ 58,345* | *$ 17,304* | *$ 1,585* | $ - | $ - | *$ 77,234* |
| Local Match | $ - | $ - | $ - | $ - | $ - | $ - |
| Project Income | $ 36,803 | $ - | $ 3,472 | | | $ 40,275 |
| Other Resources | $ 322,682 | $ 381 | $ 50 | $ - | $ - | $ 323,113 |
| **TOTAL** | $ 417,830 | $ 17,685 | $ 5,107 | $ - | $ - | $ 440,622 |

**FY 2031 Projected Budget**
Area VII Agency on Aging
Contracted Aging Supportive Services - RCCOA

| Contracted Services | Legal Services | SHIP MIPPA | Information & Assistance | Caregiver I & A | Page Total | Section Total |
|---|---|---|---|---|---|---|
| Personnel | | $ 32,279 | $ 132,195 | $ 56,601 | $ 221,075 | $ 517,823 |
| Supplies | | | | | $ - | $ - |
| Communications | | | | | $ - | $ - |
| Utilities | | | | | $ - | $ - |
| Repairs/Maintenance | | | | | $ - | $ - |
| Travel & Training | | | $ 1,868 | | $ 1,868 | $ 5,332 |
| Building Space | | | | | $ - | $ - |
| Insurance | | | | | $ - | $ - |
| Equipment | | | | | $ - | $ - |
| Traw Food/Meals | | | | | $ - | $ - |
| Raw Food/Commodities | | | | | $ - | $ - |
| Contracted Services | $ - | | | $ - | $ - | $ - |
| Other | | | $ 50,416 | $ - | $ 50,416 | $ 190,826 |
| **TOTAL** | $ - | $ 32,279 | $ 184,479 | $ 56,601 | $ 273,359 | $ 713,981 |
| Sources of Funding: | | | | | | |
| FY30 Carryover - IIIB | $ - | $ - | $ - | $ - | $ - | $ - |
| FY30 Carryover - IIIB- Omb | $ - | $ - | $ - | $ - | $ - | $ - |
| FY30 Carryover - VII Omb | $ - | $ - | $ - | $ - | $ - | $ - |
| FY30 Carryover - IIIE | $ - | $ - | $ - | $ - | $ - | $ - |
| IIIB | | $ - | $ 52,785 | | $ 52,785 | $ 52,785 |
| IIIB - Ombudsman | | | | | $ - | $ - |
| VII - Ombudsman | | | | | $ - | $ 4,946 |
| VII - Elder Abuse | | | $ 1,052 | | $ 1,052 | $ 1,052 |
| IIIE | | | | $ 40,824 | $ 40,824 | $ 40,824 |
| SHIP Program | | $ 18,430 | $ - | $ - | $ 18,430 | $ 18,430 |
| MIPPA - SHIP | | $ 6,641 | | | $ 6,641 | $ 6,641 |
| MIPPA - AAA | | $ 5,741 | | | $ 5,741 | $ 5,741 |
| MIPPA - ADRC | | $ 231 | | | $ 231 | $ 231 |
| State General Fund | | | $ 87,303 | | $ 87,303 | $ 147,233 |
| State Ombudsman | | | | | $ - | $ 12,358 |
| ***Sub-Total*** | *$ -* | *$ 31,043* | *$ 141,140* | *$ 40,824* | *$ 213,007* | *$ 290,241* |
| Local Match | $ - | $ - | $ 9,315 | $ 13,608 | $ 22,923 | $ 22,923 |
| Project Income | | | | | $ - | $ 40,275 |
| Other Resources | $ - | $ 1,236 | $ 34,024 | $ 2,169 | $ 37,429 | $ 360,542 |
| **TOTAL** | $ - | $ 32,279 | $ 184,479 | $ 56,601 | $ 273,359 | $ 713,981 |

**FY 2031 Projected Budget**

Area VII Agency on Aging

Preventive Health Services

| Contracted Services | RCCOA Evidence-Based Health Promotion | MAS Evidence-Based Health Promotion | Evidence-Based Health Promotion |
|---|---|---|---|
| Personnel | $ 10,440 | $ 20,173 | $ 30,613 |
| Supplies | | $ 626 | $ 626 |
| Communications | | $ 72 | $ 72 |
| Utilities | | | $ - |
| Repairs/Maintenance | | $ 735 | $ 735 |
| Travel & Training | | | $ - |
| Building Space | | $ 5,164 | $ 5,164 |
| Insurance | | | $ - |
| Equipment | | | $ - |
| Raw Food/Meals | | | $ - |
| Raw Food/Commodities | | | $ - |
| Contracted Services | | | $ - |
| Other | | $ 10,902 | $ 10,902 |
| **TOTAL** | $ 10,440 | $ 37,672 | $ 48,112 |
| Sources of Funding: | | | |
| FY30 Carryover - IIID | $ - | $ - | $ - |
| IIID | $ 6,269 | $ 10,641 | $ 16,910 |
| State General Fund | | | $ - |
| ***Sub-Total*** | $ 6,269 | $ 10,641 | *$ 16,910* |
| Local Match | $ - | $ - | $ - |
| Project Income | | | $ - |
| Other Resources | $ 4,171 | $ 27,031 | $ 31,202 |
| **TOTAL** | $ 10,440 | $ 37,672 | $ 48,112 |

**FY 2031 Projected Budget**

Area VII Agency on Aging

Congregate Meals

| Contracted Services | RCCOA Section C1 | MAS Section C1 | Total |
|---|---|---|---|
| Personnel | $ 94,944 | $ 139,442 | $ 234,386 |
| Supplies | | $ 2,068 | $ 2,068 |
| Communications | | $ 388 | $ 388 |
| Utilities | | | $ - |
| Repairs/Maintenance | | $ 3,882 | $ 3,882 |
| Travel & Training | $ 4,114 | $ 2,165 | $ 6,279 |
| Building Space | | $ 7,902 | $ 7,902 |
| Insurance | | | $ - |
| Equipment | | | $ - |
| Raw Food/Meals | $ 75,771 | $ 535,804 | $ 611,575 |
| Raw Food/Commodities | | $ - | $ - |
| Contracted Services | $ 101,559 | $ - | $ 101,559 |
| Other | $ 61,031 | $ 137,377 | $ 198,408 |
| **TOTAL** | $ 337,419 | $ 829,028 | $ 1,166,447 |
| Sources of Funding: | | | |
| FY30 Carryover - IIIC1 | $ - | $ - | $ - |
| IIIB | $ - | | $ - |
| IIIC1 | $ 102,867 | $ 174,600 | $ 277,467 |
| IIIC2 | | | $ - |
| State General Fund | $ 107,196 | $ 35,179 | $ 142,375 |
| NSIP* | $ 9,387 | $ 12,902 | $ 22,289 |
| ***Subtotal*** | *$ 219,450* | *$ 222,681* | *$ 442,131* |
| Local Match | $ 18,153 | $ 30,812 | $ 48,964 |
| Commodities | | $ - | $ - |
| Project Income | $ 11,810 | $ 51,307 | $ 63,117 |
| Other Resources | $ 88,006 | $ 524,228 | $ 612,235 |
| **TOTAL** | $ 337,419 | $ 829,028 | $ 1,166,447 |

**FY 2031 Projected Budget**

Area VII Agency on Aging

Home Delivered Meals

| Contracted Services | RCCOA Section C2 | MAS Section C2 | Total |
|---|---|---|---|
| Personnel | $ 172,940 | $ 313,657 | $ 486,597 |
| Supplies | | $ 1,698 | $ 1,698 |
| Communications | | $ 870 | $ 870 |
| Utilities | | | $ - |
| Repairs/Maintenance | | $ 8,975 | $ 8,975 |
| Travel & Training | $ 8,118 | $ 23,002 | $ 31,120 |
| Building Space | | $ 19,756 | $ 19,756 |
| Insurance | | | $ - |
| Equipment | | | $ - |
| Raw Food/Meals | $ 198,952 | $ 774,686 | $ 973,638 |
| Raw Food/Commodities | | | $ - |
| Contracted Services | $ 16,236 | $ - | $ 16,236 |
| Other | $ 73,410 | $ 345,896 | $ 419,306 |
| **TOTAL** | $ 469,656 | $ 1,488,540 | $ 1,958,196 |
| Sources of Funding: | | | |
| FY30 Carryover - IIIC2 | $ - | $ - | $ - |
| IIIB | $ - | | $ - |
| IIIC1 | $ - | $ - | $ - |
| IIIC2 | $ 75,239 | $ 127,708 | $ 202,947 |
| State General Fund | $ 154,357 | $ 242,848 | $ 397,205 |
| NSIP* | $ 13,142 | $ 53,517 | $ 66,659 |
| ***Subtotal*** | *$ 242,738* | *$ 424,073* | *$ 666,811* |
| Local Match | $ 13,277 | $ 22,537 | $ 35,814 |
| Commodities | | | $ - |
| Project Income | $ 37,322 | $ 122,856 | $ 160,178 |
| Other Resources | $ 176,319 | $ 919,074 | $ 1,095,393 |
| **TOTAL** | $ 469,656 | $ 1,488,540 | $ 1,958,196 |

**Attachment 4: MAS Governing Board Roster**

**Tom Wozniak, Chair**
Term Expires June 30, 2027 (2)

**Greg Oliver, Vice Chair**
Term Expires June 2028 (1)

**Kim McKelvey, Treasurer**
Term Expires June 2027 (2)

**Amber Rogers, Secretary**
Term Expires June 2027 (1)

**Gayle Hudgins, Past Chair**
Term Expires June 2028 (3)

**Melody Cunningham**
Term Expires June 2028 (1)

**Dori Gilels**
Term Expires June 2028 (1)

**Marian Lepore**
Term Expires June 2029 (1)

**John O'Connor**
Term Expires June 2029 (1)

**Margaret Parson**
Term Expires June 2027

**Lisa Sirois**
Term Expires June 2029 (1)

**Elected Officials**

**Juanita Vero**
Missoula County Commissioner

**Kristen Jordan**
Missoula City Council

## Attachment 5: Advisory Council Roster

Advisory Council members are appointed by the MAS Governing Board Chair and can serve unlimited terms. All but one current member is aged 60 or older.

Connie Bauer

Elaine Carmichael

Dan Doyle

Terry Egan

Pam Gardiner

Cindy Garthwait

Sue Malek

Lanette Perkins (Chair)

Kristie Scheel

Pamela Shore

Michael Sweet

Burke Townsend

Michael Tryhus

Chue Vang

Larry White

## Attachment 6: Staffing and Volunteers

**MAS** typically employs 50-55 staff members to administer, implement, and support OAA and non-OAA programs (through MAS Care Solutions, LLC). Approximately 145 volunteers serve approximately 12,000 hours annually in support of home-delivered meals and congregate meals, as senior companions, assisting with Information & Assistance and SHIP activities, in reception, supporting the Tech Cafe and Advanced Planning workshops, performing administrative tasks, and serving as Advisory Council members.

Key MAS staff positions include:

<u>Leadership Team</u>

- Chief Executive Officer
- Chief Financial Officer
- Chief Human Resources Officer
- Director of Information and Assistance
- Director of Community Services
- Director of In Home Services

<u>Administrative and and Support Positions</u>

- Development Director
- Grant Writer
- Senior Accountant
- Staff Accountant
- Admin/Billing Staff
- Facilities Manager
- Data Systems Manager
- Public Relations and Marketing Manager

<u>Program Teams</u>

- Resource Center (Information and Assistance, Caregiver I&A, SHIP, SMP, Money Management, Advanced Planning)
- Ombudsmen
- Nutrition Team (Home-Delivered and Congregate Meals)
- Community Services and Engagement (Volunteer Opportunities, Missoula Villages, Age-Friendly Community, Tech Cafe, Matter of Balance, Advisory Council support)
- Care Management (GUIDE and non-GUIDE complex needs clients, Caregiver Counseling and Support Groups)
- In Home Services (Homemaker, Personal care, Respite, Senior Companion)
- Veteran Directed Care Program

**RCCOA** has approximately 28 FTEs to support OAA and non-OAA programs plus 35 regular volunteers and another 60 who assist with the Commodities program.

## Attachment 7: Service Provider Listing

MAS has one subrecipient contractor, the Ravalli County Council on Aging (RCCOA).

In addition, MAS has OAA program-related vendor contracts with the following:

- Missoula Senior Center (Congregate Meals)
- Sela Senci Senior Center (Seeley Lake Congregate and Home-delivered Meals)
- Missoula area restaurants (Congregate Meals): Cracker Barrell, Paradise Falls, Soup Farm, Morning Birds Bakery, KTs Hayloft, and Fork, Spoon, and Knife – restaurants may change periodically
- Providence/St. Patrick Hospital (Home-delivered Meals)

**Attachment 8: Emergency Preparedness Plan**

See next page

MISSOULA *aging* SERVICES

# Continuity Plan

**Continuity of Essential Operations During Emergencies and Disruptions**

| Organization | Primary location | Plan status | Plan owner |
|---|---|---|---|
| Missoula Aging Services (MAS) | 337 Stephens Avenue, Missoula, MT 59801 | Draft for leadership review and approval | CEO or designee / MAS Leadership Team |

**Plan boundary:** MAS is not an emergency responder. MAS maintains essential services, supports and identifies vulnerable clients, and coordinates with the Missoula Office of Emergency Management (OEM), the Red Cross, and other community partners.

**Approval**

Authorized Signatory: Lisa Sheppard Date: 10/17/2026

## 1. Purpose, Scope and Planning Assumptions

### Purpose

This plan provides a practical framework for MAS to continue or promptly restore essential functions when normal operations are disrupted by loss of facility access, loss of utilities or technology, reduced workforce, severe weather, natural disaster, pandemic conditions, or another extreme situation.

### Scope

- Applies to MAS programs, staff, leadership, records, systems, communications, facilities, and services needed to sustain essential operations.
- May be activated during or outside normal work hours, with or without notice, and for a full or partial facility shutdown.
- Supports remote work, off-site operations, reassignment of duties, and reduced-service operations when safe and feasible.
- Complements, but does not replace, life-safety procedures, evacuation procedures, emergency services, or public-agency incident command.

### Planning assumptions

- Safety of clients, staff, volunteers, and visitors comes first.
- Communications, power, internet, transportation, facilities, or staffing may be unavailable or degraded at the same time.
- MAS may need to prioritize services and temporarily defer work that is not time-critical.
- Leadership may need to make decisions with incomplete information and update instructions as conditions change.
- Community partners and vendors may also be affected; MAS should not assume immediate outside support.
- Client information remains confidential and is shared only as permitted and necessary.

### Activation authority

The CEO or designee decides whether to close the office or activate this plan. The CEO or designee sets the operating posture, assigns priorities, and authorizes reconstitution. Program Directors implement continuity instructions within their areas and report operational status to the Leadership Team.

**Program Directors:** Leadership Team members with organizational oversight of MAS program areas and authority to direct continuity priorities within those areas.

**Program Managers:** Managers responsible for day-to-day operations of specific programs and for carrying out assigned continuity actions under the direction of the applicable Program Director.

**Direct Supervisors:** Program Managers or other employees with direct responsibility for communicating work instructions and reporting expectations to assigned staff.

**Immediate danger:** Call 911 and follow established life-safety procedures. This plan governs continuity of MAS operations after immediate protective actions are underway.

## 2. Essential Functions and Service Priorities

At activation, Leadership confirms which functions must continue, at what service level, and with what available resources. Priorities below are a starting point and require final leadership validation.

| Tier | Essential function | Functional lead | Target | Minimum continuity outcome |
|---|---|---|---|---|
| 1 | Leadership, staff safety and emergency communications | CEO/designee; Leadership Team | Immediate | Decision-making, staff instructions, coordination, status reporting |
| 1 | Meals on Wheels continuity and dispatch | Community Services Director | Same day | Safe meal dispatch/delivery planning; alternate or off-site dispatch if required |
| 1 | Client triage and support for identified vulnerable clients through Care Management, Meals on Wheels, Resource Center, Caring Companions, and In-Home Support | In-Home Services Director; Information & Assistance Director; Community Services Director | Same day | Prioritize contact/support and coordinate referrals |
| 1 | Resource Center phone support and information/referral | Information & Assistance Director | Same day | Maintain phone support remotely or in reduced mode where possible |
| 2 | Financial controls, payroll, purchasing and expense tracking | CFO | Within 1 business day | Protect cash flow, payroll, purchasing, and extraordinary-expense documentation |
| 2 | Client funds access through established Money Management tools | Information & Assistance Director | Within 1 business day | Maintain approved client access when systems and networks are available |
| 2 | Technology, records and privacy safeguards | CHRO / Privacy Officer; Data Systems Manager; MAS' IT Vendor | Immediate / 1 business day | Restore access, protect information, preserve records, track outages |

| Tier | Essential function | Functional lead | Target | Minimum continuity outcome |
|---|---|---|---|---|
| 3 | Routine program, administrative and outreach functions | Leadership Team | As conditions permit | Defer, reduce, or reassign based on safety and available capacity |

# 3. Leadership, Succession and Communications

## Continuity leadership

| Leader | Role | Primary continuity responsibility |
|---|---|---|
| Lisa Sheppard | CEO | Plan activation; executive decisions; external executive coordination |
| Ginny Holland | CFO | Financial continuity; purchasing; payroll and expense controls |
| Sherrie Crumley | CHRO / Privacy Officer | Workforce coordination; privacy; staff communications and documentation |
| Kate Cotnoir | Information & Assistance Director | Resource Center, information/referral, and Money Management continuity |
| Ria Overholt | Community Services Director | Meals on Wheels and community-service continuity |
| Shelli Fortune | In-Home Services Director | In-home, Care Management, and client-support continuity |

## Succession and delegation

- If the CEO is unavailable, the person designated by the CEO assumes activation authority. If no current designation is available, the available Leadership Team members establish interim command and document the decision for prompt CEO or governing-authority review.
- Program Directors identify an operational backup for each essential function. Program Managers carry out assigned continuity actions under the direction of the applicable Program Director and ensure staff know who may give operational instructions.
- Delegated authority is limited to the duration and scope of the disruption and should be documented in the incident log.

## Staff notification and call tree

- The Leadership Team initiates the call tree. Each leader notifies program staff of closure, work location, reassignment, call-to-duty, and applicable protocols.
- Use available channels, including telephone, email, remote access tools, and the established phone/call-tree system. Staff acknowledge receipt when possible.
- Program Managers and other direct supervisors report unreachable staff and staffing gaps to the applicable Program Director. Do not include confidential client information in broad staff messages.

## External and client communications

- Designate one spokesperson or communication lead for consistent public and partner information.

- Tell clients what MAS can continue, what is delayed, how to reach MAS, and when another update is expected. Avoid implying that MAS will provide emergency response.
- Coordinate relevant information with OEM, Red Cross, emergency services, contractors, and community partners as appropriate and permitted.

# 4. Concept of Operations

| Phase | Required actions |
|---|---|
| 1. Preparedness | Maintain call trees; identify backups; protect records; review vendor contacts; support staff readiness; maintain vulnerable-client identification and reporting; conduct training and exercises. |
| 2. Activation & notification | CEO/designee determines activation level; makes closure decision; starts call tree; confirms life safety; identifies affected services, staffing, facilities, technology and partners; opens incident log. |
| 3. Continuity operations | Prioritize essential functions; assign staff; shift to remote or off-site work; use approved workarounds; protect privacy; track decisions, costs, service impacts and unmet needs; provide scheduled updates. |
| 4. Reconstitution | CEO/designee authorizes return; verify facility and system readiness; restore services by priority; notify staff, clients and partners; reconcile records and expenses; conduct after-action review and update the plan. |

## Operating levels

| Level | Condition | Response |
|---|---|---|
| Monitoring | Potential disruption; normal operations continue | Leadership monitors; programs check readiness and critical contacts. |
| Partial activation | One or more functions, systems, workgroups, or locations are affected | Affected areas use continuity procedures; Leadership sets priorities and update cadence. |
| Full activation | Facility access, workforce, technology, or multiple essential functions are significantly affected | Leadership directs organization-wide continuity operations from available locations. |

## Facility shutdown

- The CEO or designee makes the shutdown decision.
- Program Directors ensure Program Managers and other direct supervisors make every attempt to notify affected employees when a shutdown is decided before the workday begins.
- Employees may be directed to work off-site or remotely when possible, based on safety, their assigned continuity responsibilities, and MAS service needs. Meals on Wheels dispatch may require an alternate work location.
- When the office remains open but an employee cannot safely report, the employee advises their direct supervisor and applicable MAS leave and attendance provisions apply.

**Prepared message structure:** What happened (briefly) | Current operating status | Staff action and work location | Safety reminder | Services affected | Next update time/channel | Contact for urgent questions

# 5. Program Continuity Actions

## Meals on Wheels and Community Services

- Confirm meal-production and dispatch capacity, route information, volunteer availability, transportation conditions, and an alternate dispatch option.
- Use available current route information and identify drivers able to operate safely in the conditions. Do not direct staff or volunteers into unsafe conditions.
- Maintain the annual shelf-stable-meal readiness effort for participating Meals on Wheels clients and document distribution status.
- Continue partner coordination, including OEM Access and Functional Needs work, Red Cross smoke-alarm efforts, rural emergency-planning outreach, and local preparedness relationships as applicable.

## Care Management, In-Home Services and vulnerable clients

- Use the approved client-data process to identify clients with one or more vulnerability factors: cognitive or memory impairment; living alone or limited support; mobility or evacuation limitations; dependence on essential medical equipment or care; or limited ability to communicate or access help.
- Run the established report for Leadership and use it to prioritize outreach, service planning, or referrals. Explain clearly that MAS is collecting information to support planning and coordination, not to promise direct emergency response.
- When appropriate, support clients with emergency-planning information or Smart911 profile setup/update. Share information with outside entities only when authorized and permitted.

## Resource Center and Money Management

- Provide phone-based support and triage through available MAS programs; shift to remote response when authorized and systems are available.
- Maintain resource and referral information in accessible electronic or approved backup form.
- Continue approved Money Management access through established tools, including pre-loaded client spending arrangements, when network and vendor systems are available.

## Workforce and administration

- Account for staff safety and availability; reassign staff to essential work within role, training, and safety limits.
- Track payroll, purchasing, operational costs, service effects, donated resources, and extraordinary expenses that may require later documentation.
- Offer available employee-support resources and communicate work, leave, and reporting expectations.

# 6. Technology, Records, Facilities and Resources

## Technology and essential records

MAS protects the records, applications, communications, equipment, and procedures needed to perform essential functions. Technology recovery must be coordinated with MAS technology support, facilities, the applicable Program Directors, and the Privacy Officer.

| Function | Essential records, systems or equipment | Continuity protection / action |
|---|---|---|
| Leadership and emergency communications | Call tree/contact lists; email; phones; remote access; incident log | Maintain an up-to-date backup of the Leadership call tree and essential contact information that can be accessed if normal systems are unavailable. Protect confidential information and periodically confirm that authorized staff can access the information when needed. |
| Meals on Wheels | Current client/route information; dispatch procedures; phones; computers; vendor/partner contacts | Maintain approved current backup; confirm access and alternate dispatch process |
| Client triage and case support | Approved client/case system; vulnerability indicators/report; phones; referral information | Role-based access; approved backup/reporting; privacy controls |
| Resource Center | Phones; resource database; internet; remote-access capability | Remote-call procedure; approved accessible backup information |
| Finance and Money Management | Payroll, banking, accounting, purchasing and client-fund systems; authorization records | Segregation of duties; secure access; backup records; vendor contacts |
| MAS IT Infrastructure | Microsoft 365; Salesforce; network; internet; agency devices; remote access; cybersecurity tools; backups | Cloud-based access; separate backups where verified; individual credentials and multi-factor authentication; MAS' IT Vendor escalation and recovery support |
| Organization-wide | Power, building access, and facilities-related equipment | Facilities recovery procedures; equipment inventory; facility and vendor escalation contacts |

## IT continuity and data backup

MAS relies on cloud-based platforms for its core business systems, which allows operations to continue if the main office is damaged, inaccessible, or without power or internet. Because the agency's electronic records are not stored on equipment at the main office, an emergency at that location would not result in loss of data or prolonged loss of access to critical systems.

### Core systems

- Email, calendars, file storage, and internal communication are provided through Microsoft 365, including Outlook, OneDrive, SharePoint, and Microsoft Teams. These services are hosted by Microsoft and are available to staff from any location. The agency's Microsoft 365 environment, network, and user devices are managed by MAS' IT Vendor, an external managed service provider under contract with the agency.
- Salesforce serves as the agency's primary client management system. Salesforce hosts agency data in physically separate data centers with independent power and networking, so that a failure at one facility does not interrupt service or result in data loss. Staff access Salesforce through a web browser from an internet-connected device using individual credentials and multi-factor authentication.

### Data backup

- Microsoft 365 data, including email and stored files, is backed up by MAS' IT Vendor on a daily schedule with backups retained as required. Backups are stored separately from the production environment so data can be restored in the event of accidental deletion, corruption, or a cybersecurity incident.
- Salesforce maintains continuous replication of agency data across its infrastructure. In addition, MAS performs a routine data export to retain an independent copy of client records.

### Contingency operations

- If an emergency affects the main office, staff will transition to remote work using agency-issued laptops and/or approved personal devices, connecting through an available internet service. Because core systems are cloud-based, staff can continue to access client records, communicate with one another and with partners, and deliver services by phone and virtually with minimal interruption.
- Agency phone lines can be forwarded to staff mobile phones or answered remotely.
- The CEO or designee will notify MAS' IT Vendor of the emergency. MAS' IT Vendor will assist with restoring access, replacing or reconfiguring devices, and securing systems as needed.
- If equipment is lost or damaged, replacement devices can be configured remotely and connected to agency systems.
- If a cyber incident is suspected, MAS' IT Vendor will lead containment and recovery, including restoration from backups.

### Testing and review

- This plan is reviewed annually with MAS' IT Vendor.
- Staff periodically work remotely as part of normal operations, which confirms that remote access to core systems functions as expected.

## Facilities and security

- Use remote work as the primary alternate operating approach when authorized and feasible. Leadership may designate off-site program operations when required.
- The Leadership Team determines when building re-entry may occur and provides direction to the Facilities Manager, who confirms building access and safety before re-entry.
- Panic buttons silently contact Missoula Police. Staff use the maintained location sheet to identify the button and notify a Leadership Team member or Program Manager if listed responders are unavailable.

# 7. Recovery, Maintenance and Quick-Action Checklists

## Reconstitution checklist

☐ Confirm the facility, utilities, technology, records, equipment, vendors, and minimum staffing are ready.

☐ Set the order and timing for restoring programs; communicate it to staff, clients, volunteers, and partners.

☐ Reconcile records created during workarounds and confirm privacy/security controls.

☐ Document service interruptions, decisions, expenses, losses, unmet needs, and corrective actions.

☐ Conduct an after-action review and assign plan improvements with owners and due dates.

## First 60 minutes after activation

☐ Protect life and safety; call 911 when needed.

☐ CEO/designee sets activation level and operating posture.

☐ Start Leadership call tree and staff accountability.

☐ Identify affected essential functions, facilities, systems, staffing, clients, vendors, and partners.

☐ Open an incident log; record decisions and time stamps.

☐ Issue a concise staff message and set the next update channel.

## Plan maintenance and exercises

- Leadership reviews the plan at least annually and after activations, significant organizational changes, system changes, facility changes, or exercises.
- Program Directors, working with their Program Managers, verify contact lists, backups, essential records, vendor contacts, alternate-work procedures, and minimum staffing.
- Exercise the call tree and at least one continuity scenario annually. Record results and corrective actions.
- Keep controlled copies accessible to the Leadership Team and employees with assigned continuity responsibilities while protecting sensitive contact and client information.

## Items to complete before final approval

☐ Name the CEO designee and document department-level successors.

☐ Approve essential functions, service tiers, recovery targets, and minimum staffing.

☐ Obtain MAS' IT Vendor confirmation for all yellow-highlighted IT continuity and backup items.

☐ Complete system, vendor, facility, and alternate-location contacts in a controlled appendix.

☐ Approve the vulnerable-client data fields, consent/notice language, access, reporting, retention, and sharing rules.

☐ Confirm compensation and leave language against current MAS policy.

## Source documents used

MAS Information_Emergency Preparedness Contingeny Plan Note; Continuity Plan Template - Local Entity; BPA, RISK ASSESSMENT, and BIA WORKBOOK; Appendix C - Essential Records, Systems, Applications & Equipment; MAS Emergency Preparedness Plan; Panic Button Location Sheet; OEM Continuity Planning Email_N Holloway_112025; Area Plan draft - IT Continuity and Data Backup.

**Document control:** Keep staff phone numbers, personal contact information, detailed system/vendor credentials, and sensitive client reports in controlled attachments rather than in the broadly distributed plan.

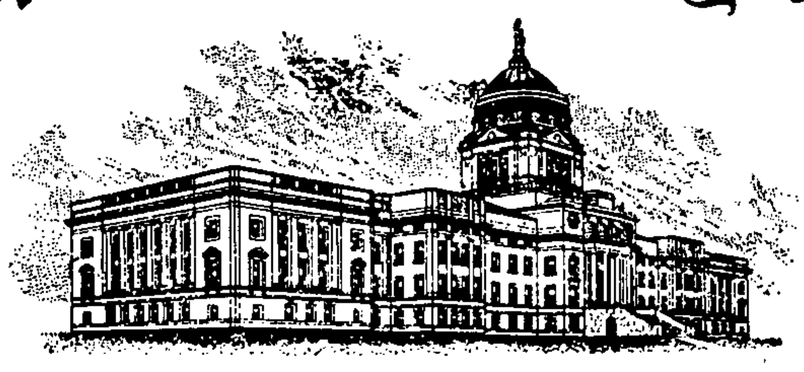
## Attachment 9: Legal Authorizing Documentation

See next page

DC-2—1M SETS—8-78

STATE PUBLISHING CO., HELENA, MONT.

# Office of the Secretary of State



# OF THE
# STATE OF MONTANA

## CERTIFICATE OF INCORPORATION

I, FRANK MURRAY, Secretary of State of the State of Montana, do hereby certify that duplicate originals of Articles of Incorporation for the incorporation of

MISSOULA COUNTY COUNCIL ON AGING

duly executed pursuant to the provisions of Section 35-2-201 of the ~~Revised Codes of Montana~~ Montana Code Annotated, have been received in my office and are found to conform to law.

NOW, THEREFORE, I, FRANK MURRAY, as such Secretary of State, by virtue of the authority vested in me by law, hereby issue this Certificate of Incorporation to

MISSOULA COUNTY COUNCIL ON AGING

and attach hereto a duplicate original of the Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 11th day of June A.D. 19 79

(GREAT SEAL)

Frank Murray

FRANK MURRAY
Secretary of State

By Leonard C. Larson
LEONARD C. LARSON
Chief Deputy

# ARTICLES OF INCORPORATION

## MISSOULA COUNTY COUNCIL ON AGING

We, the undersigned, residents of the state of Montana, being eighteen years or more of age, do hereby associate ourselves together for the purpose of forming a nonprofit corporation under the statutes of the state of Montana.

### ARTICLE ONE

### NAME

The name of the corporation shall be Missoula County Council on Aging.

### ARTICLE TWO

### DURATION

The period of this nonprofit corporation shall be perpetual.

### ARTICLE THREE

### PURPOSE

The business and purpose of this corporation shall be to promote and encourage recreational, social and educational activities and programs which will benefit persons throughout Missoula County; to enter into contracts or accept grants; to insure that funds made available to the Missoula County Council on Aging are expended in keeping with the purpose for which they are awarded; to employ and supervise such personnel as may be required to manage and operate the programs of the Missoula County Council on Aging; and to exercise any power granted by law to nonprofit corporations. Such corporation is organized exclusively for charitable, religious, education or scientific purposes, including for such purposes and making of distributions to others that qualify as exempt organizations under section 501(c)(3) of the I.R.C. of 1954.

274460

STATE OF MONTANA

FILED

JUN 11 1979

FRANK MURRAY

SECRETARY OF STATE

By Kenneth W. Brown

Deputy Hayes

fee 20.00

ARTICLE FOUR

NONSTOCK CORPORATION

The corporation shall be nonstock, and no dividends or pecuniary profits shall be declared or paid to the members thereof.

ARTICLE FIVE

DIRECTORS

The number of directors constituting the initial board of directors of the corporation is seven (7), and the names and addresses of the persons who are to serve as initial directors are as follows:

1. Richard Ostergren, P.O. Box 8012, Missoula, MT 59807
2. Earl Lory, Miller Creek Road, Missoula, MT 59801
3. Sheila K. Schreurs, 2327 Rattlesnake Dr., Missoula, MT 59801
4. Clark Anderson, c/o Mental Health Center, T12, Ft. Missoula, Missoula, MT
5. Darlene Anderson, 2238 South 12th W., Missoula, MT 59801
6. G. Lee Nurse, 322 South Ave., West, Missoula, MT 59801
7. Walter Taylor, R.R. #4, W. Riverside, Missoula, MT 59801

ARTICLE SIX

APPOINTMENT OF DIRECTORS

All directors of the corporation shall be appointed and removed at will by the Board of County Commissioners of Missoula County, or their lawfully appointed or elected successors.

ARTICLE SEVEN

CORPORATE OFFICERS AND THEIR FUNCTIONS

The general officers of the corporation shall be president, vice-president, secretary and treasurer and shall be chosen from the members of the board of directors by the board of directors.

The principal duties of the president shall be to preside at all meetings of the members and the board of directors and to have a general supervision of the affairs of the corporation.

The principal duties of the vice-president shall be to discharge the duties of the president in the event of the absence or disability, for any cause whatsoever, of the president.

The principal duties of the secretary shall be to countersign all deeds, leases and conveyances executed by the corporation, affix the seal of the corporation thereto and to such other papers as shall be required or directed to be sealed, and to keep a record of the proceedings of the board of directors, and to safely and systematically keep all books, papers, records, and documents belonging to the corporation or in any way pertaining to the business thereof.

The principal duties of the treasurer shall be to keep an account of all monies, credits and property of any and every nature of the corporation which shall come into his hands, and to keep an accurate account of all monies received and disbursed and or proper vouchers for monies disbursed and to render such accounts, statements, and inventories of monies received and disbursed and of money and property on hand, and generally of all matters pertaining to his office, as shall be required by the board of directors.

The board of directors may provide for the appointment of such additional officers as they may deem for the best interest of the corporation. All duties of the above officers may be delegated to individuals but such officers shall remain directly responsible to the Board for their respective duties.

The officers shall perform such additional or different duties as shall from time to time be imposed or required by the board of directors, or as may be prescribed from time to time by the bylaws.

ARTICLE EIGHT

DISSOLUTION OF THE CORPORATION

Upon the dissolution of the corporation, the board of directors shall, after paying or making provisions for the payment of all of the liability of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized or operated exclusively for charitable, educational, religious or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501 (c)(3) of the Internal Revenue Code of 1954 (or the corresponding provisions of any future United States internal revenue law), as the board of directors shall determine. Any such assets not so disposed of shall be disposed of by the District Court in the county in which the principal office of the association is then located, exclusively for such purpose or purposes and to such organization or organizations as said court shall determine are organized and operated exclusively for said purposes.

ARTICLE NINE

NET EARNINGS

No part of the net earnings of the corporation shall inure to the benefit of or be distributable to its members, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of

any candidate for public office. Notwithstanding any of the provisions of these articles, the corporation shall not carry on any other activities not permitted to be carried on:

(a) By a corporation or association exempt from Federal income tax under Sections 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provisions of any future United States internal revenue law) or

(b) By a corporation or association, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954, (or the corresponding provisions of any future United States internal revenue law).

ARTICLE TEN

MEMBERSHIP

The members of this corporation are those residents of Missoula County, Montana served by the programs of Missoula County Council on Aging.

ARTICLE ELEVEN

AMENDMENT

These articles may be amended in the manner provided by statute at the time of amendment.

ARTICLE TWELVE

REGISTERED AGENT

The initial registered agent of the corporation shall be Sheila Schreurs, whose address is Missoula County Courthouse, Room 201, Missoula, MT 59801.

ARTICLE THIRTEEN

INCORPORATORS

The name and residences of the persons forming this corporation are as follows:

1. Richard Ostergren
2. Walter Taylor
3. Sheila K. Schreurs
4. Clark Anderson

5. Darlene Anderson

6. G. Lee Nurse

Dated this 3rd day of April, 1979.

Richard H. Ostergren
Darlene J Anderson
Sheila K Schreurs

R. Clark Anderson
G Lee Nurse
Walter J Taylor

On this 3rd day of April, 1979, before me, the undersigned, a Notary Public for the state of Montana, personally appeared Richard H. Ostergren, Darlene J. Anderson, Sheila K. Schreurs, Clark Anderson, G. Lee Nurse, and Walter Taylor, known to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

Notary Public for the state of Montana. Residing at Missoula, Montana. My commission expires: 2-1-81

28-1/158

**ARTICLES OF AMENDMENT**
**OF**
**MISSOULA AREA AGENCY ON AGING, INC**

We, the undersigned, the President and Secretary respectively, of the Missoula Area Agency on Aging, Inc., a corporation organized under the laws of the State of Montana and located in Missoula, Montana, pursuant to Section 35-2-208. MCA, hereby certify as follows:

1. The name of the corporation is Missoula Area Agency on Aging, Inc.

2. The certificate of incorporation of the Corporation is hereby amended by the following resolution:

   RESOLVED, that the Certificate of Incorporation of the Corporation shall be amended to that Article Three hereof is eliminated and the following substituted for such Article Three; Article Five hereof is eliminated and the following substituted for such Article Five; Article Six hereof is eliminated and the following substituted for such Article Six; Article Ten hereof is eliminated and the following substituted for such Article Ten:

**Article Three**
**Purpose**

The business and purpose of this corporation shall be to promote and encourage recreational, social and educational activities and programs which will benefit persons throughout Missoula County and other Montana counties as requested; to enter into contracts or accept grants; to insure that funds made available to the Missoula Area Agency on Aging are expended in keeping with the purpose for which they are awarded; to employ and supervise such personnel as may be required to manage and operate the programs of the Missoula Area Agency on Aging; and to exercise any power granted by law to non-profit corporations. Such corporation is organized exclusively for charitable, religious, education or scientific purposes, including for such proposes and making of distributions to others that qualify as exempt organizations under section 501 (c)(3) of the I.R.C. of 1954.

**Article Five**
**Directors**

The number of directors constituting the board of directors of the corporation from Missoula County is ten (10) plus one Missoula County Commissioner. The number of directors constituting the board of directors of the corporation from Ravalli County is four (4) plus one Ravalli County Commissioner. The number of directors from surrounding Montana counties shall be determined based on the ratio of the senior population, from the most recent census data, of each respective county in comparison to the senior population of Missoula County plus one county commissioner.

**Article Six**
**Appointment of Directors**

All directors of the corporation shall be appointed and removed at will by the Board of County Commissioners of each respective county, or their lawfully appointed or elected successors.

**Article Ten**
**Membership**

The members of this corporation are those residents of Missoula County and other Montana counties as requested served by the programs of Missoula Area Agency on Aging and its affiliates.

*Continued on Reverse*

3. The directors of the corporation are entitled to vote. A quorum was present at the June 30, 2003 meeting at which the resolution was adopted by the majority, more than two-thirds, of the directors of the corporation.

Signed and dated at Missoula, Montana, this 28 day of April, 2003.

Linda L Henderson
Linda Henderson, President

Suzanne M Peterson
Suzanne Peterson, Secretary

On this 28 day of April 2003, before me, the undersigned, a Notary Public for the state of Montana, personally appeared Linda Henderson and Suzanne Peterson, known to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

Kim Fraser
Notary Public for the state of Montana. Residing at Missoula, Montana. My commission expires: 11-19-03

## Attachment 10: Direct Services Waiver

See next page

## Direct Services Provided by Area Agencies

Section 307(a)(8)(A) of the Older Americans Act (OAA) generally prohibits State Units on Aging (SUAs) and Area Agencies on Aging (AAAs) from directly providing supportive services, nutrition services, or in-home services unless the SUA determines that one or more of the following conditions apply:

1. Direct provision is necessary to ensure an adequate supply of services.
2. The services are directly related to the administrative functions of the SUA or AAA.
3. The services can be provided more economically, with comparable quality, by the SUA or AAA.

### Instructions:

If the AAA directly provides supportive services, nutrition services, or in-home services, please provide the following information for each service:

1. Service Description: Identify each service directly provided by the AAA and briefly describe the service and the population served.
2. Justification for Direct Service Provision: Identify which of the three conditions under Section 307(a)(8)(A) applies and explain why the AAA provides the service directly rather than contracting with a community-based provider. Include supporting data or documentation, such as provider availability, service capacity, cost comparisons, or other relevant information.
3. Impact on Community Providers: Explain how the AAA's direct provision of the service complements existing community services and does not unnecessarily duplicate or diminish services provided by other organizations.
4. Organizational Structure and Service Delivery: Briefly describe how the AAA organizes and delivers the service, including staffing, oversight, and methods of service delivery. Attach supporting documentation, if available.

If the AAA does not directly provide any services covered by this requirement, please indicate "Not Applicable."

The SUA will review the information provided and determine whether the justification for direct service provision meets the requirements of Section 307(a)(8)(A) of the OAA.

### Please use the space provided below to respond to each item. Additional pages may be attached as needed to provide complete responses and supporting documentation.

MAS is requesting a Waiver to provide services directly in Missoula County as allowed under the Older Americans Act to ensure an adequate supply of services, provided economically and with comparable or greater quality to subrecipient contracts. For more than 40 years, MAS has developed and grown infrastructure and expertise, partnerships, donors, diversified funding, and a strong reputation as a trusted community resource for information and direct services. While there are two senior centers in Missoula County, and MAS contracts with them as vendors, they do not have the organizational capacity to fulfill subrecipient requirements, nor are they

interested in taking on that responsibility. Other organizations in our area that serve older adults are health care providers and long-term care facilities.

**Background:**

- MAS is a component unit of Missoula County, operating as a governmental nonprofit under the county umbrella.
- Missoula County Commissioners established MAS in 1979 to function as a County Council on Aging providing direct services in Missoula County.
- In 1982, MAS was also designated as a single county Area Agency on Aging.
- In 2003, Ravalli County asked to join the Planning and Service Area. Since that time, MAS has served as the AAA over both counties, continuing to provide direct services in Missoula and contracting with a subrecipient in Ravalli County.

**MAS receives funding specifically to provide direct services:**

- MAS receives substantial local tax dollars to provide direct services, a large portion of which are used to support OAA programs. Annually, MAS is awarded the equivalent of about 1.8 mills from the City of Missoula and is the named recipient of five voter approved Missoula county mills.
- Additionally, MAS engages in substantial private fundraising through grants, individual donors, and corporate sponsors, that help support OAA Programs in Missoula County.

**OAA Service provided directly:** In addition to Information and Assistance (I&A), MAS uses Older Americans Act and State Funds to provide the following services directly in Missoula County:

- **Nutrition (Home-Delivered and Congregate Meals) – IIIC1 and IIIC2**
    - MAS maintains responsibility for intake, assessment, eligibility determination, volunteer management, and collection of voluntary contributions for both programs **but contracts with local vendors for meal preparation/service.** This arrangement allows us to ensure program integrity and compliance and engage community partners to provide critical service components.
        - For Home-Delivered Meals, MAS contracts with an institutional vendor capable of preparing the large volume of meals, selected through a periodic RFP process.
        - For Congregate Meals, MAS also uses vendor contracts to purchases meals from participating restaurants as well as the Missoula and Seeley Lake Senior Centers.
- **Senior Companion – IIIB Supportive Services (no more than 10% of funds)**
    - MAS offers Senior Companion services as an “in-home service,” matching paid staff/volunteers to older adults who are socially isolated for companionship, community engagement, and light support with daily living tasks. MAS has provided this service for many years.

**Attachment 11: Assurances**

See next page

## ATTACHMENT B: AREA PLAN ASSURANCES AND ACTIVITIES

By signing this document, the authorized official commits the Area VII Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 306, AREA PLANS
(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low- income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) 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 and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive

benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
(B) in-home services, including supportive services for families of older individuals with 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;

(3) Provide assurance that the AAA will not expend funds from Title III, Part B allocation to support Program Development and Coordination until it has first spent 10% of the total of its combined allotments under Title III on the administration of area plans.

(4)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and
(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(5)(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 sub-clause (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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is

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

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

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

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) 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, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an 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.

(6) 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;

(7) provide that the area agency on aging will—

(A) take into account, in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;
(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible, regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—
(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and
(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;
(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(8) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(9) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

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

(10)(A) 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 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(11) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(12) 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) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(14) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) 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;

(C) 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 contract or such relationship;

(D) 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 contract or such relationship; and

(E) 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;

(15) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result

of a contract or commercial relationship that is not carried out to implement this title;

(16) provide assurances that funds received under this title will be used—
(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(17) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(18) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(19) provide assurances that the area agency on aging will collect data to determine—
(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(20) 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 those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are 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.
(2) Such assessment may include—
(A) the projected change in the number of older individuals in the planning and service area;
(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be

adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;
(B) land use;
(C) housing;
(D) transportation;
(E) public safety;
(F) workforce and economic development;
(G) recreation;
(H) education;
(I) civic engagement;
(J) emergency preparedness;
(K) protection from elder abuse, neglect, and exploitation;
(L) assistive technology devices and services; and
(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Lisa Sheppard CEO — 3/29/2016

Signature and Title of Authorized Official — Date

Missoula Aging Services