



Regional Plans on Aging

Department for Aging and Independent Living

Fiscal Years 2023-2025

Revised December 10, 2021

TABLE OF CONTENTS

Overview and Summary

- I. Mission and Vision Statements**
- II. Service Area**
- III. Profile of Region**
- IV. Funding Sources**
- V. Services Offered**
- VI. Program Explanation**
- VII. Partnerships and Associations**
- VIII. Capacity Assessment**
- IX. Capacity Building Plan**
- X. Public Hearing**
- XI. Service Usage**
- XII. Participant Feedback and Satisfaction**
- XIII. Coordination and Collaborations**
- XIV. Outreach and Expansion**
- XV. Community Opportunities**
- XVI. Intake and Referral**
- XVII. Financial Management and Fund Development**
- XVIII. Program/Site Monitoring**
- XIX. Outcome and Performance Measures**
- XX. Performance Plans**
 - 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 D – Provider Direct Staffing Plan**
 - Form E – Case Managers**
 - Form F – SHIP Counselor Locations**
 - Form G – SHIP Counselor Details**
 - Form H– Ombudsman Advisory Council Membership**
 - Form I – Provider Site List**
- XXI. Waivers and Special Program Approvals**
- XXII. Provider Approvals**
- XXIII. Assurances**

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 2023-2025 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 VII (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 31, 2022.

Number of Copies: Submit a copy of this area plan electronically to DAILAging@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 older Kentuckians and their caregivers in our AAA region?

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

Mission of the Bluegrass Area Agency on Aging & Independent Living is to promote and provide 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 the Bluegrass Region.

Vision of Bluegrass AAAIL 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.

The Bluegrass Area Agency on Aging & Independent Living operates under the Bluegrass Area Development District. We are centrally located within the state of Kentucky and work within a 17-county District. Our core service programs include our 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, State Health Insurance Program and Benefits Counseling, Long Term Care Ombudsman Services, Title IIID Evidenced Based Health Promotion Programs, National Family Caregiver Support Program as well as our State General Funded Homecare Program. Bluegrass AAAIL is also a Medicaid Waiver Provider for the Home and Community Based Waiver and Michele P Waiver. We provide Service Advisor/Support Broker services in those waivers. We provide Financial Management for Participant Directed Service Participants in the HCB, Michele P and SCL Waivers.

3. Provide examples of how your agency is working to meet the CHFS Mission: to be a diverse and inclusive organization providing programs, services and supports that protect and promote the health and well-being of all Kentuckians and their communities include examples of

1. Equity
2. Health and well-being
3. Resilient individuals and communities
4. Structural Economic Support

Our agency worked in conjunction with our largest county to become one of the first counties in Kentucky to be declared an Age Friendly Community. We are also working with that same group on a Dementia Friendly Community declaration. We have a second county now working toward an Age Friendly Community designation. It's our goal to have each of our counties declared as an Age Friendly Community. We receive input from each of our County Local Officials on what their communities/constituents are voicing as a need. We try to design programs and outreach according to each community and meet the people where it's most convenient for them. We strive for health and well-being in each of our communities by offering a variety of Evidenced Based Health Promotion classes across all 17-Counties. We are working to implement a virtual platform for this as well. We utilize our Senior Centers to take their outreach efforts throughout their county in the rural areas and in the communities where support is most needed. We work with our Senior Centers to establish funding sources in addition to the OAA and State General Funds offered through CHFS. This helps them to support their community in a more flexible manner to ensure equity throughout their county. Each of our City/County Local Governments are very instrumental in the funding process and are active in supporting each of our senior centers and the LTC Ombudsman Program. Through our Community Needs Survey, we are able to see where we are meeting needs and where we need to strive for improvement. We also rely on our Advisory Council to keep us informed of areas of need in their community. Our ADRC works diligently with each caller to ensure they receive a complete screening to enable staff to provide referrals to resources that will benefit them the most. Our staff try to have a presence in all our county communities so that everyone is familiar with our Agency and are comfortable contacting us at any time for support.

II. Service Area

- 4. 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. We are centrally located within the State of Kentucky. Our District houses many Universities, Colleges and Hospitals. We have 1 major airport and several community airports.

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:

2021

	Information Not Available	
a. Percent of persons 60 and older in your region	<input type="checkbox"/>	17
b. Percent of region's total population over 60	<input type="checkbox"/>	20.6
c. Percent 60+ who are low income (poverty rates as provided by HHS)	<input type="checkbox"/>	11.4
d. Percent 60+ who are minority	<input type="checkbox"/>	9.7
e. Percent 60+ who live in rural areas	<input type="checkbox"/>	27.8
f. Percent 60+ with severe disability (3 or more ADL/IADL impairments)*	<input type="checkbox"/>	10.6
g. Percent 60+ with limited English proficiency	<input type="checkbox"/>	0.6
h. Percent 60+ with Alzheimer's Disease or related dementia	<input checked="" type="checkbox"/>	
i. Percent 60+ isolated or living alone	<input type="checkbox"/>	24.9
j. Percent of grandparents or older relative raising a child under 18	<input type="checkbox"/>	1.8

*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	12.005
b. State government grants/contracts	81.739
c. Local government grants/contracts	3.543
d. Contracts obtained via a Network Lead Entity*	
e. Foundation grants/contracts	
f. Corporate grants/contracts	
g. Direct mail fundraising	
h. Fundraising events	0.472
i. Individual contributions	1.949
j. Fees for services	0.104
k. Other (Specify: <u>In-Kind</u>)	0.188
Total.....	100

*Network Lead Entity means an organization who has formal partnerships with health care and other relevant sectors to address health and social needs in a coordinated way. NLEs function as a one-stop-shop for contracting with health care entities, and often deploy a multi-payer strategy to ensure individuals have access to needed programs and services; beyond contractual arrangements with health care entities, other sources of financing that networks may draw upon are federal grants (e.g. Older Americans Act and discretionary) or other publicly-funded resources at the state or local levels, philanthropic support, private pay arrangements, and civic/community investment (e.g. local businesses, United Way, etc.). An important part of any robust

community integrated health network is the inclusion of evidence-based health promotion and disease prevention programs.

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

	Name of Source	Value (\$ amount) for current fiscal year
A	Title III-B	\$ 2,390,771 . .
B	Title III-B Ombudsman	\$. .
C	Title III-C1	\$ 1,140,492 . .
D	Title III-C2	\$ 1,295,874 . .
E	Title III-D	\$ 11,053 . .
F	Title III-E	\$ 605,949 . .
G	Homecare	\$ 1,718,100 . .
H	KY Caregiver	\$. .
I	Long Term Care Ombudsman	\$ 88,300 . .
J	Medicaid ADRC	\$ 57,060 . .
K	Elder Abuse	\$ 12,275 . .
L	T-VII Ombudsman	\$ 62,615 . .
M	FAST	\$ 391 . .
N	Improving Arthritis Outcomes	\$. .
O	SHIP	\$ 87,156 . .
P	MIPPA-SHIP	\$ 32,207 . .
Q	MIPPA-AAA	\$ 20,149 . .
R	MIPPA-ADRC	\$ 7,442 . .

S	NSIP	\$ 200,804 .
T	Bank Interest	\$.
U	Participant Directed Options	\$ 18,499,520 .
V		\$.
W		\$.
X		\$.
Y		\$.
Z		\$.
AA		\$.
BB		\$.
GRAND TOTAL		\$ 26,229,888 .

↑ 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 FY21	Amount spent in FY21 (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"/>	1,317	25,300	A
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"/>	11,981	1,411,100	A,F,G,J,R
c. Legal Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	680	51,700	A,R
d. Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	169	18,700	A
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"/>	1,807	1,412,900	D
f. Congregate Dining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,410	1,224,200	C
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
i. Dementia Care or Support Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
j. Caregiver Support Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
k. Caregiver Training or Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
l. Training or Education for Older Adults	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,138	97,200	A
m. Training or Education for Service Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
n. Training or Education for Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
o. Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	406	282,200	A,G
p. Housing or Shelter Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	145	283,000	A,G
r. Homemaker Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	368	907,900	A,G
s. SHIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10,216	119,400	O,P
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"/>	150	12,300	K
u. Disease Prevention Health Promotion (III-B)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,746	245,400	A
v. Disease Prevention Health Promotion (III-D)	Y		N		Y		56	11,100	E
w. Adult Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
x. Consumer Directed Option	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	984	18,499,300	U
y. Ombudsman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2,411	150,900	I,L
z. Telephone Reassurance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2,179	232,500	A
aa. Friendly Visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ab. Personal Care Attendant Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ac. Senior Community Service Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

	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 FY21(round to nearest hundred)	Funding source(s) (use letters from Section IV)
	Yes	No	Yes	No	Yes	No			
ad. Other – Specify:Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	292	50,500	A,G
ae. Other – Specify:Chore	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31	2,400	A,G
af. Other – Specify:Escort	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	175	97,300	A,G
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"/>	89	234,200	F,G
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"/>	282	135,500	A,F
ai. Other – Specify:Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2,074	56,900	A
aj. Other – Specify:Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2,731	574,000	A
ak. Other – Specify:CG Respite/Supplemental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	71	92,500	F
al. Other – Specify:Supplies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	1,500	G

In regards to Older Americans Act Programs, please answer the questions below.

What percent of your service population is minority?	12.0
What percent of your service population is low income?	28.8
What percent of your service population is limited English proficiency?	1.3
What percent of your service population is rural?	26.6

In regards to state funded Homecare Program, please answer the questions below.

What percent of your service population is minority?	12.9
What percent of your service population is low income?	55.3
What percent of your service population is limited English proficiency?	3.3
What percent of your service population is rural?	55.1

In regards to the Medicaid Waiver Program, please answer the questions below.

What percent of your service population is minority?	Unknown
What percent of your service population is low income?	100
What percent of your service population is limited English proficiency?	5.7
What percent of your service population is rural?	40.4

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	Mental Health and Aging Coalition	Collaboration around mental health and aging resources, annual one day conference. Includes Suicide Prevention for older adults.	2007
2	Fayette County Extension Office	GAP and Next Best Years Conference	2010
3	Madison County Extension Office	GAP conference service rural counties	2010
4	I Know Expo	Outreach/Educational Expo for Caregivers and individuals seeking to plan ahead for aging related decision making	2012
5	UK Sanders Brown Center on Aging	Advisory Board, Dementia Friendly Communities partner, Caregiver Workshop partner, Research opportunities	2012
6	Alzheimer's Association	Advocacy work, collaboration to provide education for individuals with Dementia and Dementia related diseases and their Caregivers. Partner with quarterly community workshops, legislative advocacy events.	2012
7	Coordinating Council on Elder Abuse	Collaboration with counties to keep elder abuse prevention and awareness, education and activities in the forefront	2001
8	Senior Impact Publications	Collaboration to develop and update the "Pathways" Resource Guide	2010
9	LFUCG Mayors Commission for Senior Services	Appointed position on commission. Address the unmet needs of the elderly in Fayette County	2012
10	Bluegrass Aging Consortium	Consortium of professionals interested in services/programs that support elderly	2000
11	Age and Dementia Friendly Communities	UK, LFUCG, Alzheimer's Association, SBCOA, Woodford County officials all working together to create communities in which are better to grow up and grow old in.	2016

12	AARP Kentucky	Support local activities and events sponsored by AARP by assisting with planning and volunteer supports	2016
13	UK Retiree Resource Fair	Support this event by providing volunteers to share information about resources related to aging	2016
14	Embracing New Opportunities in Aging	Annual one day conference. Provide staff for planning and volunteers for hosting the event	2015
15	Reimagining Home Coalition	Expanding the options for affordable types of housing for the elderly	2017
16	Kentucky Housing Corporation Policy Advisory Committee	Participate and contribute during quarterly meetings.	2020
17	Fayette Alliance-Coalition for Smart Growth	Participate in meetings related to overall planning for the aging population in Fayette County	2019
18	Safe Communities/Falls Prevention	Monthly meetings to discuss safety issues for seniors from a networking perspective	2016
19	Department of Public Health	Participate with coordination of efforts to conduct outreach for COVID vaccinations through the local health department system	2021
20	Fayette County Diabetes Coalition	Diabetes prevention and treatment	2010
21	Bluegrass Lions Diabetes Project	Diabetes screening at no cost	2019
22	Kentucky Safe Aging Coalition	Falls prevention for older adults	2020
23	UK Service Learning and Civic Engagement Council	Engaging UK students in service projects and community organizations	2019

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 collect information in a variety of ways. Our largest means of collection is through a Community Needs Survey we conduct every 3 years. This survey is distributed throughout our 17 County District by posting it on facebook, on our website and placing copies in the 18 Senior Centers in our District. We also collect information regularly throughout the year as we hold Advisory Council Meetings every other month. These meetings are open to the public and comments/suggestions are always welcome. We work directly with the Mayors and County

Judge Executives. As they are made aware of needs in their community, they share that with our staff. We participate in as many public/community events as possible. An example of some events we've participated in include the I Know Expo, UK Retiree Resource Fair, Back to School events, AARP events, Community events at local libraries and Caregiver Workshops. We review all comments/feedback from posts on our Facebook page and website.

11. How often do you collect this information?

- Monthly
- Quarterly
- Semi-annually
- Annually
- Other:

12. When did you conduct your most recent capacity assessment? January 2022
(month and year)

13. When is the next capacity assessment scheduled? January 2026
(month and year)

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

The data and information help us to determine areas of need across our District communities. This enables us to analyze and prioritize services and programming to reach the areas of greatest need.

IX. Capacity Building Plan

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

- 1. Support Age Friendly and Dementia Friendly Community designation in at least 2 more counties for this planning cycle**
- 2. Develop a Title IID Evidenced Based Health Promotion Virtual Programming**
- 3. Develop more support for Caregivers**

16. What is your plan for achieving these goals in the coming planning cycle? Please include how you will gauge your progress throughout the planning cycle.

Woodford County announced their plan to seek an Age Friendly Community Designation. Our staff are attending their meetings and supporting them with our knowledge and experience in navigating this process.

We are researching purchasing a system to help support virtual Title IID programming. We are looking into 2 different systems and trying to determine which would be the most user friendly for our seniors.

We are part of a pilot project called Bridging the Gap which will provide supports for Caregivers who care for individuals with Alzheimer's or a Dementia related disease and are applying for Medicaid Waiver services. Our program would provide in-home supports as well as 2 Evidenced Based Caregiver related Health Promotion Programs.

17. Were the goals from the last plan period completed?

Yes

No

If not, why?

We were not able to complete the goal of being certified as a Medicare Diabetes Prevention Program. The staff person who was initially working on this resigned before completion of the process. Their replacement found that our District was saturated with DPP programing and other programs were finding it very difficult to maintain programming due to lack of participants. We chose to realign our efforts to programming that would be more cost effective as well as be utilized by more participants.

18. What were your goals from the previous planning cycle that were not achieved and why?

To become a Certified Diabetes Prevention Program with Medicare billing access. The certification process is a 1 year long process. Our District is saturated with DPP programs, so we decided to focus our efforts in another area.

19. Total number of program managers/supervisors 5 Number

20. Total number of program staff 20 Number

21. Total number of program volunteers (in house & contract) 312 Number

22. Do all supervisors (in house & contract) have access to computers with internet access?

- Yes, all
- Half or more
- Less than half
- No, none

23. Do all direct service (in house & contract) staff have access to computers with internet access?

- Yes, all
- Half or more
- Less than half
- No, none

24. Do volunteers (in house & contract) have access to computers with internet access?

- Yes, all
- Half or more
- Less than half
- No, none

25. How many new volunteers were recruited in the past 12 months? 127 Number
Which programs? | Senior Centers, SHIP, Ombudsman |

26. How many new staff were hired by the AAAIL in the past 12 months? 7 Number
Which programs? | ADRC and PDS Medicaid Waiver |

27. Are there written job descriptions for all positions in your agency?

Staff? Yes
 No

Volunteers? Yes
 No

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

Yes
 No

If no, please explain?

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

Yes
 No

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

We support all training and education efforts of staff. We pay expenses for workshops/trainings/conferences that pertain to an employee's job duties. Some training/conferences typically attended include Grandparents As Parents Conference, ARC Conference, Empowering Mindfulness, AIRS, USAging Conference and webinars, ADvancing States HCBS Conference, SE4A Conference and webinars, Optimal Aging Conference, The Ridge Mental Health Workshops, Hunger Summit, Senior Center College, HIPAA training, Title V training, Elder Abuse Prevention Training, QRP training, Cultural Competency and Diversity training. Staff also attend meetings hosted by the Department for Aging and Independent Living and the Department for Medicaid Services. During the COVID Pandemic, staff have taken full advantage of Virtual Training opportunities.

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

Yes
 No

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

Our Program Contracted Providers rely heavily on volunteers. They promote and recruit volunteers through a variety of means. Utilization of social media, local newspaper and radio stations, public service announcements, church bulletins, local libraries, Community Outreach Offices.

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

We measure our progress in a variety of ways. We utilize client satisfaction surveys for all programs, our contracted providers ability to conduct and excel at their program requirements, data showing the number of people we serve versus previous years, community input. We conduct program monitoring of each provider annually. We also rely on the input from our Aging Advisory Council, calls from clients and members of our communities in need as well as input from our city/county Locally Elected Officials.

X. Public Hearing

34. Area Plan Public Hearing

Date	Time	Location/Method	# of participants participating	# of staff participating	# of others participating
3/09/2022	10:00am	Virtual Zoom Meeting			

Date plan available for review	Place(s) available for review	Dates advertised	Ad appeared in newspaper
2/21/2022	Website, facebook, paper copy mailing		

35. Participation in Public Hearing was actively sought from:

Placing an ad in the Regional Newspaper. Posting on facebook. Posting on our website. Actively engaging our Aging Advisory Council members to attend. Actively engaging our contracted service providers to attend. Notified BGADD Board Members during meeting on 1/26/2022 and 2/23/2022.

36. Indicate means used in soliciting views:

Posted the document on our webpage for viewing. Requested comments via zoom meeting held on 3/9/2022. Also requested written comments be emailed or mailed in.

37. Summary of public comments:

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

XI. Service Usage

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

1. **Support with Personal Care/Homemaking after a hospital stay.**
2. **Help with obtaining Durable Medical Equipment after a hospital stay.**
3. **Food assistance.**

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

According to the results of our Community Needs Survey our respondents are well informed of resources, know how to navigate the healthcare system, and feel safe living in their own home. We have worked diligently for several years to conduct outreach in each community. It appears our communities are more connected to our agency through our ADRC and the County Senior Centers.

41. Describe the weaknesses in your area's service delivery and has this changed since the last plan period?

Our Community Needs Survey indicated a high percentage of people feeling sad/lonely and socially isolated. We believe that's contributed to the isolation from the COVID-19 pandemic. The regional senior centers have been closed from group activities for almost 2 years and the simple fear of coming into contact with the COVID-19 virus. This issue of isolation has not been an indicator in our previous surveys.

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

1. **Elder Nutrition Program Meals**

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

Usage of this service has increased due to the COVID-19 Pandemic and Seniors choosing to shelter in place for safety from the virus. All of our counties offered to deliver meals to Seniors, or they had the option to pick up their meals through a drive/thru pick up service. We also offered significantly more shelf stable and frozen meals to help provide nutritional support to seniors and reduce their exposure by going to the grocery store less often.

2. Recreation

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

Although most of the senior centers were closed to the public due to the COVID-19 pandemic, recreation continued to be a highly utilized service. The Senior Centers provided virtual recreation as well as activity bags full of arts/crafts projects, in-home bingo games were played weekly as well as a variety of recreation options provided to help prevent our seniors from feeling isolated. During good weather, outdoor recreation activities were planned and attended by our Seniors.

3. I&A

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

This service was utilized from numerous people reaching out to the senior centers for information related to COVID-19 and vaccines as well as seeking meals and in-home services.

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

1. Chore

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

This is our least utilized service. Most of our funding is focused on weekly care needs of our homebound Seniors. Chore services are provided on an as needed basis.

2. Title IID Evidenced Based Health Promotion

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

We rely heavily on the senior centers to host our Title IID Evidenced Based Health Promotion classes. With centers closed to the public it extremely limited our ability to provide classes. We looked at virtual opportunities but relied heavily on doing outdoor/parking lot classes when weather permitted.

3. Grandparent Supplemental Service through NFCSP

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

Although we served 121 individual grandparents throughout the previous year, our funding available for this service is limited due to the budgeting limitations placed on this program.

XII. Participant Feedback and Satisfaction

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

- Yes
 No

45. 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>

46. How often is feedback collected?

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

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

Each of our programs issues a satisfaction survey to all participants in that program annually. We use that information to determine where improvements need to be made as well as what is working well that we need to continue. We address areas of concern with contracted providers and develop corrective action plans for improvement. We mail out satisfaction surveys to our ADRC callers each month. These are reviewed as we receive them back for areas of improvement/concern as well as share any complimentary feedback received. Our meal participants have access to comment cards so they can comment on any particular meal or component of a meal. Their comments also contribute to each menu planning cycle.

48. Is there a formal process to investigate complaints?

- Yes
- No

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

- Yes
- No

XIII. Coordination and Collaboration

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

All our coordination efforts for services begins with our Aging and Disability Resource Center. We have 3 full-time and 2 part-time, fully credentialed staff who receive training throughout the year. One staff person is currently AIRS Certified. They complete a full screening process to determine the most effective route for the caller to receive the services necessary to best meet their needs. We have an array of contracted providers who provide the services for the program they successfully bid on and were granted a contract for. We have established specific operations for our ADRC to forward referrals to our provider pool for services to be initiated

for individuals in need. Our ADRC also works very closely with our Medicaid Waiver program staff to ensure supports for individuals applying for Medicaid and Waiver services. We meet at least quarterly with our contracted providers to discuss any areas of concern, procedural changes needed and what is working well that we need to enhance. This referral process has helped to eliminate any duplication of services as well as confusion for individuals in the community trying to access services and supports.

51. Do you have plans to improve service coordination?

- Yes
 No

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

We are constantly evaluating our procedures and coordination efforts and try to address areas of need immediately. We rely on input from our participants and well as our service providers.

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

We measure effectiveness in a variety of ways. Client satisfaction is always monitored. We also evaluate employee satisfaction, employee performance, provider success, our ability to reach a maximum number of people with our limited funding. We rely on data from our database to allow us to evaluate and compare data to previous years.

XIV. Outreach & Expansion

54. 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

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

We conduct outreach in a variety of ways. We have a focal point senior center in each of our 17 counties. These centers conduct outreach throughout the entire county by attending/presenting at community events, posting in church bulletins, posting in local newspapers and on local radio stations. Several of the Centers have newsletters that are sent out monthly. They leave pamphlets in local physician’s offices and public health departments. Many centers are also commodity food distributors, and they provide their activity calendar to each of the individuals picking up commodities. One county senior center operates a community food bank that draws in over 200 people from their county monthly. Our SHIP provider conducts mass media outreach through television appearances and mass mailings. The BGAAAIL staff conduct presentations at local events as well as participate in local community events as a vendor. We post information on social media and our website. We also distribute a monthly newsletter

which goes out to the general public as well as to the local Mayors and County Judge Executives. A full report is also provided monthly to the BGADD Board of Directors so they can take any information back to their City/County Government staff to share if they receive inquiry calls for help and service supports.

56. How will you measure your progress?

We track the number of public events/presentations we conduct with an estimate of the total number of people we've reached during those events. We also track the population of people we serve throughout the year in our database system.

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

- Yes
- No

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

We have staff ready and prepared to participate in more public events. Most in-person events have been postponed due to the COVID pandemic. Staff have participated in virtual events during the pandemic. Our agency serves as a community partner on several event planning committees. We produce our Pathways Resource Guide annually and provide that to physician's offices, hospitals, libraries, other public agencies and mail them out to individuals. We post on facebook several times per week and share events going on in each of our 17 counties. Our website has been updated and is another venue for outreach and educating people on the services we provide. Our monthly newsletter reaches each of our 17 counties as well.

59. How will you measure your progress?

We will measure this progress based on the number of followers we have on social media, volume of ADRC calls, increased requests for our newsletter and Pathways Resource Guide.

XV. Community Opportunities

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

61. What services do focal points/multi-purpose centers typically offer in your region?

In our region the most utilized services are congregate and home delivered meals, transportation, outreach, health promotion, recreation, advocacy and telephone reassurance. Due to the COVID pandemic and the need for our senior centers to be closed to the public for safety, meals are the most utilized service currently. We are providing meals to anyone aged 60 and over who contact us with that request.

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

- Yes
- No

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

Prior to the COVID pandemic outbreak our senior centers were providing a variety of outings and activities to draw in more active seniors. This will resume once it's safe to have large crowd gatherings again. Day trips will resume as well as evening activities. During the pandemic our senior centers are providing meals to anyone aged 60 and over who request them. They are also helping to support more seniors by doing their grocery shopping, picking up medications and providing them the opportunity to safely shelter in place.

64. How will you measure your progress?

By an increase in number of people who come to the centers once they've been able to open back up to the public. Also, by helping the communities develop a sense of safety by reengaging in participating in senior center activities and events.

65. 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

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

We contract with a Legal Aide provider who provides free assistance to individuals in need of legal supports for long-term planning. Our SHIP provider works with individuals related to Medicare/Medicaid supports. Our ADRC assists people with the Medicaid application process. We have a robust Medicaid Waiver program helping to support over 500 aged and disabled individuals remain in their home. We provide Options Counseling through our ADRC with additional support from our Legal and SHIP provider. We are also a Community Partner in the local I Know Expo which provides presentations and a variety of vendors for long-term planning and supports.

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

- Yes
 No

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

We send staff to as many workshops and conferences as funding will allow. Some of the main conferences we participate in are the SE4A Conference, USAging, ADvancing States HCB Conference, GAP, Optimal Aging, AIRS. We participate in local workshops/training as well as permit staff time to participate in webinars. We share all training announcements with our providers. We hold meetings with our providers regularly to ensure they are up to date on all Policy and Procedures and program requirements. We try to have a guest speaker at our Aging Advisory Council meetings to help keep our Council educated on topics/areas of need in our community. We support staff attending community events and working on planning committees and advisory boards. This allows them to advance their knowledge and then share that with all staff. We have added a training requirement to our provider contracts for annual training on Elder Abuse and Exploitation as well as Cultural Competency and Diversity.

69. How will you measure your progress?

Completion of required annual training hours. Increased competency in their area of expertise.

XVI. Information and Referral

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

- Yes
 No

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

We have brochures and business cards specific to our ADRC. We share these by participating in as many community events as possible. We are listed in our Pathways Resource Guide that is shared across our 17-county district as well as posted on our website for viewing. Our separate ADRC I&R phone line is the phone number we provide to all community/individuals as our main phone line. It is also listed on our website as our main point of contact.

72. If yes: On average, how many intake calls do you handle in a typical month? # 1800

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

- Yes
 No

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

- Yes
 No

75. If yes, please describe your plans.

We try to adjust staffing as the call volume indicates the need as funding is available. We provide opportunities for all our ADRC staff to attend the AIRS conference and obtain their AIRS certification to further their knowledge on best practices for managing I&R calls. We meet monthly to discuss the flow and call volume and make procedure adjustments as needed. We try to keep a staff person who has experience in Medicaid Waiver programs due to receiving numerous calls inquiring about Medicaid Waiver programs and application process.

XVII. Financial Management and Fund Development

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

- Yes
 No

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

There is always a need for increased supports for home repair/modification resources. During the outbreak of the COVID pandemic we discovered an increased need to provide antibacterial cleaning supplies to seniors. There is always a need for transportation services. We typically have always had a waitlist for Home Delivered Meals. One positive thing from the COVID

pandemic was the additional relief funding we received from our State Unit on Aging. These funds have permitted us to provide meals to anyone aged 60 or over. The concern is how to continue to provide those meals once the relief funds are exhausted. The cost of doing business has also increased which has caused increased expenses for service providers. Providers are going out of business due to the staffing shortage and inability to maintain expenses.

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

All program income, fees and donations are collected and noted on monthly invoicing as being placed back into the program they were intended for. Our local city/county Governments provide funds to each of their Senior Centers, LTC Ombudsman Program and SHIP/Legal Services to help support those programs in their communities. All county senior centers, LTC Ombudsman programs conduct fundraisers throughout the year to also help support their programs.

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

- Yes
 No

80. If yes, please describe your plans.

We are a provider in the Medicaid Waiver program. This program brings in additional funding. The Kentucky Council of Area Development Districts has a staff person who actively seeks contract opportunities with private insurance companies as well as medical providers for the purpose of care coordination/transition services to further enhance our funding resource.

81. Are financial reports shared with the aging council and board members?

- Yes
 No

82. 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 allocate program funds to each contracted provider based on the funding formula utilized by CHFS/DAIL. We capture census data for each of our 17 counties to determine the population of over age 60, rural, low-income, and low-income minority. We present the allocation breakdown of each program by county to our Aging Advisory Council and our BGADD Executive Board for approval.

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

We track spending per program per county monthly. As a trend begins in a county of being underspent, we will shift those funds to a county that is overspent. This allows us to ensure funds will be utilized where needed.

84. How does your agency assure the operation of a program in the absence of funding due to over-expending of program dollars or inadequate budgeting during the program year?

By tracking our funding expenditures monthly, adjust service volume if there is an indication of exhausting the funds prior to the end of the fiscal year. If funds do run short, each provider is

required to have a backup of private or local resources they will contribute to the program they serve to ensure coverage of services through the fiscal year.

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

Historically, we have been able to expend our services annually. In the event this does not occur, we notify CHFS/DAIL as well as the other Area Agencies on Aging in Kentucky to make them aware of our excess funding. We offer to transfer funds to those agencies who indicate they are able to utilize them to ensure seniors needs are met within the State.

XVIII. PROGRAM SITE MONITORING

86. Please describe your in-house evaluation, desktop 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)

We monitor financials monthly after each billing cycle and address issues at that time. We have a staff person responsible for specific program monitoring of each contracted provider. For desktop monitoring we review records in our mandated SAMS database and request any supporting documentation be sent to us for review. We ensure records/assessments are up to date and all required client information is in the system. With the exception of the past year, due to COVID pandemic, we do all our monitoring face/face. We go to the service provider location and complete the monitoring tool for the program. Any deficiencies found are noted in our monitoring letter to the provider. The provider is given a specific timeframe to have those deficiencies corrected and we then re-monitor for completeness. We utilize a specific monitoring tool for each program that captures all areas CHFS/DAIL monitors the AAA on. For programs provided in-house, the AAA Director meets with the program coordinator monthly to review operations and ensure Policy and Procedures are being adhered to.

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

We meet regularly with contracted providers to discuss program status. Any areas of concern are immediately handled. We maintain open lines of communication with our contracted providers at all times to ensure issues are resolved quickly.

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 educating 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. Provide long-term services and supports that enable older Kentuckians, their families, caregivers, and persons with disabilities to fully engage and participate in their communities.

We uphold the mission of the Older Americans Act by providing services and supports to any individual in our community regardless of race, ethnicity, ethnic background, sexuality or geographic location (rural/urban). Our senior centers are the hub of our outreach within each county. We have a focal point center in each of our 17 counties with additional satellite locations in some counties. Our city/county locally elected officials are very engaged in what is being offered at each senior center as well as what AAA staff are focused on. We do not have a waitlist for Caregiver services through our NFCSP. We strive to maintain that balance in order to serve all Caregivers who we come into contact with. Through the supports of relief funding we've been able to almost eliminate our waitlist for home delivered meals. We provide legal services and options counseling through our contracted provider, Legal Aide of the Bluegrass. We have a robust Medicaid Waiver program which serves individuals of all ages. Our staff strive to participate in as many community outreach events as we possibly can.

Goal 2. Ensure older Kentuckians, persons with disabilities, caregivers and families have access to person-centered planning and options counseling for their long-term services and supports.

We have a fully staffed Aging and Disability Resource Center. These staff are trained in options counseling and are available to work with individuals upon their request. We also contract with Legal Aid of the Bluegrass to conduct all our SHIP and Legal Services programs. That provider agency has attorneys on staff who can provide supports to individuals for long-term planning. They also have certified SHIP Counselors who are readily available to work with individuals. They provide mass outreach related to Medicare and open enrollment supports. We contract with Bluegrass Community Action Partnership for our Case Management services. All Case Management staff are trained in person-centered planning. All senior center staff are also trained to refer individuals who come to them for options counseling needs to our ADRC or SHIP programs.

Goal 3. Increase the development and implementation of business-related strategies that promote innovation, collaboration, and sustainability of aging and disability network partners.

The Kentucky Council of ADD's created a Business Management position. This position's main responsibility is to seek business agreements with private entities for programming outside of what is currently funded by CHFS. The goal of this position is to provide programming and revenue that could help support and sustain the OAA funding for our mission programming. In addition to this, AAAIL staff collaborate with community partners on a variety of projects/events. We always try to attend any meetings/events/workshops that provide us the ability to network and develop more partnerships.

Goal 4. Prevent abuse, neglect, and exploitation while protecting the rights of older Kentuckians and persons with disabilities.

We train all staff and providers on prevention of abuse, neglect and exploitation including their reporting requirement if they witness or suspect abuse, neglect or exploitation has occurred. Our LTC Ombudsman program observes for this in all LTC Facilities and is trained on reporting requirements. We require this training be repeated annually. We have an Elder Abuse Coordinating Council in our District. We participate in these meetings and provide information across our district. Prior to COVID, we partnered with this Council to host a 1-day free workshop held annually. We hope to reinstate this workshop in the upcoming year. Fayette County has a Multi-Task on Elder Abuse Prevention, made up of professionals including APS, Detective, AAAIL staff, and Ombudsman who meet monthly and discuss the status of any active reports of abuse, neglect or exploitation. We participate in the World Elder Abuse Awareness Day by wearing purple and spreading awareness across our 17- county district.

Goal 5. Ensure continuous quality improvement principles to ensure the Area Agency on Aging and Independent Living operates efficiently and effectively.

We always strive to maintain high quality service/standards and continuously improve on our programming. We provide satisfaction surveys to each of our Participants in each of our programs annually. We use these surveys to indicate areas of needed improvement. Our staff meet regularly to discuss programming, shortfalls and where are we exceeding. We have a checks/balances system in place to ensure a quality standard with our fiduciary operations. We meet regularly with contracted providers to hear from them what is working and what needs improvement. Management staff is always available to talk with any community member who has an issue or complaint. We monitor the length of time it takes for someone to begin receiving services after a referral is received.

Goal 6. Ensure that all Kentucky elders and individuals with disabilities have equitable access to services regardless of any social, cultural or geographic barriers.

We do not discriminate based on social, cultural, racial or geographical barriers. All individuals who contact our ADRC for supports are asked the same questions indicated on the level 1 screening tool. This tool is designed to determine resources that would best meet the individual's needs. We have implemented an annual training requirement for all staff and contracted providers on cultural competency and diversity. We mandate all contracted providers must provide services to seniors throughout their entire county/service area. This is to prohibit individuals in rural areas from being left without service.

XX. Kentucky's Outcome and Performance Measures 2023-2025

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: Provide long-term services and supports that enable older Kentuckians, their families, caregivers, and person with disabilities to fully engage and participate in their communities.	
Objective	
Provide outreach/education and services to all older persons and persons with disabilities throughout our communities.	
Objective	
Ensure our rural communities and isolated individuals receive information about programs/services.	
Strategies	
Senior Center in each county required to conduct outreach and services throughout the entire county. Develop transportation services for individuals in outlying parts of the county who desire to attend the senior centers weekly. Provide outreach at community events throughout the year to share information about the ADRC and all AAAIL services/programs.	
Person and entity responsible for completion	Date
Celeste Robinson, BGAAAIL staff, contracted providers	Ongoing

GOAL 2: Ensure older Kentuckians, persons with disabilities, caregivers and families have access to person-centered planning and options counseling for their long-term services and supports.	
Objective	
All ADRC staff knowledgeable in person-centered planning and options counseling.	
Objective	
Contract with an experienced provider, knowledgeable in person-centered planning and options counseling.	
Strategies	
Ensure all ADRC staff attend the annual AIRS conference for enhanced training/education. Support all ADRC staff in obtaining their AIRS certification. Ensure the contracted provider for SHIP/Legal Services is experienced and knowledgeable in these topics as indicated by their RFP bid application and performance history.	
Person and entity responsible for completion	Date
Celeste Robinson	Ongoing

GOAL 3: Increase the development and implementation of business-related strategies that promote innovation, collaboration, and sustainability of aging and disability network partners.	
Objective	
Support efforts by the KCADD to secure contracts with private entities such as health insurance companies and medical facilities to enhance our financial sustainability.	
Objective	
Partner with community organizations on grants to enhance our ability to sustain our services to the aging and disabled population.	
Strategies	
Provide any input and information needed to market our services to private entities. Seek community partnerships for pilot programs in our communities.	
Person and entity responsible for completion	Date
Celeste Robinson, Bluegrass AAAIL staff	Ongoing

GOAL 4: Prevent abuse, neglect, and exploitation while protecting the rights of older Kentuckians and persons with disabilities.	
Objective	
Continue education and outreach efforts in the community related to prevention of elder abuse, neglect and exploitation of our elders and persons with disabilities.	
Objective	
Support the planning and implementation of the 1-day workshop, Empowering Mindfulness.	
Strategies	
Provide training/education to our staff and service providers annually on Abuse, Neglect and Exploitation Prevention. Provide staff support on the planning committee of the Empowering Mindfulness workshop. Publicly participate in World Elder Abuse Awareness Day.	
Person and entity responsible for completion	Date
Celeste Robinson, BGAAAIL Staff	Ongoing

GOAL 5: Ensure continuous quality improvement principles to ensure the Area Agency on Aging and Independent Living operates efficiently and effectively.	
Objective	
Prevent hurdles and long wait time for initiation of services.	
Objective	
Ensure funding utilizes appropriately and in the most effective manner.	
Strategies	
Monitor call volume versus staffing in ADRC. Monitor program satisfaction surveys annually and correct areas with unsatisfactory responses. Monitor program waitlists monthly and work with staff/providers to get people enrolled into services in a timely manner. Monitor financials monthly to ensure funding is being spent appropriately in each program.	
Person and entity responsible for completion	Date
Celeste Robinson, BGADD staff, Contracted Providers	Ongoing

GOAL 6: Ensure that all Kentucky elders and individuals with disabilities have equitable access to services regardless of any social, cultural, or geographic barriers.	
Objective	
Ensure all individuals regardless of race, social status, culture or geographic location is provided knowledge of programs/services and can access those programs/services when needed.	
Objective	
Ensure contracted providers do not discriminate against any individual due to social, cultural or geographic barrier.	
Strategies	
All ADRC staff are trained to treat all callers the same by asking the questions on the standard level one screening tool and providing the same information regarding available resources. All staff and contracted providers will receive training annually on cultural competency and diversity. Encourage all providers to complete the online training for the Senior Center Community College to obtain/refresh their knowledge on the mission of the Older Americans Act.	
Person and entity responsible for completion	Date
Celeste Robinson, BGAAAIL staff	Ongoing

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 D – Provider Direct Staffing Plan**
- Form E – Case Managers**
- Form F – SHIP Counselor Locations**
- Form G – SHIP Counselor Details**
- Form H– Ombudsman Advisory Council Membership**
- Form I – Provider Site List**

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 only three (3) days per week: Boyle County, Harrison County, Lincoln County and Nicholas County. These centers are open for business five (5) days per week, however service congregate meals only on Monday-Wednesday-Friday due to budget limitations related to providing transportation to and from the center five (5) days per week as well as staffing costs. Boyle and Lincoln counties are very large geographic counties. In order to be able to serve their entire county, they must alternate their transportation service to the center on certain days/week per certain quadrant of the county. To provide county wide transportation daily would require an addition of at least 2 more vehicles and 2-4 more staff. Harrison and Nicholas Counties are very rural counties which creates a similar situation as the larger counties. The time it takes to get to their most rural areas and back to the center on a daily basis would require the addition of 2 vehicles and 2 staff. Nicholas County doesn't own a bus, they must use their personal vehicles and can only transport 3 people at a time in a car. Each center receives a budget allocation based on their 60+, minority and rural population. This request is not a change in their current operations. 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 bands when needed and providing shelf stable meals during inclement weather or emergency situations.

Request #2: Request the utilization of frozen home delivered meals in rural areas of all our counties two (2) days per week. 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 down.

Exception Requests (includes meals served less than 5 days per week and non-traditional meals 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.

Request #1: Request continued special program approval to serve congregate meals in the following focal point senior centers only three (3) days per week: Boyle County, Harrison County, Lincoln County and Nicholas County. These centers are open for business five (5) days per week, however service congregate meals only on Monday-Wednesday-Friday due to budget limitations related to providing transportation to and from the center five (5) days per week as well as staffing costs. Boyle and Lincoln counties are very large geographic counties. In order to be able to serve their entire county, they must alternate their transportation service to the center on certain days/week per certain quadrant of the county. To provide county wide transportation daily would require an addition of at least 2 more vehicles and 2-4 more staff. Harrison and Nicholas Counties are very rural counties which creates a similar situation as the larger counties. The time it takes to get to their most rural areas and back to the center on a daily basis would require the addition of 2 vehicles and 2 staff. Nicholas County doesn't own a bus, they must use their personal vehicles and can only transport 3 people at a time in a car. Each center receives a budget allocation based on their 60+, minority and rural population. This request is not a change in their current operations. 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 bands when needed and providing shelf stable meals during inclement weather or emergency situations.

Request #2: Request the utilization of frozen home delivered meals in rural areas of all our counties two (2) days per week. 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 down.

XXII. 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 shall 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. This includes contracts obtained through an NLE. 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
Independence Assistance of the Bluegrass: 343 Waller Ave, Suite 309, Lexington, KY 40504	Homecare and NFCSP Services: PC, HM, CH, ES, RE	TBD	15.00/Homecare 30.00/NFCSP
Lifeline Homecare, Inc.: PO Box 429, Somerset, KY 42502	Homecare Services: PC, HM, CH, ES, RE	TBD	15.00
Always Caring: 806 Stone Creek Pkwy, #9, Louisville, KY 40223	Homecare Services: PC, HM, CH, ES RE	TBD	15.00
Trio Community Meals: 857 Floyd Dr., Lexington, KY 40505	Title III C Meals	TBD	3.70

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 identity of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and 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 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.
23. 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.
24. 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.
25. 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.
26. 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.
27. 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.
28. 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.
29. Each Area Agency on Aging and Independent Living shall provide assurance that if entering into an agreement with a profitmaking organization for the provision of services not otherwise receiving services under the OAA shall follow all provisions listed in Section 212 of the Older Americans Act.
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 ACL 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 SHIP NPR website: www.shipnpr.acl.gov.
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. 3030M), by providing integrated health promotion and disease prevention programs to older adults that are evidence-based as defined by the ACL to promote healthy lifestyles and behaviors.
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, and welfare 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.