



Regional Plans on Aging

Department for Aging and Independent Living

Fiscal Years 2016-2018

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In accordance with the Older Americans Act of 1965, as amended, Section 307(a)(1), the Department for Aging and Independent Living prepared a Kentucky Comprehensive Aging Area Plan format with input from Area Agencies on Aging and Independent Living. This format is to be used by area agencies on aging and independent living in developing an area plan for the administration and provision of specified adult and aging services in each planning area. The Area Plan required for FY 2015-2017 will be three-year plan cycle.

Area plans are prepared and developed by the Area Agencies on Aging and Independent Living. Each agency is responsible for the plan for the multi-county planning and service area (PSA) in which the agency is located. The area plan should reflect the efforts of the AAAIL in:

- **Determining the needs of the older population within its service jurisdiction;**
- **Arranging through a variety of linkages for the provision of services to meet those needs; and**
- **Evaluating how well the needs were met by the resources applied to them.**

In addition to those services mandated under Title III-B (supportive services), Title III-C (congregate and home-based nutrition), Title III-D (disease prevention), Title III-E (caregiver), Title VI (elder abuse, ombudsman), plans provide for Homecare, Adult Day Care and Alzheimer's Respite, Personal Care Attendant, SHIP, LTC Ombudsman, Kentucky Family Caregiver, Consumer Directed Options, Community Preparedness Planning and a range of other programs, many of which are planning and service area specific.

Due Date: Completed area plans are due March 17, 2015.

Format: Text should be entered into the PDF file, using the most updated version of Adobe Reader currently available. This PDF file features the functionality to save the data you enter into the area plan.

Number of Copies: Submit a copy of this area plan electronically to dail.general@ky.gov

The disaster plan and Senior Community Service Employment Program are separate plans and not included in this plan. Separate instructions will be sent for those plans by the program coordinator.

Area Agency on Aging and Independent Living

I. Mission and Vision

Some things to consider when developing your mission and vision:

- Why do we exist? Who do we serve? and Why? What values govern our decision-making?
- What do we ultimately see as our vision for our older persons and their caregivers in our AAA region?

1. How do you describe the purpose of your agency and what you are trying to achieve?

Bluegrass Area Agency on Aging and Independent Living promotes and provides for the development of community based systems of care which include: planning, access and delivery of services, coordination of activities and programs, as well as advocacy on behalf of and education for older persons, disabled individuals and caregivers in the communities of Bluegrass. Our vision is to maintain or improve quality of life and enable older persons, disabled individuals and caregivers to thrive in their chosen environment, with mutual respect, dignity and self-determination.

2. Please provide a short narrative or introduction which includes basic information about the agency and the area it serves.

Bluegrass Area Agency on Aging & Independent Living operates under the Bluegrass Area Development District. We are centrally located within the state of Kentucky and our 17 county district. Our core service programs include an Aging and Disability Resource Center which provides intake and screening for all our programs as well as general information and referrals to community resources. We receive funding from the Cabinet for Health and Family Services to provide programs under the Older Americans Act such as: Title IIIB Supportive Services, Title IIIC Nutrition Services, Legal Assistance, SHIP and Benefits Counseling, Long Term Care Ombudsman Services, Title IIID Health Promotion Evidenced Based Programs, National Family Caregiver Supports as well as State General Funded programs including Homecare, Kentucky Caregiver Program and Adult Day Care Services. Bluegrass AAAIL also participates in Medicaid Waiver as a CDO provider for several waiver programs and provides Case Management for the SCL Waiver. Bluegrass AAAIL has a care transitions program called Transitional Care with Baptist Health to provide in-home follow up to their patients at risk for readmission.

II. Service Area

3. How do you define the geographic boundaries of your service area region? Please be sure to indicate which counties you serve. Insert a map of your region as well.

Bluegrass AAAIL serves the Bluegrass District which is a 17 county district including the following counties: Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, and Woodford. Our district is centrally located within the State of Kentucky. Please see attached regional map.

*Attach Map (Only utilize the following file types: *.bmp, *.jpg, *.gif, *.png, *.tif)*

Bluegrass Area Development District



III. Profile of Your Region

4. Please complete a demographic profile of your region by answering the questions below.

(Much of this data is available through the University of Louisville website; data are available by KYAAAIL areas.)

www.ksdc.louisville.edu/

Year for which data is current:

Information
Not Available

a. Percent of persons 60 and older in your region 1350037	<input type="checkbox"/>	
b. Percent of region's total population over 60	<input type="checkbox"/>	17.5
c. Percent 60+ who are low income (poverty rates as provided by HHS)	<input type="checkbox"/>	9.8
d. Percent 60+ who are minority	<input type="checkbox"/>	8.1
e. Percent 60+ who live in rural areas	<input type="checkbox"/>	30.49
f. Percent 60+ with severe disability (3 or more ADL/IADL impairments)*	<input type="checkbox"/>	37
g. Percent 60+ with limited English proficiency	<input type="checkbox"/>	6
h. Percent 60+ with Alzheimer's Disease or related dementia	<input checked="" type="checkbox"/>	
i. Percent 60+ isolated or living alone	<input type="checkbox"/>	56.9
j. Percent of grandparents or older relative rearing a grandchild under 18	<input type="checkbox"/>	9.7

*ADLs (Activities of Daily Living): feeding, getting in/out of bed, dressing, bathing, toileting. IADLs (Instrumental Activities of Daily Living): Meal preparation, light housework, heavy housework, laundry, shopping, taking medicine

IV. Funding Sources for Your AAAIL

5. In your last fiscal year, what percent of your revenue was from...	%
a. Federal grants/contracts	15.404
b. State government grants/contracts	69.882
c. Local government grants/contracts	5.288
d. Foundation grants/contracts	0.899
e. Corporate grants/contracts	
f. Direct mail fundraising	
g. Fundraising events	5.381
h. Individual contributions	0.513
i. Fees for services	1.167
j. Other (Specify: <u>Bank Interest</u>)	0.001
k. Other (Specify: <u>In-Kind</u>)	1.465
Total.....	100.00

6. List below all sources of program and staff revenues for your agency.

Name of Source		Value (\$ amount) for current fiscal year
A	Homecare	\$ 2,753,363 .00
B	Adult Day Care	\$ 442,322 .00
C	Kentucky Caregiver	\$283,467 .00
D	Long Term Care Ombudsman	\$ 95,353 .00
E	SHIP	\$ 104,622 .00
F	ADRC	\$ 2,300 .00
G	SCSEP – Title V	\$ 266,478 .00
H	Elder Abuse	\$11,557 .00
I	T-VII Ombudsman	\$20,282 .00
J	T-III D: Health Promotion	\$ 66,675 .00
K	Family Caregiver	\$ 305,410 .00
L	NSIP	\$ 156,205 .00
M	Alzheimer’s	\$ 27,542 .00
N	CDSME	\$ 7,866 .00
O	Title III	\$ 4,669,324 .00
P	Improving Arthritis Outcomes	\$353 .00
Q	FAST	\$ 1,545 .00
R	Bank Interest	\$ 130 .00
S	Bluegrass Mental Health Coalition	\$ 2,380 .00
T	Consumer Directed Option	\$ 11,634,081 .00

U	Health Benefits Exchange	\$ 89,434 .00
V	MIPPA-SHIP	\$6,022 .00
W	MIPPA-AAA	\$ 14,171 .00
X	MIPPA-ADRC	\$6,956 .00
Y	Care Transitions	\$ 4,000 .00
Z	TBI	\$586 .00
AA		\$.
BB		\$.
GRAND TOTAL		\$.

↑ Use these letters to indicate program funding sources in Section V.

V. Services Offered as Part of Your Plan

	Is this type of service offered?		Is service directly provided by AAAIL?		Is service provided under contract?		Number of people served in FY13	Amount spent in FY13 (round to nearest hundred)	Funding source(s) (use letters from Section IV)
	Yes	No	Yes	No	Yes	No			
a. Advocacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	747	12,571	O
b. Information and Referral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11,486	735,767	CKFOX
c. Legal Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	438	45,921	OW
d. Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,029	326,830	O
e. Home Delivered Meals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,238	1,642,809	AOL
f. Congregate Dining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,778	994,298	OL
g. Senior Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
h. Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
i. Dementia Care or Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	33	371,312	B
j. Caregiver Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	86	7,750	CK
k. Caregiver Training or Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	326	2,904	CK
l. Training or Education or Older Adults	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,035	103,510	O
m. Training or Education for Service Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	146	5,822	AOS
n. Training or Education for Volunteers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	54	5,448	O
o. Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1,921	799,575	ABO
p. Housing or Shelter Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
q. Personal Care or Home Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	380	296,268	AO
r. Homemaker Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	897	942,919	AO
s. SHIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	650	110,643	EV
t. Elder Abuse Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	181	11,557	H
u. Disease Prevention Health Promotion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	721	66,675	J
v. Adult Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7	3,782	B
w. Consumer Directed Option	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	832	11,634,081	T
x. Ombudsman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6,992	150,527	IOD
y. Telephone Reassurance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	686	14,784	O
z. Friendly Visitors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	313	16,705	O
aa. Personal Care Attendant Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
ab. Senior Community Service Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26	275,405	G

	Is this type of service offered?		Is service directly provided by AAAIL?		Is service provided under contract?		Number of people served in FY13	Amount spent in FY13 (round to nearest hundred)	Funding source(s) (use letters from Section IV)
	Yes	No	Yes	No	Yes	No			
ac. Other – Specify:Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2,056	182,669	ABO
ad. Other – Specify:Chore	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	417	35,949	AO
ae. Other – Specify:Escort	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	585	197,508	AO
af. Other – Specify:Home Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	62	21,184	AO
ag. Other – Specify:Respite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60	35,921	AO
ah. Other – Specify:Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	539	16,322	O
ai. Other – Specify:Employment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	46	O
aj. Other – Specify:Health Promotion (T-III B)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3,626	369,366	O
ak. Other – Specify:Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3,123	166,996	OU
al. Other – Specify:Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2,307	396,829	O
am. Other – Specify:HBE enrollments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	174	39,456	U

VI. Program Explanation

Detailed program specific policies and procedures will be reviewed during the yearly on-site monitoring. Please ensure that each program listed in the previous question has policies and procedures and that these are available for review during onsite monitoring. Assurances will also be verified during monitoring.

VII. Partnerships and Collaborations

7. Do you engage in partnerships or collaborations with other programs or agencies in your service area?

Yes

No

8. If yes, please identify key partners and collaborators, what activities you collaborate on, and when this partnership or collaboration began (year). Attach additional sheets as necessary to list all partnerships and collaborations.

	Collaboration Partner	Activity or Focus of Collaboration	Approx. Year Began
1	Baptist Health of Lexington	Care Transitions to high risk readmission patients	2014
2	Baptist Health of Richmond	Care Transitions to high risk readmission patients	2015
3	Federal Transportation Safety Board	Board member	2009
4	Fayette County Extension Office	GAP, Next Best Years, and Challenges of Aging Conferences	2010
5	Madison County Extension Office	GAP Conference	2010
6	Bluegrass Community Health Coalition	A coalition of health care providers and hospitals meeting to engineer a plan for better quality care inside, between and outside of hospitals, nursing facilities, and home health care.	2012
7	I Know Expo	Outreach for caregivers through participating on the expo planning committee and being a community partner participant	2012
8	LFUCG Aging and Disability Office	GAP Conference planning committee and public awareness/outreach related to programs and services available in the community.	2010
9	UK Sanders Brown Center on Aging	African American Dementia Outreach Program	2012
10	Kentucky East Regional Multi Agency Task Force	Multiple agencies partner to review impediments to clients to obtain timely services	2011

11	National Association for Mental Illness	Outreach for programs and services.	2012
12	Alzheimer's Association	Collaboration to provide safe return bracelets for caregivers and care recipients	2012
13	Senior Medicare Patrol	Collaboration to prevent and detect healthcare fraud. Participation on Advisory Council	2013
14	Senior Impact Publications	Collaboration to develop and print publications of "Pathways" resource guide	2010
15	Coordinating Council on Elder Abuse	Collaboration with counties to keep elder abuse prevention activities/education in the forefront	2001
16	Kentucky Association for Gerontology	Statewide coalition of professionals interested in aging issues	1995
17	State Mental Health and Aging Coalition	Statewide coalition to raise awareness about mental health illnesses in the elderly	2009
18	Mayors Commission on Senior Services for LFUCG	Appointed Commission to address unmet needs of the elderly in Fayette County	2012
19	Senior Pride Organization	Assist with annual Senior Pride conference	2013
20	Bluegrass Aging Consortium	Consortium of professionals interested in services/programs and supports for the elderly	2011
21	Family Resource Centers within school system	FRC's refer grandparents to KFCP and NFCSP. Collaborate to provide outreach to grandparents in need of supports and services.	2001
22	University of Kentucky Elder Care	Chronic Disease Self-Management Program offered to staff of the University of Kentucky.	2010
23	Lexington Public Library-multiple locations	Chronic Disease Self-Management Program, assists with advertising the program to library patrons as well as offers free training space for the program	2011
24	Lexington-Fayette County Health Department	Chronic Disease Self-Management Program.	2011
25	Baptist Health Lexington	Chronic Disease Self-Management Program, hosts training sessions on a regular basis to staff and patients of their healthcare system.	2014
26	Polk Dalton Clinic	Chronic Disease Self-Management Program.	2014

VIII. Capacity Assessment

9. Do you collect information from seniors, caregivers, service providers, elected officials, committee members, and/or interested citizens about needs or gaps in services for older adults in your service area?

- Yes
 No

10. If yes: How do you collect this information?

We conduct a community needs survey every other year. We hold meetings monthly with our Aging Advisory Council which is comprised of senior participants from each of our counties. We work directly with the Mayors and Judge Executives across our district. We conduct client satisfaction surveys annually on each of our programs. We participate in several caregiver workshops throughout the year as well as an annual expo event held in Lexington. We participate with outreach events throughout the year across our district. We also post information and request feedback on our website as well as through social media including facebook and twitter.

11. How often do you collect this information?

- Monthly
 Quarterly
 Semi-annually
 Annually
 Other:

12. When did you conduct your most recent capacity assessment? 12/2014
(month and year)

13. When is the next capacity assessment scheduled? 12/2016
(month and year)

14. How will you use this information to coordinate planning and delivery of services for older adults and persons with disabilities?

We utilize the needs survey to determine any new trends in data and target the needs in our region by adjusting community outreach efforts, establishing specialized programs/services and revise available allocations as needed to close gaps in service. We utilize the feedback from our Aging Advisory Council and participants in our programs to adjust services and outreach efforts to better meet the needs of our communities.

IX. Capacity Building Plan

15. Identify your top three overall agency goals for this planning cycle.

1. Expand our current Care Transitions program into the Managed Care Organization arena.
2. Expand Outreach to Caregivers regarding programs and services available to them.
3. Streamline our Case Management program to serve more people across our region.

No

No

26. Do you conduct annual performance reviews for all staff?

Yes

No

If no, please explain?

27. Do you have any plans to help staff members increase knowledge or skills during the next year?

Yes

No

28. If yes, please describe your plans and the specific sources for these trainings.

We hold staff meetings monthly to discuss all programs and provide updates to policy and procedures. We hold an annual SHIP training to refresh all Case Managers and ADRC prior to Medicare Part D open enrollment. Our staff attends all training offered by DAIL. SCL staff attends online training provided by DAIL and DBHDID. We permit all staff to attend conferences and workshops related to their work duties as funds are available. We encourage staff to attend local workshops and outreach events when their schedules allow. We encourage all CM staff to attend the annual Empowering Mindfulness Workshop as well as the annual KAG Conference. Many staff attends N4A and SE4A annual conferences as well. We bring guest speakers in for specific topic training as we see the need among our staff. We also host and contractually require attendance to a monthly meeting of all providers. This is an opportunity to discuss programs and provide information related to revisions in regulation, policy and procedures.

29. Do you have a plan to promote volunteer opportunities across programs? Be sure to specifically include SHIP, Senior Center Services and Ombudsman

Yes

No

30. If yes, please describe your plans. If no, why not?

We contract out our SHIP, Senior Center Services, Legal, Ombudsman and Nutrition programs. All providers for these programs are required to submit within their RFP a plan for recruiting and utilizing volunteers. These program providers strive to utilize volunteers as they operate on extremely limited funding. With our in-house staff we strive to provide mentorship to student interns each semester. Student Interns are very eager to learn and also provide support to our staff on projects. We are always open to accommodating volunteer opportunities for individuals seeking to volunteer.

31. How will you measure your progress toward achieving your overall agency goals?

We utilize our SAMS database to gather statistical data regarding number of people served. We monitor this on a monthly basis. We have staff meetings monthly to discuss progress of each program and use that as a measuring tool to determine any changes needed to meet our goals. We meet monthly with the hospital involved with TLC to determine their satisfaction and review the statistics for the month. Our staff monitors our contracted providers annually to ensure the integrity of the programs they operate. Budgets and expenditures are reviewed monthly to ensure proper spending of allocated funds.

X. Public Hearing

32. Area Plan Public Hearing

Date	Time	Location	# of participants present	# of staff present	# of others present
3/11/2015	10:00am	699 Perimeter Dr., Lexington, KY			

Date plan available for review	Place(s) available for review	Dates advertised	Ad appeared in newspaper
2/26/15	Website, paper copy requests	2/26/15	Lexington Herald Leader

33. Participation in Public Hearing was actively sought from:

34. Indicate means used in soliciting views:

35. Summary of public comments:

36. Summary of changes as a result of public comments:

XI. Service Usage

37. What are the three most frequently identified needs or gaps in older adult services in your service area?

1. **Not having enough money to pay for food**
2. **Post hospital stay needing help with homemaking, personal care or meals**
3. **Post hospital stay needing help to obtain durable medical equipment**

38. Describe the strengths in your area's service delivery.

We have a very stable and identifiable fleet of senior centers with a history of being the place seniors can turn to in order to receive information and socialization. Our Local Governments have ownership of the programs within their county by supporting their senior centers through providing funds directly to the programs. We are innovative in always maintaining a well- trained and supported staff. We brought Case Management in-house in FY15 to create a clear conflict free case management process for our clients. We have a vast provider network with a nationally recognized ombudsman program provider. We utilize the SAMS electronic database system to track usage data.

39. Describe the weaknesses in your area's service delivery.

We have the largest geographic territory made up of both rural and urban communities. The size of our area makes it difficult to have a regular presence in all counties by our in-house staff. We rely heavily on our contracted providers within the communities to keep us informed of needs.

40. What has the AAAIL determined to be the three most utilized services in your service area?

1. **Information and Assistance**

1a. Why is this service used more than others?

Our senior centers are well known within their community as a point of reference for anyone seeking resources for the elderly. Often community members contact the senior center to inquire about Medicare/Medicaid issues as well as caregiving supports. The status our senior centers have in each of their counties lends itself to a high utilization of this service.

2. **Health Promotion**

2a. Why is this service used more than others?

Many people are becoming more and more health conscious. Our senior centers strive to provide activities for health improvement and awareness. Our centers provide a wide array of evidenced based health promotion programs as well as having exercise equipment, walking areas and group health activities for seniors to take advantage of on a daily basis.

3. **Recreation**

3a. Why is this service used more than others?

As the baby boomers begin to seek participation in our senior centers, to entice them to attend, the centers are providing more outings, road trips and recreational activities as part of the senior center experience.

41. What has the AAAIL determined to be the three least utilized services in your service area?

1. **Medication Management**

1a. Why is this service used less than others?

This is not being offered through our Title IID funds in the capacity we offered it prior to the requirement for evidenced based programs. In the past our agency provided a pharmacist to visit each county and conduct a “brown bag” review of individual’s medications. Currently our case management staff utilizes the evidenced based HomeMeds Program. This is a computer program in which the CM inputs all medications. If an alert is triggered the list goes to the Pharmacist for review.

2. Employment Services

2a. Why is this service used less than others?

Typically if our network is contacted by someone inquiring about employment needs we refer them to either the Title V SCSEP program or to a local Career Center for more employment counseling.

3. Nutrition Counseling

3a. Why is this service used less than others?

This service is not frequently used due to the cost of the service requiring a dietician for the counseling, as well as many individuals choose to speak with their physician if they have dietary/nutrition issues.

XII. Participant Feedback and Satisfaction

42. Do you obtain regular feedback from clients about their satisfaction with services?

- Yes
 No

43. If yes, how is feedback obtained? (Check yes or no for each)

	Yes	No
a. Client surveys or interviews	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Caregiver surveys or interviews	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Provider logs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Provider surveys or interviews	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Client focus groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Other, Specify:	<input type="checkbox"/>	<input type="checkbox"/>

44. How often is feedback collected?

- Monthly
 Quarterly
 Semi-annually
 Annually
 Other, Specify: | |

45. What do you do with this information? How is it used?

We conduct specific program satisfaction surveys with the clients annually. We utilize this information to determine if there are any trends that need to be addressed to improve client care and programs as well as target any successes. We also use telephone contact with clients as a means to determine client satisfaction on a more informal level.

46. Is there a formal process to investigate complaints?

- Yes
 No

47. Is there a formal process to respond to complaints?

- Yes
 No

XIII. Coordination and Collaboration

48. What are your procedures and methods for ensuring that services for older adults are delivered in a coordinated and efficient way?

We have a fully staffed ADRC which is the entry point for all callers and referral for services. Our trained and certified ADRC staff conduct a full screening with each potential client to determine the service or program which best matches up with their need. Our ADRC staff also refers callers to outside resources as needed. We have an internal system of referral to ensure the caller is processed and/or assessed for the appropriate program after the ADRC screening has been completed. We began providing case management in-house in FY15. This provides us with the ability to have more oversight in tracking the caller through the process from the initial screening/assessment and receiving services in a timely manner. We also utilize the SAMS database system to track utilization of services. We are also anxiously awaiting the implementation of the MWMA system which should help to streamline the waiver application and tracking process for waiver participants.

49. Do you have plans to improve service coordination?

- Yes
 No

50. If yes, please describe your plans. If no, why not?

We constantly evaluate our systems and make adjustments as necessary. We are currently evaluating our internal electronic tracking systems to simplify that process while ensuring we capture all necessary data. We recently began using electronic tablet devices and implemented electronic signatures with clients. We are researching and evaluating how to better utilize these devices to increase productivity and decrease paperwork for clients.

51. How will you measure the effectiveness of your service coordination?

We measure effectiveness through client and employee satisfaction. We strive to maintain adequate client support as well as high levels of staff productivity. We've found a direct correlation between staff employment satisfaction and their ability to ensure client satisfaction. We strive to balance this by making procedural adjustments as the need arises.

XIV. Outreach & Expansion

52. Do you have plans to conduct outreach to those with “greatest economic and social needs” (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, older persons with disabilities, older persons with limited English, and older individuals residing in rural areas) as specified in the Older Americans Act?

- Yes
 No

53. If yes, please describe your plans. If no, why not?

Outreach is conducted throughout the year. We take advantage of conducting outreach in any arena we are able to participate in. Our staff conducts speaking engagements before civic groups, churches, clubs and other community organizations where the target groups are represented. Our Service providers are required under contract to also focus on outreach to these target groups.

Our Caregiver programs also provide outreach within our community school systems to reach the grandparents caring for their grandchildren. We also participate in committees across our region to share our services and program information with other agencies that may refer clients to us.

54. How will you measure your progress?

We track our population through our SAMS database system to ensure we are reaching the target population as required by the OAA.

55. Do you have plans to increase the visibility of your AAAIL's services?

- Yes
 No

56. If yes, please describe your plans. If no, why not?

BGAAAIL constantly seeks opportunities to expand our visibility within our communities. Our staff serves on many committees and organizations. We initiate task forces when issues arise that need attention. We advocate and educate our local, state and federal elected officials on the programs and services we provide as well as the importance of our funding stream. We are a community partner in the I Know Expo which reaches several hundred people annually. We had staff in attendance at each monthly Sunday Session which provides a topic of education to seniors and caregivers. We are currently very active with social media including podcasts, facebook and twitter. We distribute a resource guide called Pathways. Our agency is listed within this guide in several locations.

57. How will you measure your progress?

Progress will be measured by an increase in calls through our ADRC line as well as community recognition from other organizations and agencies.

XV. Community Opportunities

58. How many of the counties in your service area currently have at least one focal point?¹⁷

59. What services do focal points typically offer in your region?

Advocacy, health promotion, nutrition program, information and assistance, outreach, recreation, transportation, telephone reassurance, friendly visiting, homemaking, personal care, respite.

60. Do you have plans to improve or expand senior center/focal point services?

- Yes
 No

61. If yes, please describe your plans. If no, why not?

We always strive to improve on our current operating systems. Our senior centers have very limited funding, so they are continuously coming up with creative ways to generate funds to help expand their services. We've seen an increase in attendance with some of the Title IIID evidenced based programs being implemented such as yoga and tai chi. Several of our centers are staying open late certain days of the week to entice the younger baby boomers. Our centers are taking more trips that are requested by the participants. We are looking at ways to provide services outside the "walls" of the senior center by establishing partnerships with local YMCA, library, extension offices. We will continue to "think outside the box" for unique ways to expand services.

62. How will you measure your progress?

We will measure our progress by the statistics gathered through our SAMS database system, also by measuring the different centers success with programs offered after regular business hours and in remote locations.

63. Do you have a community education plan to increase long-term care planning among older adults and individuals with disabilities to remain in their home?

- Yes
 No

64. If yes, please describe your plans. If no, why not?

Our SHIP and Legal provider conducts education and outreach in our communities throughout the year as well as operating a telephone line with certified counselors who can assist anyone with long-term planning. We periodically conduct training for our Support Broker staff on estate planning for individuals with disabilities. Our ADRC staff is also trained to conduct options counseling when needed and educated on the community resources available to refer callers to for legal advice related to long-term care planning. We are a community partner with the I Know Expo which provides a vast array of vendors as well as workshops for individuals to learn about long-term care planning for themselves and those they provide care to.

65. Do you have a plan to improve or expand training for your AAAIL staff or other contracted providers?

- Yes
 No

66. If yes, describe your plans. If no, why not? Please describe the current training plan for each program.

We constantly strive to provide training and the most up to date information to all our staff as well as our contracted providers. We bring in guest speakers for training as well as support staff to attend any workshop or conference that offers information that relates to their job duties. We have specific training requirements in our contracts with providers and monitor them annually to ensure they are maintaining the required training criteria with their staff.

67. How will you measure your progress?

Monitoring of providers will measure the amount and type of training they have received annually. We will also track the amount and type of training each staff receives annually. We can also measure this through competency/performance evaluations annually with staff.

XVI. Information and Referral

68. Does your agency maintain and staff a separate information and referral line?

- Yes
 No

69. How does your agency advertise and/or market your information and referral system.

We have brochures just for our Bluegrass ADRC line. This line is also included on all our program brochures as well as our website. We have this line in our Pathways resource guide. We have ADRC business cards that we distribute along with brochures at all outreach events we participate in.

70. If yes: On average, how many intake calls do you handle in a typical month? # 600

71. Do you assess client satisfaction of the information and referral process?

- Yes
 No

72. Do you have a plan for improving the information and referral process?

- Yes
 No

73. If yes, please describe your plans.

We recently added a second full-time ADRC Specialist and due to the call volume will be adding an additional person to our ADRC team in February 2015. Our ADRC staff is required to attend the AIRS conference annually as well as become certified within their first year of employment. We also require our ADRC staff to attend SHIP training as well as any additional training throughout the year that will help them to process I&A calls.

XVII. Financial Management and Fund Development

74. Do you have adequate funding to meet your community's needs?

- Yes
 No

75. What needs are difficult to meet with current funding levels?

Our funding levels are adequate, but this certainly doesn't mean we have enough to meet all needs. We continuously have a wait list for homecare services due to lack of funding to provide care to all seniors in need. Our Kentucky Caregiver Program over the past two years has expended all funds by early in the third quarter. This leaves many grandparents in need that must wait until the next fiscal year to receive services. There is always a need for transportation to bring clients across county lines into Lexington for MD appointments. All senior centers struggle financially and must constantly conduct fundraising events to produce the funds needed to keep their attendance up. The projection of the baby boomers coming into age of our services will over time create an extreme financial hardship on all services and program.

76. Provide an explanation of how program income, fees, donations as well as other resources (ie local fund grants) will be collected and used to expand services.

All program income is logged into the program for which it was used to expand those services. All providers are required to make it possible for anyone to donate to the programs. Fees are collected by all clients who are assessed a fee and this reduces the amount of funds expended on that client. All providers conduct fundraisers as well as submit for additional funding through organizations such as United Way. All providers also work with their city and county governments to secure funds to enhance their programs.

77. Do you have a plan for increasing the financial resources available to your agency?

- Yes
 No

78. If yes, please describe your plans.

We are active providers of the Medicaid waiver programs. This helps to enhance our financial resource. We also have developed a private pay Care Transitions program and are marketing this to hospitals and MCO's in our region. This provides follow-up care to patients discharged from the hospital at a fee for service payment made directly to the BGADD. Our goal is that this program will become not only self-sustaining, but a financial resource to enhance our current aging programs.

79. Are financial reports shared with the aging council and boardmembers?

- Yes
 No

80. How do you provide for equitable allocations of funds for programs and services within the planning and services area? Summary must include the AAAIL allocation process approved by the regional Council on Aging and ADD Board. The most recent census data available must be used for determining the distribution of funds.

We utilize the same allocation system the CHFS/DAIL has adopted. We use the most recent census data to determine the population per county of over age 60, rural, low-income, and low income minority. In addition to this we calculate in a small percentage based on previous year performance. Our allocations are presented to our Aging Advisory Council for approval and submitted to the BGADD Board annually.

81. How does your agency assure that all funds are expended?

Throughout the fiscal year we continuously monitor expenditures for each provider/county/program. We also monitor waitlists for programs. Our goal is for the funds allocated per county/program to be expended in that county. If we find there is no way to expend the funds in a particular county/program we will adjust the budgets and move funds to other counties with waitlists who have the ability to expend the funds.

82. If funds are not expended, what does your agency do with the remaining funds?

Historically we do not end the year with unexpended funds. If there are any remaining funds they are returned to the CHFS/DAIL.

XVIII. PROGRAM SITE MONITORING

83. Please describe your in-house evaluation and on site monitoring process of all direct and contract programs for compliance with state and federal guidelines. (Copies shall be made available during onsite monitoring)

Our staff monitors all contracted providers annually. We have program monitoring tools which correlate to the tools used by DAIL. We have a contracted provider who monitors each nutrition site twice per year. Our in-house staff monitors our Title IIIB, Nutrition Management, Adult Day Centers, Homecare, Ombudsman, SHIP/Legal providers annually. Our Case Management Coordinator monitors our case management staff every quarter. BGAAAIL Director meets regularly with NFCSP, KCSP, CDO, Title IIID Coordinators to ensure these programs are being operated and funds expended according to DAIL SOP. A random review of SAMS data entry is also monitored by each coordinator to ensure the required data is being input into SAMS.

84. Please describe any other methods to your evaluation and monitoring process.

We constantly evaluate our processes and procedures to ensure we are maintaining the integrity of each program. When a problem arises we review the circumstances around the issue and determine if procedural changes are needed to eliminate the problem from occurring in the future. We meet monthly with each of our contracted providers to discuss programs, implement changes and review program status. We also meet monthly with in-house staff to discuss programs and needs/issues.

XIX. GOALS

Goals are visionary statements that describes the strategic direction in which the region is moving while objectives are the attainable, specific and measurable steps the region will achieve its goal. A well written goal summary can aid the region in education the public, lawmakers and other agencies of the operation of programs and services of the agency. Please provide a narrative for how the region will meet the goals listed below.

Goal 1. Empower older Kentuckians, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options;

Bluegrass AAAIL strives to empower all Kentuckians by conducting outreach and education. We participate in as many outreach events as we can possibly staff. We offer a single point of entry with our ADRC which supports individuals by providing them with information and referrals. This ensures we have specialty trained staff who can provide the same depth of knowledge to all callers. We work to streamline our internal processes for our aging programs to provide for easy access.

Goal 2. Enable senior Kentuckians to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers;

Part of our Mission is to establish systems that will enable seniors to remain in their own homes with high quality of life for as long as possible. We make this possible through community planning based on need, advocating for seniors with local, state and federal legislators. We are a strong provider of the home and community based network of services. We provide quality case management services with a person-centered approach as well as have a strong network with caregivers and providers within our communities.

Goal 3. Empower older Kentuckians to stay active and healthy through Older Americans Act services and prevention benefits, including programs funded through Medicare;

We have 17 focal point senior centers within our region. Each senior center is required to focus on healthy activities by a contractual requirement to provide a specific number of evidenced based health programs each year. Our centers are required to be available to the community to assist with Medicare open enrollment events as well as be a known point of contact within their community for seniors who need information or support of any type.

Goal 4. Ensure the rights of older Kentuckians and individuals with disabilities and seek to prevent their abuse, neglect, and exploitation; and,

Bluegrass AAAIL has staff dedicated to ensuring the rights of older Kentuckians and individuals with disabilities by making regular contact throughout the year with local, state and federal level legislators to advocate for legislation to protect older Kentuckians and individuals with disabilities. Our staff is trained on the signs of abuse and is required to report any suspected abuse to Adult Protective Services for investigation. We work closely with our NH Ombudsman program to ensure resident rights in long-term care facilities. We also work with our Local Elder Abuse Coordinating Councils across our region to address potential issues of abuse. We actively participate in World Elder Abuse Awareness Day and share this across our region.

Goal 5. Maintain effective and responsive management.

Bluegrass AAAIL strives to always maintain effective and responsive management by always being available to meet/talk with anyone from our communities. Our staff is trained to be responsive and address any questions/concerns anyone may have. We report to our Aging Advisory Council as well as our BGADD Board monthly. All publications are made public by posting on our website. All committee/council meetings are open to the public to ensure transparency. We strive to maintain a presence across our region to ensure we are aware of needs in our communities and can be responsive to those needs.

XX. Kentucky's Outcome and Performance Measures 2012-2014

Instructions: Develop objectives for each goal listed below. Do not limit yourself to the space provided. Provide the strategies for meeting the objectives as well.

GOAL 1: Empower older Kentuckians, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term options.	
Objective	
Participate in at least 3 events annually that will provide the means for outreach/education to a vast number of people.	
Objective	
Maintain a fully operational ADRC for a single point of entry system.	
Strategies	
Objective 1: review for events with high participation rates and ensure staff available to attend and provide outreach and information to attendees regarding aging network programs and services. Objective 2: ensure funding to staff ADRC as the call volume dictates. Ensure the ADRC staff is fully trained and AIRS certified to properly conduct screenings and determination of appropriate services/referrals.	
Person and entity responsible for completion	Date
Director to ensure objectives are met by assigning staff to events, ADRC staff	On-going

GOAL 2: Enable senior Kentuckians and individuals with disabilities to remain in their homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.	
Objective	
Continued advocacy with local, state and federal legislators.	
Objective	
Continue to provide home and community based services through our aging programs, including caregiver supports and Medicaid waiver programs.	
Strategies	
Objective 1: Attend N4A Policy Brief annually. Meet with Federal Legislators in DC annually. Meet with State Legislators annually. Advocate for home and community based services to permit individuals to remain in their homes. Objective 2: Continue to provide home and community based services with a person centered approach by all case management staff.	
Person and entity responsible for completion	Date
Planning/Advocacy staff, Case Management	On-going

GOAL 3: Empower senior Kentuckians and individuals with disabilities to stay active and healthy through Evidence-Based disease and Disability Prevention Programs and other community opportunities.	
Objective	
Utilize only the highest level criteria established by ACL for approved evidenced based health promotion programs.	
Objective	
Ensure each county senior center is recognized within their community as a place to go for socialization, recreation, nutrition, education and support.	
Strategies	
Objective 1: maintain a pool of approved evidenced based health promotion programs for each center to	

utilize including but not limited to CDSMP, yoga, Health Rhythms, Stress-Busting for Caregivers, Healthy Eating for Successful Living. Contractually require a minimum amount of programs per fiscal year.

Objective 2: Monitor each center for community outreach. List each senior center on website. List each senior center in our annual Pathways resource publication.

Person and entity responsible for completion	Date
Title IIID Coordinator, Title IIIB Coordinator	On-going

GOAL 4: Ensure the rights of senior Kentuckians and individuals with disabilities and prevent their abuse, neglect and exploitation

Objective
Advocate for senior Kentuckians and individuals with disabilities to prevent abuse, neglect and exploitation.

Objective
Ensure staff conducts mandated reporting to APS of all suspected abuse, neglect and exploitation.

Strategies
Objective 1: Maintain regular contact with elected officials to advocate against abuse, neglect and exploitation of senior Kentuckians and individuals with disabilities.
Objective 2: Conduct training annually regarding how to report suspected abuse, neglect and exploitation to APS. Conduct training annually on the signs of abuse, neglect and exploitation.

Person and entity responsible for completion	Date
Planning/Advocacy staff, Case Management/Support Broker Coordinators	On-going

GOAL 5: Promote effective and responsive management.

Objective
Be available to clients and individuals in the community to discuss needs, issues, concerns, ideas at all time.

Objective
Maintain transparency and be responsive to all individuals.

Strategies
Objective 1: Maintain a community presence through outreach events, attending community meetings, forums, partnerships with other organizations.
Objective 2: Ensure transparency through posting of publications, information, meeting dates on website. Respond to all phone calls/inquiries about programs, services, needs, issues. Be available to discuss with outside organizations their needs and possibilities of partnerships to address needs. Keep Advisory Council and Board informed during monthly meetings.

Person and entity responsible for completion	Date
Director and staff assignments.	On-going

XXI. PERFORMANCE PLAN FORMS

These are the Performance Plan Forms that are referenced in the instructions. Please find them in the attachment marked forms. They are as follows:

Form A – Area Agency on Aging and Independent Living Advisory Council Membership

Form B – Area Agency on Aging Independent Living Administration Staffing Plan

Form C – Area Agency on Aging Independent Living Direct Staffing Plan

Form C.1 – Provider Direct Staffing Plan

Form D – Public Hearing

Form E – Demographics

Form F – Case Managers

Form G – Adult Day Centers

Form H.1 – SHIP Counselor Site Details

Form I – Ombudsman Advisory Council Membership

Form J – Provider Site List

Form H – SHIP Counselor Locations

XXII. WAIVER & SPECIAL PROGRAM APPROVALS

A. DIRECT SERVICE WAIVER REQUEST FOR THE PERIOD OF THE PLAN

Instructions: In accordance with Section 316 of the Older Americans Act (Chapter 35, 42 U.S.C. 3030c-3) Area Agencies on Aging will submit all of the required items listed below to the Department for Aging and Independent Living when initially requesting to provide a service directly. Contact the appropriate Programs Field Representative for more information.

Statement of Request – One request for each service.

Actions taken prior to determination of direct service provisions

- **Names of potential providers contacted, their responses, and**
- **Names of newspapers and documentation of announcement of the availability of funds.**

Scope of Work – One scope of work completed for each service.

Budget Justification – One budget justification for each service. Explain how AAAIL determined final unit cost.

**Scope of work must be detailed further in the Area Plan, service section. Budgets must be detailed in plan budget section. Note: Additional information and/or documentation may be required by the State Agency.*

B. PROGRAM APPROVAL/EXCEPTION REQUESTS FOR THE PERIOD OF THE PLAN

Special Program Approval

A request is required that includes justification for special program approval.

Request #1: Request continued special program approval to serve congregate meals in the following focal point senior centers three (3) days per week: Boyle County, Harrison County, Lincoln County, Nicholas County. These centers are open for business five (5) days per week, however serve congregate meals on Monday-Wednesday-Friday due to budget limitations related to providing transportation to and from the center five (5) days per week and staffing costs. Each center receives a budget allocation based on their 60+, minority and rural population. This is not a change request for these specific counties. Each of these counties has operated in this manner and has never served congregate meals five (5) days per week. Each center ensures their congregate participants have adequate food supply by working with their local food banks when needed and providing shelf stable meals during inclement weather or emergency situations. This request has been approved since the new regulation requiring five (5) days per week per county congregate meals was implemented.

Request #2: Request utilization of frozen home delivered meals in rural counties two (2) days per week. The following counties provide 3 hot meals and 2 frozen meals per week: Anderson, Bourbon, Garrard, Harrison, Jessamine, Lincoln, Mercer, Nicholas, and Powell. This is due to limited budgets related to staffing and transportation. This schedule permits these counties to have funds available to feed their homebound seniors five (5) meals per week, by keeping their staffing/transportation costs reduced.

Exception Requests

A request for an exception of service is required. Exceptions are granted only on a temporary basis. Justification along with a plan and timeline for meeting program compliance is required.

XXIII. PROVIDER APPROVALS

List of Contracts with a Profit Making Organization

Instructions: List of contracts with profit making organizations and approval request - A new approval is required for all contracts with profit making organizations for a new multi-year area plan. Only submit one sample of a CONTRACT unless there are significantly different requirements, between contracts.

The form below is to be used to list all of the for-profit contractors with information under each contractor containing:

- Name and address of each for-profit service provider
- Service to be provided by provider
- The unit of service to be provided
- Total amount per unit of service not to exceed a certain amount per contract period

Complete the list of contracts with any Profit Making Organization.

Important Note: Any and all contractual relationships with a Profit Making Organization requires DAIL prior approval not less than thirty (30) days prior to signing of contract by the area agency and service provider. You need to send a facsimile of your contract with a profit-making organization for prior approval for any and all contractual relationships.

List of Contracts with Profit Making Organization(s) & Approval Request			
Name & Address For-Profit Services Provider	Services to be provided	Unit of Service to be provided	Cost/Unit of Service
Lifeline Homecare, Inc. PO Box 429 Somerset, KY 42502	Homecare services: PC, HM, Respite, Chore, Escort	TBD	12.50
Bateman Food Services 857 Floyd Dr. Lexington, KY 40505	Title III C-1, C-2 and Homecare meals	TBD	3.37

XXIV. ASSURANCES

- 1. Each Area Agency on Aging and Independent Living shall assure that case management services under Title III of the OAA will not duplicate case management services through other federal and state-funded programs and will include in its annual plan the coordination of case management services between programs.**
- 2. Each Area Agency on Aging and Independent Living shall provide for adequate and qualified staff for service provisions.**
- 3. Each Area Agency on Aging and Independent Living assures that the Area Agency on Aging and Independent Living and Independent Living and its services provider staff are trained as required for their job functions.**
- 4. Each Area Agency on Aging and Independent Living and Independent Living shall assure that there is an integrated regional client management data system.**
- 5. Each Area Agency on Aging and Independent Living shall encourage local cities and towns to plan for the growing aging populations and needs.**
- 6. In accordance Sec. 306(a) of the Older Americans Act, each Area Agency on Aging and Independent Living shall assure 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 and 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:**
 - (a) Services associated with access to services transportation, health services (including mental health services)**
 - (b) 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 public supported programs for which the consumer may be eligible**
 - (c) Case management services**
 - (d) In-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and**
 - (e) Legal assistance.**
- 7. Each Area Agency on Aging and Independent Living shall assure that it will establish 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.**
- 8. Each Area Agency on Aging and Independent Living shall assure that it will develop proposed methods to achieve the objectives described in Section 306(1), paragraph (4)(a)(i), clause I as follows:**
 - (a) 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;**
 - (b) 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;**
 - (c) Include the proposed methods to achieve the objectives described in Section 306(a), paragraph (4)(a)(i), clause (I)**
- 9. Each Area Agency on Aging and Independent Living shall provide information to extent to it meets the following objectives:**
 - (a) Establishes 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;**

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

- 10. Each Area Agency on Aging and Independent Living shall assure that it will conduct outreach efforts that identify individuals eligible for assistance under this Act, with special emphasis on-older individuals residing in rural areas and older individuals with greatest social and economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with severe disabilities; older individuals with limited English proficiency; older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to above and the caretakers of such individuals, and older individuals at risk for institutional placements of the availability of such assistance.**
- 11. Each Area Agency on Aging and Independent Living shall assure 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.**
- 12. Each Area Agency on Aging and Independent Living shall assure that it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities.**
- 13. Each Area Agency on Aging and Independent Living shall assure that in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), it will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2001 in carrying out such a program under this Title.**
- 14. Each Area Agency on Aging and Independent Living shall provide information and assurances concerning services to older individuals who are older Native Americans including-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 and Independent Living will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title; an assurance that the Area Agency on Aging and Independent Living will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and an assurance that the Area Agency on Aging and Independent Living 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.**
- 15. Each Area Agency on Aging and Independent Living shall provide assurances that the Area Agency on Aging and Independent Living will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.**
- 16. Each Area Agency on Aging and Independent Living shall provide assurances that the Area Agency on Aging and Independent Living will disclose to the Assistant Secretary and the State agency --the identify of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and the nature of such contract or such relationship.**
- 17. Each Area Agency on Aging and Independent Living shall provide assurance that the AAAIL will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.**
- 18. Each Area Agency on Aging and Independent Living shall provide assurances that the AAAIL will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.**
- 19. Each Area Agency on Aging and Independent Living shall provide assurances that the AAAIL 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.**
- 20. Each Area Agency on Aging and Independent Living shall provide assurances that preference in receiving services under this Title III of the Older Americans Act will not be given by the Area Agency on Aging and**

Independent Living to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this subchapter.

- 21. Each Area Agency on Aging and Independent Living shall provide assurances that funds received under this Title will be used; to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph Section 306(a)(4)(A)(i); and in compliance with the assurances specified in Section 306(a)(13) and the limitations specified in section 212 of the Older Americans Act.**
- 22. Each Area Agency on Aging and Independent Living shall support the encouragement of local cities and towns to plan for the growing aging population and needs.**
- 23. Each Area Agency on Aging and Independent Living shall provide for a legal representation/advise in accordance with Chapter 4, Section 731 of OAA (Chapter 35, 42 U.S.S. 3058j) including a listing of the types of cases that will be accepted through this program.**
- 24. Each Area Agency on Aging and Independent Living shall assure that its legal assistance provider will identify and serve those who are homebound by reason of illness, incapacity, disability or otherwise isolated.**
- 25. Each Area Agency on Aging and Independent Living and independent living shall provide assurances that the legal assistance provider will make referrals and maintain an individual referral list for clients who request services but are not served.**
- 26. Each Area Agency on Aging and Independent Living shall implement and oversee a community Elder Abuse Prevention program in accordance with Chapter 3, Section 721 of OAA (Chapter 35, 42 U.S.C. 3058i) for the prevention of elder abuse including neglect and exploitation. The program shall coordinate with LTC Ombudsman, senior centers, long term care facilities, judicial, law enforcement and other community agencies.**
- 27. Each Area Agency on Aging and Independent Living shall develop programs, services and initiatives that support a comprehensive coordinated system of care for older Kentuckians.**
- 28. Each Area Agency on Aging and Independent Living shall facilitate the coordination of community-based, long-term care services designed to enable older individuals to remain in their homes.**
- 29. Each Area Agency on Aging and Independent Living shall maintain a plan for the development and administration of regional ADRC and coordinate information and access to regional services.**
- 30. Each Area Agency on Aging and Independent Living shall plan for the development of consumer directed options to expand service delivery and coordination with other service delivery.**
- 31. Each Area Agency on Aging and Independent Living shall assure Title III-B Supportive Services will be delivered in the District in accordance with Section 321 of the OAA, as amended.**
- 32. Each Area Agency on Aging and Independent Living shall assure service providers have an adequate process for referral, service scheduling, and an internal evaluation system to ensure quality services are provided.**
- 33. Each Area Agency on Aging and Independent Living and independent living shall provide assurances for coordination of services described in Section 321 (a) of the OAA with other community agencies and voluntary organizations providing the same services, including agencies that carry out intergenerational programs or projects.**
- 34. Each Area Agency on Aging and Independent Living shall implement services in accordance with 910 KAR 1: 180 for the provision Homecare services to be delivered in the District.**
- 35. Each Area Agency on Aging and Independent Living shall provide a process used to ensure the Homecare program coordinate services for individuals with other publicly funded community long-term living services.**
- 36. Each Area Agency on Aging and Independent Living shall implement services in accordance with 910 KAR 1:160 for the provision of Adult Day Care and Alzheimer's respite services.**
- 37. Each Area Agency on Aging and Independent Living receiving funds to implement Personal Care Assistance Program (PCAP) in the district, shall provide for the implementation and oversight of the PCAP program and its provisions according to 910 KAR 1:090**

38. Each Area Agency on Aging and Independent Living shall provide a plan for the provision of SHIP services which includes those provided by Title III-B Legal Services and CMS funds.
39. Each Area Agency on Aging and Independent Living shall provide for locally accessible counseling to individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
40. Each Area Agency on Aging and Independent Living assure that the SHIP program will target outreach in order to address access to counseling for low-income, dual-eligible, and hard-to-reach populations.
41. Each Area Agency on Aging and Independent Living enhance the counselor work force including the recruitment and training of counselors and volunteers and shall ensure that all SHIP counseling sites have access to a computer with Internet access and are registered on the SHIPTalk website: www.SHIPTALK.org.
42. Each Area Agency on Aging and Independent Living ensure participation in SHIP education and communication activities, thus enhancing communication to assure that SHIP counselors are equipped to respond to counseling needs and that the regional coordinator will disseminate information as needed and conduct quarterly meetings with SHIP staff and volunteers.
43. Each Area Agency on Aging and Independent Living provide for the implementation and management of Title III C-1 (Congregate) Services and maintain a plan for back up food preparation sites and nutrition sites.
44. Each Area Agency on Aging and Independent Living shall provide for the implementation and management of Title III C-2 (Home-Delivered Meal) Services, including an emergency plan for back up food preparation sites and nutrition sites.
45. Each Area Agency on Aging and Independent Living shall provide nutritionally balanced meals that comply with the most recent Dietary Guidelines, published by the Secretary of Health and Human Services and the Secretary of Agriculture, and Dietary Reference Intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences for meals funded through Title III-C Nutrition Services Program.
46. Each Area Agency on Aging and Independent Living shall provide for nutritional screening, nutrition education, and where appropriate nutrition counseling.
47. Each Area Agency on Aging and Independent Living shall comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual.
48. Each Area Agency on Aging and Independent Living shall implement a plan for furnishing emergency meals during inclement weather conditions, power failure, any disaster that may cause isolation, medical emergencies, or those with a special need. At least three menus that meet the nutritional requirements of the program shall be planned.
49. Each Area Agency on Aging and Independent Living shall provide for Title III D services as outlined in Sections 361 & 362 of OAA (Chapter 35, 42 U.S.C. 3030F), by providing integrated health promotion and disease prevention programs that include nutrition education, physical activity and other activities to modify behavior and to support improved health and wellness of older adults.
50. Each Area Agency on Aging and Independent Living provide or arrange for medication management programs in accordance to Title III D, including activities to screen to prevent drug reactions and incorrect prescriptions.
51. Each Area Agency on Aging and Independent Living provide for a healthy aging initiative, including coordination with state health and wellness programs and senior games.
52. Each Area Agency on Aging and Independent Living coordinate the recruitment, supervision, retention, recognition and training of volunteers, including senior centers, long term care ombudsman and SHIP (benefits counseling) volunteers within Area Agency on Aging and Independent Living programs.
53. Each Area Agency on Aging and Independent Living assist with and coordinate activities to encourage opportunities for older persons to stay active and involved through community volunteerism.

54. Each Area Agency on Aging and Independent Living provide for support of caregivers through regional programs that provide information, assistance accessing resources, training, respite, counseling, support groups and other services provided in National Family Caregiver Support Program in accordance with Section 373 of OAA (Chapter 35, 42 U.S.C. 3030s-1.
55. Each Area Agency on Aging and Independent Living shall provide for support of grandparents/relative caregiver through regional programs that provide information, assistance accessing resources, training, respite, counseling, support groups and other services provided in National Family Caregiver Support Program and Kentucky Caregiver Support Program.
56. Each Area Agency on Aging and Independent Living shall inform the public, including policy makers, about the challenges the elderly face when disability changes their lives. Maintain an AAAIL Advisory Council consisting of older individuals, including older rural and minority who are participants or who are eligible for programs assisted under OAA.
57. Each Area Agency on Aging and Independent Living shall provide for coordination and delivery of Title III services to residents of long-term care facilities including community based services which residents may access, when other public resources are not available to provide such services.
58. Each Area Agency on Aging and Independent Living provide community awareness regarding the needs of residents of long-term care facilities.
59. Each Area Agency on Aging and Independent Living shall provide for a formal process to receive/identify, investigate and resolve inquiries and complaints that are made by or on behalf of residents of licensed Long Term Care facilities.
60. Each Area Agency on Aging and Independent Living shall maintain a management system which ensures accountability of the district office to respond to the resident's needs including certified back-up in absence of the District Long Term Care Ombudsman.
61. Each Area Agency on Aging and Independent Living provide to the general public, potential residents of long-term care facilities and facility residents information and education regarding: The LTC Ombudsman Program, navigating the long-term care system, Residents' Rights in Long-Term Care facilities.
62. Each Area Agency on Aging and Independent Living shall utilize the state-provided system to document information on complaints and conditions in long-term care facilities; maintaining confidentiality and prohibiting disclosure of identity of any complainant or resident, except as allowed under 42 U.S.C. 3058g (5)(D)(iii). Submit quarterly, annual and special reports as required by the State Long Term Care Ombudsman and DAIL.
63. Each Area Agency on Aging and Independent Living shall provide for adequate legal counsel, without conflicts of interest, to provide advice and consultations for the protection of health, safety, welfare and neglect of residents, and support the district LTC Ombudsman by representing older adults as provided under the Act for legal representation.
64. Each Area Agency on Aging and Independent Living will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.
65. Each Area Agency on Aging and Independent Living shall provide assurances to provide for a District LTC Ombudsman Advisory Council in accordance with state requirements.
66. Each Area Agency on Aging and Independent Living provide for the support of the District LTC Ombudsman program with state funds (CMP) as well as with funds from the federal Title VII Ombudsman and Elder Abuse Prevention program.
67. Each Area Agency on Aging and Independent Living provide for the expansion of the District LTC Ombudsman program as additional funding is provided.
68. Each Area Agency on Aging and Independent Living make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing services offered through the AAAIL. As appropriate and 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.

69. Each Area Agency on Aging and Independent Living shall coordinate with the state, local and/or regional public mental health services agency to: increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the Area Agency on Aging and Independent Living with mental health services provided by community health centers and by other public agencies and local mental health organizations to facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings. Coordination shall be conducted in a manner that is responsive to the needs and preferences of older individuals and their family caregivers, by: 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. In coordination with local mental health entities, continuously analyze and recommend strategies as needed to modify the local system of long-term care to better: respond to the needs and preferences of older individuals and family caregivers; facilitate the provision, by service providers, of long-term care in home and community-based settings.
70. Target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings; 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 providing for the availability and distribution of public education programs provided through the Aging and Disability Resource Center, the Area Agency on Aging and Independent Living, and other appropriate means relating to: the need to make individual improvements in daily health and wellness habits; 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.
71. Each Area Agency on Aging and Independent Living shall provide assurances that funds received will be used: to provide benefits and services to older individuals, giving priority to older individuals with greatest economic need, older individuals with greatest social need and older individuals at risk for institutional placement, low income minority older individuals, older individuals with limited English proficiency, and older individual residing in rural areas; and in compliance with the assurances Section 306(a)(13) and the limitations specified in Section 212.
72. Each Area Agency on Aging and Independent Living 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.
73. Each Area Agency on Aging and Independent Living shall include in the area plan statistical data indicating projected changes in the number of older individuals residing in the AAAIL over the next 10-year period, the impact of changes in population to older individuals and the AAAIL's services, statistical data regarding projected changes in minority, low-income, number of older rural individuals and other target populations over the next 10-year period for which data is available. Further, the AAAIL shall provide an overview of an analysis regarding how programs, policies, resources and services can be adjusted to meet the needs of the changing population of older individuals in the planning and service area, particularly supportive services to address the change in the number of individuals age 85 and older in the planning and service.
74. Each Area Agency on Aging and Independent Living shall provide services 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 AAAIL to build the capacity in the planning and service area to meet the needs of older individuals for: health and human services; land use; housing; transportation; public safety; workforce and economic development; recreation; education; civic engagement; emergency preparedness; and any other service as determined by the AAAIL in coordination with public officials.
75. Each Area Agency on Aging and Independent Living shall provide, to the extent feasible, the provision of services under the Older Americans Act and Kentucky Administrative Regulations consistent with self-directed care.