



REGIONAL PLAN EXECUTIVE SUMMARY Fiscal Year 2016

INTRODUCTION & FRAMEWORK

Kentuckiana Regional Planning and Development Agency (KIPDA) has been designated the Area Agency on Aging in accordance with the regulations set forth in Title III of the Older Americans Act of 1965, as amended. KIPDA, in 2007, was designated as the Area Agencies on Aging and Independent Living (AAAIL) with an expansion of services through the Department for Aging and Independent Living to serve persons of varying ages and disabilities to remain independent in our communities. KIPDA is responsible for administration of federal and state funded programs for the elderly, caregivers, family members, grandparents, persons with disabilities and the general community in the Kentucky counties of Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and Trimble, which comprise the KIPDA AAAIL service area.

The 2016 KIPDA Regional Plan will be a new plan to extend through June 30, 2018. This plan is designed to describe the provision of services to older adults, caregivers, family members, grandparents, persons with disabilities and the general community throughout the region. With KIPDA's comprehensive network of service providers and KIPDA Area Agency on Aging and Independent Living staff, a variety of programs and services are available to serve the citizens of the Region. The network of providers is selected through a competitive procurement process, which occurs on established procurement cycles and as needed when funds become available from surplus or other sources.

All funds for the following programs come from Title III & Title VII of the Older Americans Act, CMS and State General Funds. KIPDA also seeks additional sources of funds to support and expand its mission to help persons of all ages remain independent, healthy and safely within our communities. During FY 2014, KIPDA did sustain a reduction in Federal Sequestration efforts to reduce the Federal debt. In FY 2015, a portion of sequestered funds were restored at the federal level. However, all funds have not been restored since the sequestration occurred in 2013. Further, state general fund reductions have occurred consistently over the last decade, which impact the amount of service available for persons in need in addition to waitlists which have been managed over many years.

The projected annual budget for all social service programs administered by KIPDA through the Division of Social Services during FY 2016 is anticipated to be approximately **\$10,622.00; excluding CDO.** CDO accounts for approximately \$8,000,000 in Medicaid funds which are to be paid for CDO client service expenses, Support Broker and Financial Management services.

Of all of the Federal and State funds received to administer and implement services for older adults, persons with disabilities, and special projects in the KIPDA region, 9% of all funds are retained for administration and 99% of all funds are utilized to provide direct services for clients, persons with disabilities and special populations throughout our communities. KIPDA provides certain services directly and through contractual agreements with service providers. Each year, nearly 55,000 persons receive information and assistance about the services available and assistance in accessing services. Approximately 25,222 persons received direct care and services in fiscal year 2013.

The Older Americans Act, Section 301. (a)(1), states, "...the purpose of this title is to encourage and assist State agencies and Area Agencies on Aging to concentrate resources in order to develop greater capacity and foster development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements...for the planning, and for the provision of, supportive services, and multipurpose senior centers." Likewise, the Department for Aging and Independent Living allocate State General funds to assure a comprehensive, coordinated system of care is available and accessible throughout the Commonwealth to older adults, caregivers, family members, grandparents, persons with disabilities and the general community. This network of services is intended to be designed to facilitate an individuals' ability to secure and maintain maximum independence and dignity in a home environment with appropriate supportive services; remove individual and social barriers to economic and personal independence; provide a continuum of care for vulnerable persons with disabilities and older individuals; and secure the opportunity for persons with disabilities and older individuals to receive managed in-home and community-based long-term care services. Thus, services are implemented through cooperative and collaborative efforts with state and local governments, communities, and other entities interested in assuring the people residing in their communities are able to access quality services and are able to live healthy, independent and secure lives as long as they can in the environments of their choice. This collaborative effort is met through a variety of means including but not limited to a variety of funding sources, donations, in-kind support, staffing support and volunteers. The goal is to create, maintain and continuously develop a strong network of programs and services that will enrich our communities in a variety of ways.

KIPDA intends to facilitate the continued development of this network with the following programs included in KIPDA's Division of Social Services' Plan: Support Services, Nutrition Services, In-Home Care, Caregiver, Alzheimer's support, Personal Care Attendant Program, Consumer Directed Options waiver services, State Health Insurance Program, Transportation, Financial Management, Legal Services and support for Grandparents Raising Grandchildren. KIPDA issued proposals to re-design and make available within each community access to Senior Multipurpose Centers and Sites through services offered at services and within the Community. KIPDA supports the need for on-going information and education to the community through its Aging and Disability Resource Center (ADRC) and involvement in numerous community outreach events and health fairs. During 2014, KIPDA also implemented access to Health Insurance options through a contract awarded by the Kentucky Health Benefit Exchange. Funds for FY 2015 are not known at this time, but if awarded, KIPDA will continue the implementation of this vital service.

MISSION

The mission of KIPDA Area Agency on Aging and Independent Living is to promote and ensure meaningful, timely, *person-centered services* are available for all older adults, caregivers, family members, grandparents, persons with disabilities and the general community to improve their health, safety and overall well-being, and to provide leadership to the network serving persons who are aging or persons with disabilities through planning and coordination.

An overarching goal of such comprehensive services is to improve individuals' health, safety and overall well-being. Positive outcomes, such as increased dignity, self-worth, empowerment, and informed decision-making, are at the core of KIPDA's service to the community. KIPDA values the benefits associated with natural and community support networks and, as a result, makes a good faith effort to assist community members in maintaining and/or establishing those connections. KIPDA has a professional mission to empower individuals to recognize their undeniable place in the community. In support of KIPDA's multifaceted mission, KIPDA programs and initiatives involve open collaboration with the community, consumers, families, advocacy networks, community agencies, local government, state government, and federal government.

VISION

KIPDA Area Agency on Aging will be a leader in the nation in the coordination, planning and implementation of a comprehensive and coordinated system of care and support to older citizens, caregivers, family members, grandparents, persons with disabilities and the general community of this region, facilitating their ability to live in the environment of their choice; and will foster and embrace environments and practices that promote healthy aging, wellness and prevention.

REGIONAL PROFILE

As the Area Agency on Aging and Independent Living (AAAIL), KIPDA is responsible for administering federal and state funded programs for the citizens of the Kentucky counties of Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and Trimble, which comprise the KIPDA AAAIL service area. According to the US Census Bureau, Population data provide in the 2012 projection data using the 2010 census indicates 21% of all persons living in the KIPDA Region are 60 years old and above and 23.53% of all persons in Kentucky who are 60 and above live in the KIPDA Region. Further, 18% of all persons in Kentucky who are 60 and above live in Jefferson County. Also, according to the Kentucky Data Center 2012 Population Projections, 21.10% of persons 60 and older live in the rural counties in the KIPDA region and 78.9% live in Jefferson County. Approximately, 10.5% of older persons in the region are low income and 41.5% of low income seniors are minorities. Minority seniors represent 15.1% of the total senior population in the KIPDA region. The population in the region is very diverse and represents a wide range of demographics, needs and interests, for persons with disabilities and older adults.

There is also a higher concentration of other populations served through KIPDA administered programs. For example, more than 20.06% of all Medicare beneficiaries reside in the KIPDA region (primarily Jefferson County). Kentucky's caregiver numbers are continuing to increase. The National Family Caregiver estimate Kentucky has approximately 510,000 caregivers (family member or other person

caring for someone 50+). It is estimated that the KIPDA region approximately 21% of the state's caregivers reside in the KIPDA region. Additionally, of all the caregivers statewide, approximately 35,818 are estimated in Kentucky to be grandparents raising their grandchildren. Further, the number of individuals with Alzheimer's disease continues to increase and will grow exponentially as the older adult population increases. Kentucky has the second highest percentage of people with disabilities in the entire nation. The Kentucky Data Center's KIPDA Region Profile indicates that 31.5% of the population in the region has a disability; and 40.41% of persons 65 and older in the region has a disability.

KIPDA's immigrants have more diverse origins than immigrants nationally. Latin American immigrants account for just 38 percent of the Louisville Metro's immigrants, compared to 55 percent nationally. By contrast, Louisville has a higher share than the national average of immigrants from Africa (15 percent vs. 2 percent) and Asia and the Pacific (35 percent vs. 26 percent). KIPDA has a high share of refugees, due to its large federal refugee resettlement program. Approximately 15 percent of KIPDA's immigrants are refugees (individuals granted legal status due to persecution or a well-founded fear of persecution in their home countries). That is twice the national share of 7 percent. Educational attainment and income vary widely across the different immigrant groups. The fastest-growing immigrant group, Latin Americans, have the lowest educational attainment. Latin Americans, along with Africans, are also the poorest immigrants, while the median income for Asian and European immigrants exceeds that for native-born Louisville residents. The largest minority population in Shelby County is Hispanics. According to the 2010 Census, the Hispanic population in Shelby County was 9.1% compared to 3.2% for Kentucky. Awareness of the linguistic and cultural make-up of cities, counties, and communities within the KIPDA region will be necessary to successfully serve future older adult populations.

It is vital to be aware of the wide educational achievements among current older adult populations while keeping in mind that as the Baby Boomers age, educational competencies have changed greatly. The current ACS estimates are indicative of the differences among the metropolitan and rural counties in education levels. Of persons over the age of 65 in Jefferson County, 40.4% have completed some level of education beyond a high school diploma; an average of 29.2% for outer counties.

Diversity in the KIPDA region extends far beyond economic, social, and educational markers. In the next several decades, the number of lesbian, gay, bisexual or transgender (LGBT) adults age 65 and above is expected to double in America. LGBT adults face unique challenges in our community as they age. For example, the LGBT older adult population is only half as likely as their heterosexual counterparts to have close family to rely on for help, which means that they must rely on the services of professional health care providers.

At the same time, fear of discrimination, harassment, or hostility can prevent many LGBT older adults from seeking out the care they need. The prevalence of social isolation is high since they are less likely to feel welcome in the places where many older adults socialize, such as senior centers, volunteer centers, and places of worship. The presence of social isolation can result in depression, delayed care-seeking, poor nutrition, and premature mortality.

Few aging services providers plan for, or reach out to, the LGBT community. Further, few are prepared to address insensitivity or discrimination aimed at LGBT persons by staff or other older people. The difficulties are confounded by the challenges of accounting for same-sex couples through data collection

and group identification in our current era of rapid social change. The Census Bureau has a delicate balancing act as it tries to capture a demographic snapshot even as national norms are constantly changing.

Another quickly growing demographic group to consider is the Caregiver population. It is estimated that there are 510,000 informal caregivers in Kentucky taking care of or assisting in the care of one or more family members or acquaintances. Approximately 11% of older adults in the KIPDA region have been diagnosed with Alzheimer's disease or related dementia; requiring a caregiver. As the number of older adults increase, especially the number of people in the 85+ age range, the number of caregivers will also increase. Many adults including older adults in this region 7,788 find themselves with the responsibility of raising their grandchildren. In the KIPDA region, 18% of adults are rearing a grandchild under the age of 18. Annually, KIPDA is aware that this statistic is growing due to the economy and other social issues such as addiction and violence; resulting in various challenges to our communities. It is expected that more adult children in their 60s or 70s with chronic conditions of their own are also caring for a parent age 90 years and older. Additionally, approximately 40% of KIPDA's adult population reports one or more disability. The Center for Personal Assistance Services projects a 78% increase in Kentucky adults needing assistance with their activities of daily living between now and 2030.

KIPDA AAAIL and its provider/service network and partners must continuously plan, develop and implement programs and services that meet the varied needs and interests of this community. The network must be progressive and forward thinking, acknowledging limitations in funding and resources, but considering and taking advantage of every opportunity to move forward in its development.

KIPDA has not received its allocations for FY 2016 and this plan has been developed using FY 2015 allocations which are projected to remain stable into FY 2016. The KIPDA Board of Directors will approve contracts for services at actual funding levels once KIPDA has received its allocations and prepared to recommend specific funding amounts.

Listed below is an overview of the programs and services supported by funds from the Department for Aging and Independent Living, the Administration on Aging and other funds and resources utilized for support.

PRELIMINARY KIPDA NEEDS ASSESSMENT

Demographic Data

Seventy percent of the respondents live in Jefferson County with the remaining participants being from the 6 rural counties in the service region, representing an over sampling within the rural counties to ensure the voices of these isolated older adults are heard. The age of the participants range between 46 and 97, with a mean age of 64 (SD=10.1). Nearly 3/4th of the participants were female (72%), with 79% being White Non-Hispanic and 16% Black.

The sample represents people with a mean of 16 (SD=3.7) years of education, with 30% having at least a high school diploma, 23% a master's degree, and 21% a bachelor's degree.

Individuals at both ends of the income spectrum completed the needs assessment, with 28% making less than \$25,000 a year and 34% making more than \$75,000 a year. Just over a third of the sample (36%) is employed full time, with the same percentage (36%) being retired. Of those still working, 35% plan to retire after they reach the full age for social security, with 26% planning not to retire.

Nearly a quarter of participants (24%) suffer from a disability, with 26% of those being disabled struggling with a muscular/skeletal disorder, 11% having a disability related to lung functions and 10% having a disability related to neurological disorders.

Most of the participants (71%) live in their own home. Half of them are married (50%), with 16% each being divorced or widowed. Participants live with between 2-10 people with a mean size of the household being 2 (SD=1.5). Participants have a mean of 2 children (SD=1.5), with the amount ranging between 1 and 8 children.

Caregiving

Eighteen percent of the respondents report being caregivers. The people they care for range between 1 and 96 years old with a mean age of 70 (SD 25.1). Just over a third (39%) of respondents takes care of their parents, with 26% caring for a spouse. Twenty eight percent take care of someone with dementia, with another 28% taking care of someone with frailty. Caregivers report that on average they sometimes do have caregiver burden (Mean 2.7 (SD=0.88) on a 5 point scale). Urban and rural participants experienced the same level of burden. Nearly two thirds of caregivers (63%) report that they need support, of which 38% indicate respite care as the type of support they need. Of those needing support, 53% indicate they prefer to receive the support at home.

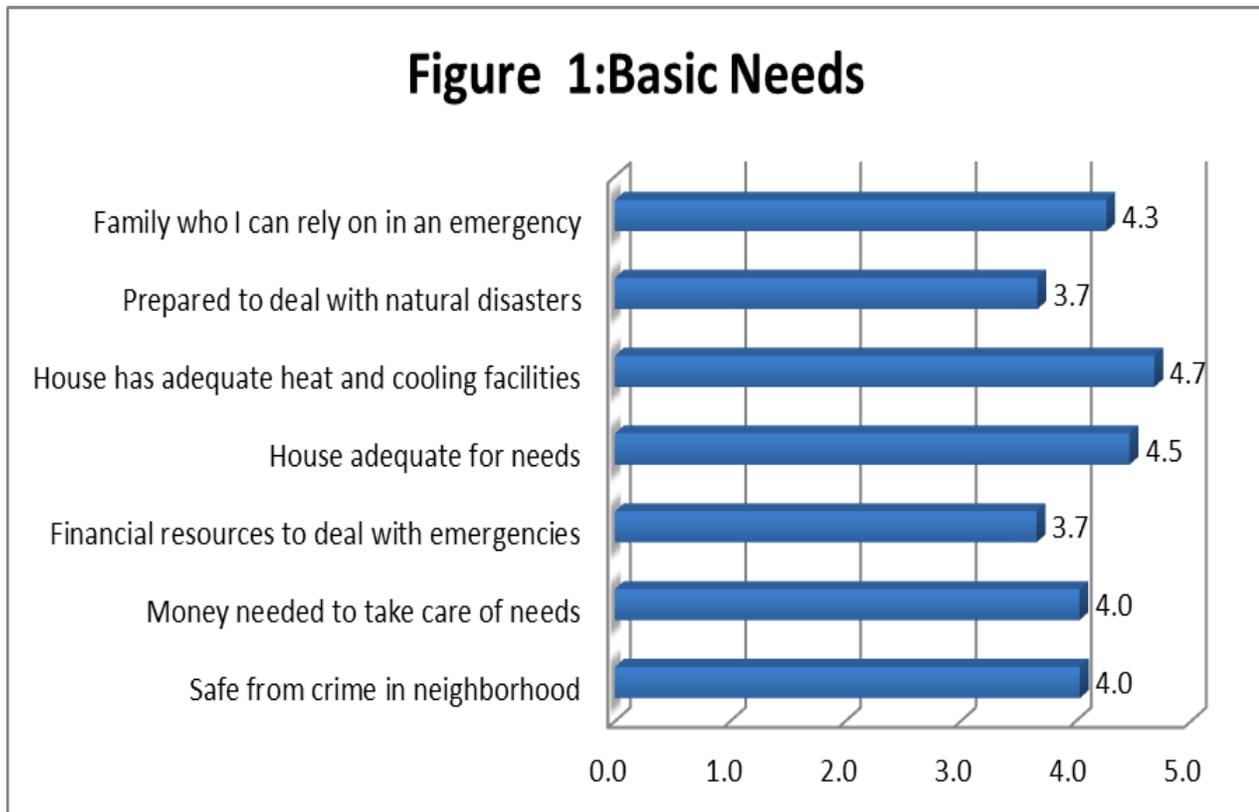
Health and Mental Health

On average the health and mental health of participants are good with the majority scoring above the national average on 4 health indicators (physical functioning, body pain, role limitations, and general health perceptions), with only 21% scoring below the national average. Mental health was measured with 4 indicators as well (emotional well-being, role limitations due to personal or emotional problems, social functioning, and energy/fatigue), with only 13% scored below the national average on mental health indicators.

Twenty percent of the sample report having a chronic condition, with high blood pressure (46%), arthritis or other rheumatic disease (33%), and high blood cholesterol (29%) being the most prevalent. Twenty six percent indicated they need help managing their chronic condition. On average those with a chronic conditions score 7 out of 10 (SD=2.4) on their confidence in managing their chronic condition. Of those needing help managing their chronic condition, 36% indicate they want to receive education and information face to face in their homes, 27% want to receive education and information face to face in a community setting, 22% want to receive it over the phone, with 16% saying they prefer to receive information on a smart phone application. On the perceived stress scale, that is an indicator of life burden, 94% scored higher than the norm for their specific age groups, indicating life burden for most. For those between 55 and 64, the life burden was significantly higher for those living in rural counties.

Basic Needs

In terms of basic needs, the most important needs identified on a scale between 1 (need never fulfilled) and 5 (need always fulfilled) are having the financial resources to deal with emergencies and being prepared to deal with natural disasters. Being safe from crime in the neighborhood and having an adequate house for needs were significantly different for those living in Jefferson County and the other rural counties. Participants living in Jefferson County felt their neighborhood were less safe from crime and their houses were less adequate to meet their needs than those living in rural counties.



Health Care Access

Most of the participants (46%) had private health insurance, with 42% being on Medicare. More than half of the participants (53%) did not have dental insurance, with 45% of them indicating they are interested to learn more about dental insurance. Only 4% indicated they do not have someone they think of as their personal doctor. Ten percent indicating cost was a barrier to primary health care services, with 20% indicating cost was a barrier to dental care. Thirteen percent indicated cost was a barrier to receiving needed medications. Eight percent indicated that transportation was a barrier to get to a medical appointment. More than $\frac{3}{4}$ of the participants (77%) went for a medical checkup in the past year, with $\frac{2}{3}$ of the participants (65%) indicating that they went for a dental checkup within the last year. Most participants (82%) see their primary care physician as the place they go to the most often for medical care.

Personal Health Practices

Participants ate five or more servings of fruit and vegetables on average only 4 days a week (SD=2.2). Also, they exercised only 3 days a week (SD=2.3). No differences were detected between rural and urban participants.

Community Needs

In Figure 2, the percentages of participants in need of certain services are displayed. It is clear that the most needs were seen in needing access to medical specialists, affordable fruits and vegetables and exercise opportunities. In Figure 3, the scale to which these needs were met, are shown, with 1 = *never* and 5 = *always*. Even though the need to access medical specialists was listed as the most significant need in the community, it was also the need that was met almost always. The needs that were almost never met were affordable gardening services, assistance with utilities costs, assistance with finding help with housing costs, and assistance with access to subsidized and affordable housing options.

Respondents indicated that if the need may arise for assistance and counseling related to Medicare/Medicaid/Kynect services, the majority will prefer to receive this assistance in a face to face session at home (41%), with 23% indicating that they would prefer a group seminar at a community location, 21% indicating they would prefer to receive this assistance on the phone and 16% preferring to get this counseling via the internet.

Figure 2: Community Needs

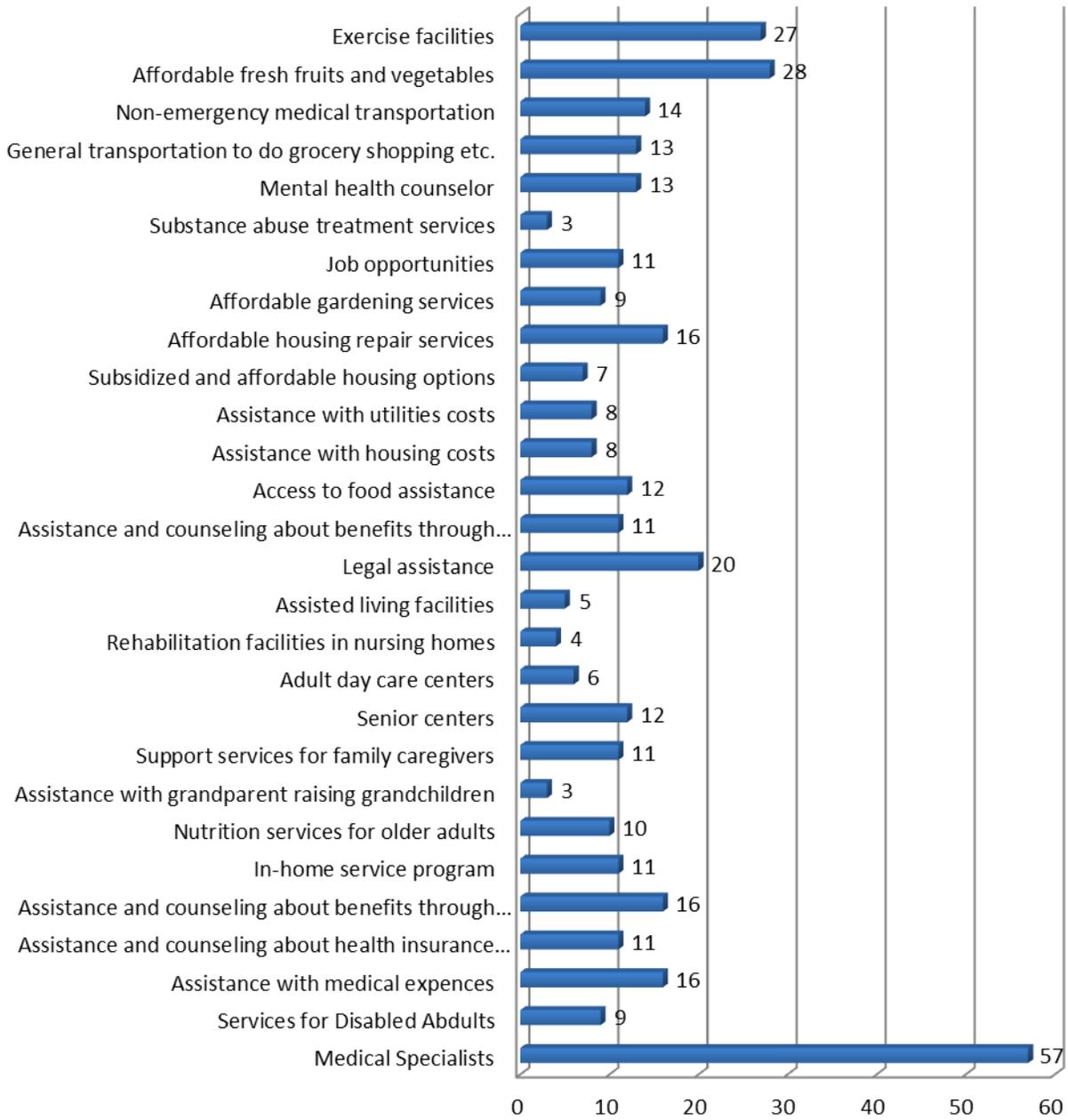
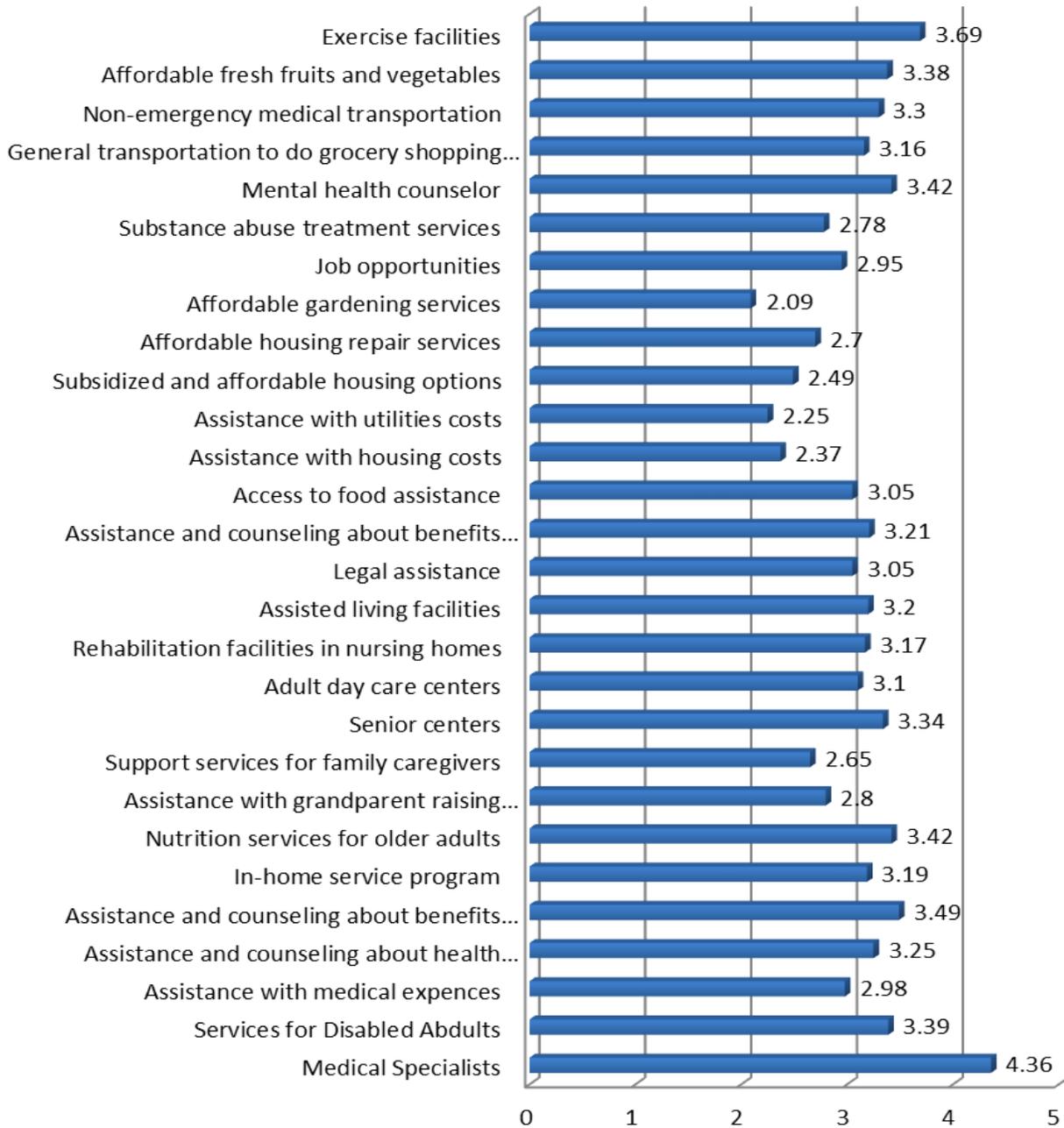


Figure 3: Community Needs Met



Social Needs

Participants indicated a mean score of 2 (SD=0.92) on the loneliness scale, indicating that they almost never feel lonely. However, a trend was seen toward being more prominent under urban participants than under the rural participants. On average participants indicated that they participate in social

activities at least more than twice a month. There was no difference between urban and rural participants.

Community Capital and Community Engagement

In terms of community capital, participants indicated that on average, there was at least on some level (3 (SD=0.97) on a scale between 1(not at all true for my community) and 5 (very true of my community) community capital present in their communities, with the ability to count on someone if they need extra help, doing favors for each other, asking neighbors for help when sick and getting together to help a neighbor with a serious need.

Engagement in their communities was seen as present sometimes (3 (SD=3.25) on a scale between 1=never and 5=always), with significantly more engagement seen in urban communities than in rural ones.

Most participants, who engaged in volunteer activities, do it through church activities.

Long Term Care Concerns and Needs

Participants indicated that their most prominent aging concerns were to lose their memory or other mental abilities and to lose independence, having to rely on others (Figure 4) (scale ranged between 1=no concern at all to 5=a great deal of concern).

In terms of their perception of how certain systems will provide as they age, participants indicated that they view doctors, nurses or other health care professionals, the Medicare and health insurance systems, children and grandchildren, and spouses or partners as the systems that will provide at least a moderate amount (Figure 5) (scale ranged between 1=none at all to 5=a great deal) as they age.

The most important home characteristics needed while aging, were seen as having a house all on one level with no stairs, being close to shops and services, being close to medical offices and services and having access to nursing care or other medical services without having to leave home, (Figure 6). (scale ranged between 1=not important at all to 5=extremely important).

Figure 4: Aging Concerns

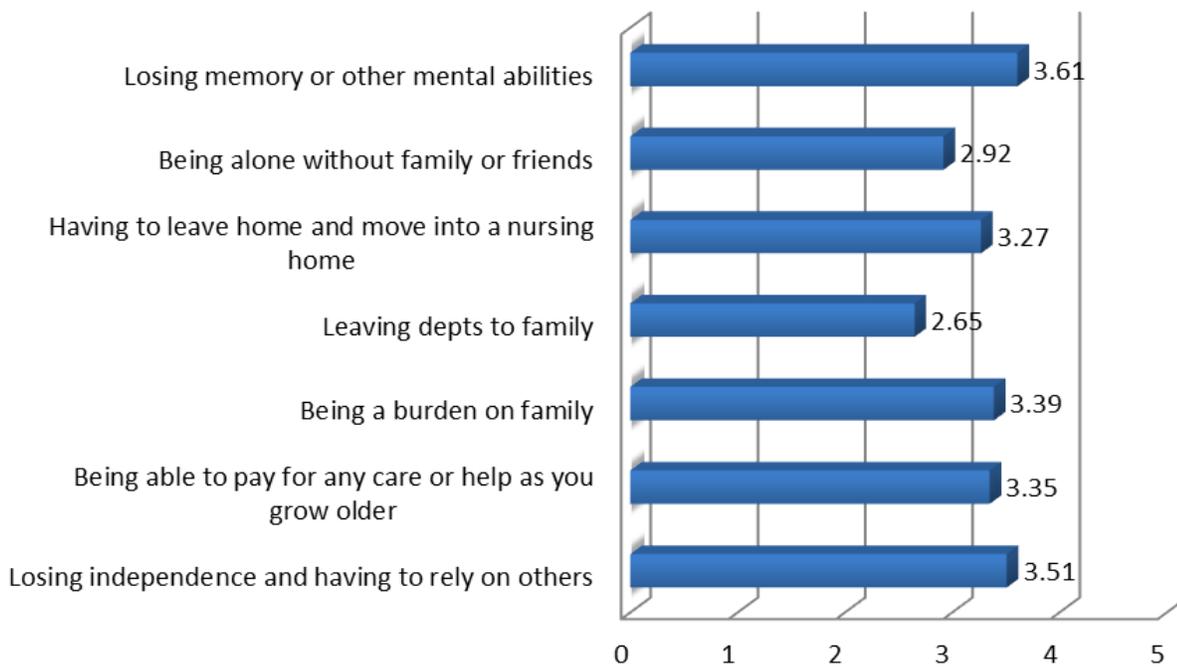


Figure 5: System support while aging

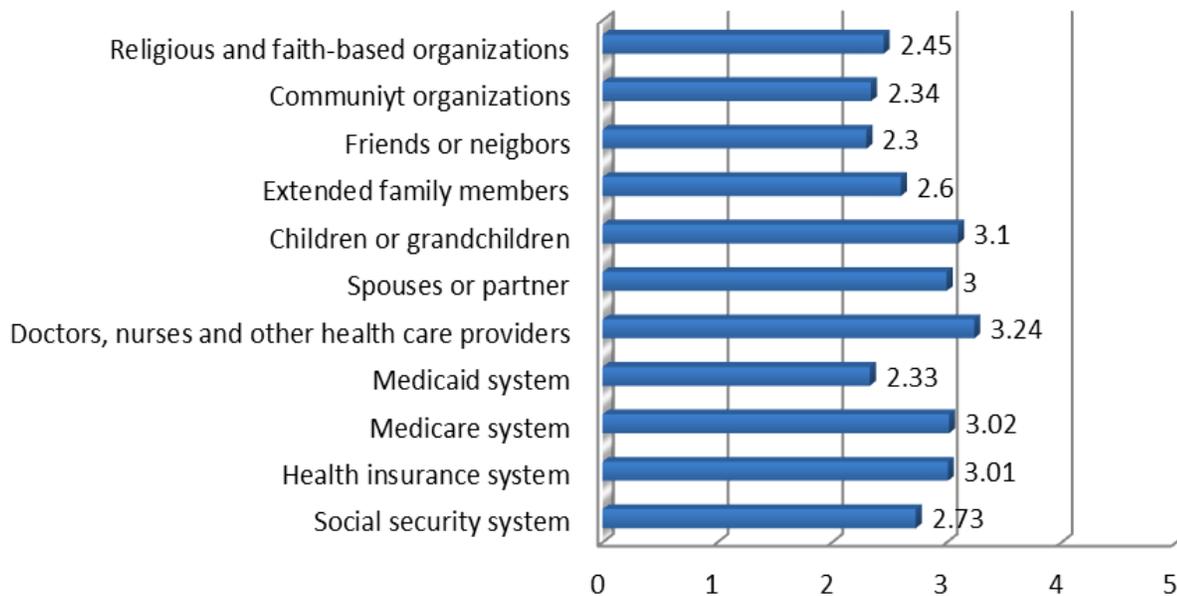
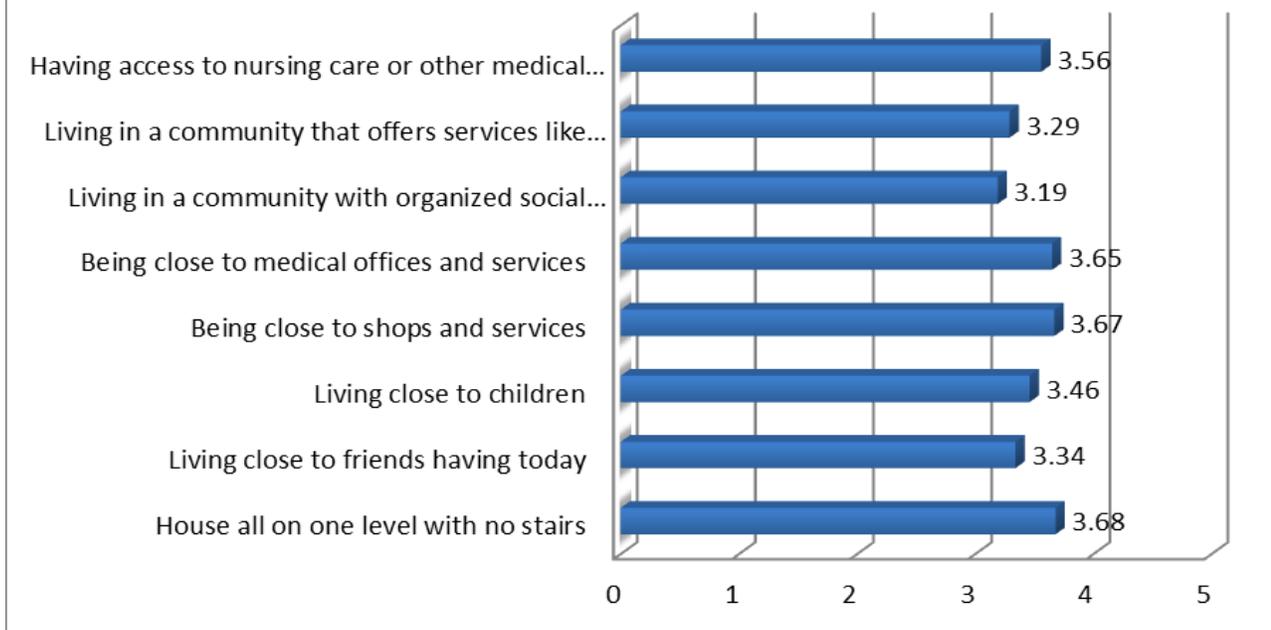


Figure 6: Home characteristics while aging



AGING AND DISABILTY RESOURCE CENTER

The Kentucky Department for Aging and Independent Living states that the vision and mission of the Aging and Disability Resource Center (ADRC) is a natural progression to facilitating the transformation of long-term care in Kentucky. The ADRC includes the following:

- Operational Call Center
- Intake and Assessment Capacity
- Information, Assistance and Referral Services
- Resource Counseling
- Options Counseling
- Benefits Counseling
- Eligibility Determination
- I & R Resource Data Base
- Resource Data Available to Upload into State Data System
- Aging and Disability Advisory Council
- Other Activities and Tasks as Necessary

KIPDA Area Agency on Aging and Independent Living utilizes a portion of its funds from each service area to cover the cost of operating its ADRC. Four (4) full time staff members are available to answer direct calls from the public. Prescreening services for various programs and services are available for persons who wish to pursue eligibility determination for Federal and State-funded programs. In the event a particular service is not available through KIPDA's resources or long waitlist impact a person's ability to receive immediate care or services and access to those services. During FY 2015, KIPDA redesigned its call center to accommodate the more intensive consumer assistance and follow up model that would address the needs of individuals who call with complicated situations and requesting support for a reasonable solution.

Planning staff are also engaged in the functions of the ADRC, primarily as Resource and Options Counselors, but serve in other capacities as well. Funding to support this effort is accessed through current resources. Separate funding is not available at this time to support this vital service.

SENIOR MULTIPURPOSE CENTERS AND OTHER SUPPORT SERVICES

As the demographics of our communities continue to shift and change, our programs and service network must adjust to meet the needs and provide opportunities for its citizens. In particular, the service network must continue to develop and evolve into a system that has the ability to reach all of its older adults and particularly the younger old who are embarking upon eligibility for services. KIPDA strives to maintain the momentum of creating a progressive network of opportunities and assure the availability of services to all members of the community and particularly older persons and persons with disabilities. Supportive services are part of this network of opportunities and services. These services are currently provided through multipurpose senior centers, satellite senior centers and other supportive service providers.

The older adult and disability population living in our communities today is diversified. The service network has a responsibility to offer services and opportunities that will engage this population regardless of their functionality, activity level or interest. The network promotes the concept of healthy, positive and active aging for all persons, optimizing the opportunities for health, participation, and security in order to enhance quality of life. The word active implies the ability to continue participation in social, economic, cultural, spiritual, and civic affairs. It is not just the ability to be physically active. It implies healthy aging where "health" is defined more globally to include physical, mental, and social wellbeing. An active aging frame work will include policies and programs that promote mental health and social connections as well as the improvement of physical health status and life long learning. An active aging frame work engages the entire community including persons with limited English proficiency.

The changing needs of older adults require more access to technological applications, life-long learning opportunities, and opportunities for off-site programming in the community for mobile participants, on-site programming for less active participants and access to a variety of opportunities through meaningful quality access services. General services include but are not limited to: advocacy, counseling, education, employment, friendly visiting, health promotion, home management, information and assistance, outreach, personal care, recreation, respite, telephone reassurance and transportation.

KIPDA has designed a system to support senior centers and encourage each to implement a diverse revenue stream to support their day-to-day operations. Older Americans Act funding that is currently

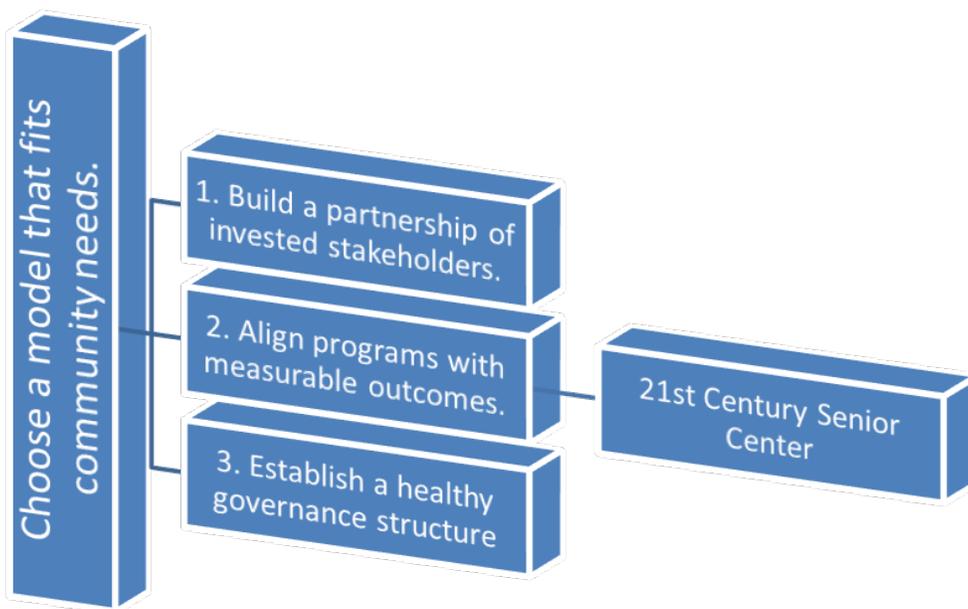
available for senior center services was intended to serve as start-up funding and KIPDA providers are expected to utilize resources outside of the senior centers, including the establishment of partnerships and collaborations to share resources, ideas, and partners. Each Multipurpose Center funded through KIPDA has secured various funding sources to extend programs and services through growth, while ensuring accessibility to all who want to participate. A diverse set of funding sources is essential to long term survival and sustainability. Title III-B Supported Senior Centers are expected to explore and access a variety of funding opportunities such as membership fees, fee for service programs, corporate sponsorships, facility rentals, foundation support and other entrepreneurial activities.

Estimated funding to support senior center operations and services are anticipated to be the following for FY 2016:

Provider Agency	County Served	Anticipated Funding
ElderServe, Inc.	Jefferson	\$ 68,895
Highlands Community Ministries	Jefferson	\$ 31,365
Jewish Family and Career Services	Jefferson	\$ 71,916
Multipurpose Community Action Agency	Bullitt, Shelby	\$ 93,267
Tri-County Community Action Agency	Henry, Oldham and Trimble	\$ 118,103

The Framework utilized for the development of Senior Center Models included those with demonstrated evidence of effectiveness and is aligned with the needs of older adults living in the community, geographic area and/or county to be served.

FRAMEWORK FOR DEVELOPING A 21ST CENTURY SENIOR CENTER



1. Build broad partnerships made up of stakeholders willing to commit resources and expertise. Focus on how the stakeholders might be interested in becoming revenue partners.
2. Needs and priorities of local residents are an important part of shaping the decision to select one model over another. Additionally, the centers must also complement what already exist in the community and must be able to deliver measurable outcomes to the participants, agencies, foundations and others that invest in their work.
3. A healthy governance structure can ensure that a center is constantly re-evaluating community needs and adjusting programs. Consider board membership that includes persons from stakeholder groups, funders, banks, center participants and invest in training leadership.

ADDITIONAL SUPPORTIVE SERVICES THROUGH TITLE III-B:

TRANSPORTATION

Transportation services designated with Title III-B funds are also in the procurement for will continue through FY 2016. Senior center and non-emergency medical transportation for seniors will be available throughout the KIPDA region. KIPDA anticipates the continuation of coordinated transportation through the implementation of a voucher pilot program in Jefferson County and other locations as feasible to serve clientele who may have a support network to assist in transportation to the doctor, but needs the support of funds to cover the costs incurred by the driver. The amount available from Federal and State funds to support this effort in FY 2016 is approximately **\$366,000**. KIPDA will also continue to partner with TARC on the continued implementation of a Senior Travel Training Project at approximately \$4,015, to support public transit options for older adults.

HEALTH PROMOTION AND DISEASE PREVENTION

The Administration on Aging made a dramatic shift in the requirements for expending Title III D Health Promotion and Disease Prevention Programs that requires Title III D to only be used for disease prevention and health promotion programs and activities which have been demonstrated through rigorous evaluation to be evidenced based and effective. ACL uses a graduated or tiered set of criteria for defining evidence-based interventions implemented through the OAA. This tiered system includes three tiers; health promotion programs can fall within any of the three tiers, including minimal criteria. Based on the history of the program and the degree of change needed to transition to the optimal-level of evidence-based implementation, each program will need to be assessed based on the criteria established by the AoA. While the goal is for all Title IID activities to move toward the highest-level criteria, programs meeting the minimal or intermediate criteria will meet the FY-2016 requirements. All Title III D projects administered by the Area Agencies on Aging must meet prior approval by the Department for Aging and Independent Living. The AoA provides a listing on their website of approved health promotion and disease prevention programs and services.

During fiscal year 2016, KIPDA anticipates the implementation of the following services and models to serve persons age 60 and older:

Applicant	Proposed Programs	Projected Funding
Bullitt Co. Dept. for Public Health – serving Bullitt County	Arthritis Foundation Exercise Program, Cooper Clayton Smoking Cessation Program, Matter of Balance	\$16,045.00
Highlands Community Ministries – Serving Jefferson County	Tai Chi for Arthritis	\$1,764.00
Jewish Family and Career Services – Serving Jefferson County	Health Screenings by Medical Professionals	\$3,225.00
Tri-County Community Action Agency – Serving Henry, Oldham and Trimble Counties	Tai Chi, Arthritis Exercise, Active Living Every Day, Eat Better Move More	\$10,378.00
University of Louisville Family and Geriatric Medicine	Medication review for older adults with multiple medications to reduce opportunities for drug interactions and mismanagement of medications.	\$2,500
HomeMeds Program	Home Medication review and follow up for homebound older adults.	\$2,500
Falls Talk Program	Falls Prevention Program, pilot site in Shelby county with option to expand.	\$2,500
Health Rhythms	Drumming Program to support improved mood, reduced stress and increased	

Additionally, KIPDA will continue the implementation of Chronic Disease Education, Diabetes Self-Management and Arthritis Exercise Walk with Ease Programs, contingent upon the availability of funding through the Department for Aging and Independent Living.

KIPDA continues to support and encourage many projects and initiatives no longer funded through Title III D funds, but are health promotion and disease prevention related and have proven to be very effective in serving older adults in the region. For example, the regions “Medication Disposal Program” which is supported by local Law Enforcement Officials and medication management initiatives available in the community are supported by KIPDA to the greatest extent possible. KIPDA’s participation in health-related interventions will remain at the forefront of our plan for community involvement, including the

Mental Health and Aging Coalition and KIPDA's CDC grant initiative to reduce the health disparities for vulnerable populations diagnosed with Type 2 Diabetes.

The overall goal of KIPDA's Disease Prevention and Health Promotion program is to improve quality of life and increase functionality for older adults who participate. It is estimated that KIPDA will fund at least 5 providers offering a variety of programs throughout the region. The anticipated Federal and State budget for Title III-D services is \$84,000 during FY 2016.

LEGAL SERVICES

The Legal Aid Society, Inc., 425 Muhammad Ali Blvd., Louisville is recommended to continue to provide Legal Services to persons 60 and older in the region. The funding for FY 2016 is projected to be, \$30,000. The Legal Aid Society, Inc. will provide legal assistance to seniors age 60 and older with an emphasis on providing services for low-income seniors. Additionally through the Title III-E and KY Caregiver procurement, the Legal Aid Society will provide legal services targeting caregivers and grandparents raising grandchildren. KIPDA is anticipated to allocate \$19,000 toward this initiative for caregiver and grandparent caregiver assistance during FY 2016. The type of legal assistance will include matters such as housing, abuse, financial assistance, custodial and guardianship cases and other related issues. They have a well-developed referral network which includes judges, court clerks and social services providers.

FINANCIAL MANAGEMENT

GuardiaCare Services, Inc. located at 215 W. Breckinridge Street in Louisville is the provider to deliver financial management services for FY2016, through the end of the procurement period. GuardiaCare offers a representative payee program and guardianship services for many seniors, including many of the minority elderly in the west end of Louisville. GuardiaCare Services, Inc. will serve approximately 50 seniors through the representative payee and other services approved by the courts such as court appointed Guardian, Conservator, Curator and/or Trustee. Older Americans Act Funds will be used to target persons 60 and older who require assistance, as specified through an assessment process, in managing their personal finances, end of life decisions and creation of living wills or power of attorney documents. In addition to financial management GuardiaCare provides participants with case management and assessment, legal assistance, housing assistance, assist with completion of applications for public assistance and other services needed to ensure the participant resides in a safe and healthy environment. The FY 2016 allocation to GuardiaCare for Financial Management is anticipated to remain at \$50,000 (Federal and State funds).

LONG TERM CARE OMBUDSMAN SERVICES/ELDER ABUSE PREVENTION SERVICES

Catholic Charities, as a result of KIPDA's recent procurement, has been selected to continue to provide the Long Term Care Ombudsman and Elder Abuse services to the region. This organization is anticipated to be awarded \$262,000 in Older American Act and State General funds to assist with continuing those programs. During FY 2014, KIPDA was notified that the primary source of funds for this service (Civil Monetary Penalty Funds) will no longer be allocated to support Ombudsman Services through CMS. Therefore, the Kentucky General Assembly has awarded State General funds to support 86% of the Ombudsman services that are implemented by Catholic Charities in the KIPDA region.

Without this funding support, Ombudsman services could not exist to the extent available today. These programs ensure that a team of trained Ombudsmen are available to advocate on behalf of older adults residing in long term care facilities. The Ombudsmen advocate for residents rights and the prevention of Elder Abuse.

Responding to and resolving complaints are the primary function of the ombudsman's job. Residents are informed about the means of obtaining services to assist them in protecting their health, safety, welfare, and rights through Ombudsman Posters in every long-term care facility that has the State Ombudsman name, address, and phone number on it, along with the name and address of the District Ombudsman. There are copies of *Your Rights* for residents in long-term care facilities, along with personal care residents' rights. In addition, in-service training on these issues is performed by the ombudsmen or AAAIL staff to training and support groups of caregivers, and to the various providers in the area who are required to coordinate with the Ombudsman Program. Newsletters are also used to inform residents and family members of Ombudsman services.

The District Ombudsman also offers a variety of presentations to residents' councils, family councils, and facility staff as well as civic groups about long term care issues. Members of the LTC Advisory Council and volunteer ombudsman also spread the word through informal gatherings or other committee meetings they attend. In addition to the presentations, there are occasional articles in the LG&E Connection, Communiqué, local newspapers, newsletters of facilities, senior centers and non-profit agencies, etc. The AAAIL publicizes the program through its brochures, newsletter, weekly radio show, its ADRC and presentations. The website www.medicare.gov is constantly publicized to the general public and is used by staff to obtain information on the latest licensure report, etc.

Title VII funds are used to expand the local ombudsman services by allowing the ombudsman staff to visit every long-term care facility in the KIPDA region at least once a year. Staff promotes awareness and education of elder abuse prevention in the community, family care homes, personal care homes and nursing facilities by doing in-services at the facility's request and speaking to groups (i.e. health fairs, civic and church groups, etc.) at their request. The District Ombudsman, ombudsman staff and certified volunteers will be providing these services.

NUTRITION PROGRAM FOR OLDER PERSONS

The Nutrition Program for the Elderly is funded through the Older Americans Act, Title III-C and NSIP (Nutrition Services and Incentive Program). The program is implemented region-wide in accordance with KAR 910 1:190. In FY 2015, KIPDA conducted its competitive procurement for nutrition services for older persons to begin July 1, 2015. One primary change that will occur in the nutrition program is the implementation of client assessments to be conducted by service provider staff with specific credentials that meeting DAIL's regulatory requirements. KIPDA staff will review assessments and determine final approval for enrollment of clients to receive home delivered meals. This modification impacted the design and cost of the service which will be demonstrated in the proposed meal prices:

Meal Contractors (Preparation of Eligible Meals): Masterson's Food and Drink and Jewish Community of Louisville

Service Delivery Component (eligibility determination, assessment for home delivered and serving or delivering meals): Louisville Metro Government, Multipurpose Community Action Agency and Tri-County Community Action Agency.

Numerous congregate sites have been established throughout the region with targeted locations to also package and initiate the delivery of meals for homebound persons. The service includes both congregate and home delivered meals from approved sites and coordinates with other supportive services at the sites including required monthly nutrition education programs, and nutrition counseling as necessary. Currently, the nutrition program provides hot, cold, shelf stable and frozen meals. To be considered reimbursable, all meals served in the III-C nutrition program must meet the new Kentucky Menu Planning Guidelines, comply with temperature rules, and be served within Kentucky's three hour rule.

It is projected that a total of **\$1,445,000** is anticipated to be available to carry out both the congregate and home delivered meal services during FY 2016. Nutrition Services Incentive Program (NSIP) funds is an additional source of funds that historically has been available for the purchase of additional meals and is anticipated to continue in FY 2015 at approximately **\$249,000** available to purchase approximately 58,042 meals. NSIP funds are intended to expand nutrition services to eligible populations. It is the goal of KIPDA to assure that the NPE-for both congregate and home-delivered meals-is accessible to all eligible populations throughout the region. Some NSIP funds will be targeted to support expanding the NPE to eligible populations who could not otherwise gain access to meals (i.e. clients who live outside the three hour rule and/or live in an area where volunteer deliverers are not available).

The Nutrition Program for the Elderly, funded through Kentucky General Funds, provides seven-day frozen meal packs to eligible Homecare clients region wide. Approximately **\$260,000** of Homecare funds will be allocated for meals. KIPDA case managers assess and prioritize these clients and Masterson's food and Drink will deliver meals weekly. These meals meet the new Kentucky Menu Planning Guidelines and are the only ones currently served in the region that do so. Masterson's will produce, package, freeze, and deliver meals in its USDA inspected facilities.

FAMILY CAREGIVER PROGRAM and KENTUCKY CAREGIVER PROGRAM

Older Americans Act funds are appropriated for the **Title III-E National Family Caregiver Program** for the purpose of developing a comprehensive system of services and care to family caregivers. Although development continues, KIPDA has established its provider network serving family caregivers through a variety of programs and services such as support groups, training and education through community and workplace initiatives, information and referral, counseling and respite. KIPDA also manages supplemental services to meet their individual needs and provides information and assistance services through health fairs, caregiver trainings, and more. In addition to the KIPDA voucher program offered to caregivers throughout the region, KIPDA supports five Family Caregiver Projects in the region. These providers offer support groups, training, counseling, and respite services to caregivers. It is anticipated that **\$285,000** of federal funds will be available to continue supporting these projects.

The State funds the **Kentucky Caregiver program** for the purpose of assisting grandparents with the primary responsibility of raising their grandchildren. It is projected in FY 2016 that **\$268,437** of State General funds will be available to support the needs of eligible grandparents. The goal of the Kentucky Caregiver Program also known as the KIPDA Grandparent Raising Grandchildren Program is to provide

Supplemental and Supportive services to eligible grandparents who are providing full-time care in the absence of both parents for a grandchild related by birth, marriage or adoption.

The KY Caregiver program includes a voucher program which awards grants to eligible grandparents for the purchase of their grandchild’s immediate needs, such as clothing, furniture, respite services and medical/dental services (if eligibility criteria are met). Supportive services includes information and access to a variety of community services, counseling, support groups, and training that are available to eligible grandparents. KIPDA has also established a provider agreement with Legal Aid Society to provide legal assistance to grandparents who are seeking guardianship, custody and/or adoption.

Eligibility criteria for the Kentucky Caregiver Program is outlined in the State Regulation KAR 1:260 which states that a grandparent seeking services must meet the following: (a) be a Kentucky resident, (b) be the primary caregiver for the grandchild, (c) be related to the grandchild by birth, marriage or adoption, (d) shall not reside in the same household with the grandchild’s parents, (e) not receive a monthly payment from Kinship Care program and (f) not exceed an annual household income of 150% of the federal poverty level.

The following applicants have received approval to implement Family Caregiver services during FY 2016:

Provider	Description of Services	Projected funding and client numbers
Jewish Family and Career Services	Proposes to provide individual counseling, support groups, caregiver training (individual, corporate, evidence based training – Savvy Caregiver and specialized training to care for persons with Alzheimer’s or Parkinson’s and respite services. This provider also plans to serve grandparents age 55 or older raising their grandchildren through counseling, support groups and training. A new Resource Coordinator Specialist option has been added to this provider’s menu of services offering intensive case management and resource arrangement services on behalf of caregivers who need this assistance to help in their role of caregiving. REACH VA Project was also	Maximum amount of \$196,221, plus \$84,095 provider match. This provider plans to serve over 250 caregivers region-wide.

	approved and is a program designed to support caregivers of persons with Alzheimer's Disease and Dementia, including support groups and necessary respite.	
Legal Aid Society of Louisville, Inc.	Proposes to serve caregivers and grandparents raising grandchildren both through National Caregiver funds and State KY Caregiver Funds to provide legal counseling and representation in guardianship and adoption cases as well as access to medical and other information / care for the grandchildren who require care under the guardianship of their grandparent.	Maximum of: \$7,500 of III-E Caregiver and \$11,500 KY Caregiver funds. Proposes to Serve: 20 National Family Caregiver clients and 30 KY Caregiver Clients (grandparents raising grandchildren).

HEMOCARE

Kentuckiana Regional Planning and Development Agency (KIPDA) is responsible for implementing a comprehensive and effective in-home services program for home-bound seniors pursuant to KRS 194A.050, 205.204(2) and KAR 910 1:180. The intent of the HomeCare Program is to prevent unnecessary institutionalization of functionally impaired older persons and maintaining those eligible for services in the least restrictive environment, excluding residential facilities. HomeCare is a program aimed at identifying and serving elderly Kentucky citizens who are either at risk of becoming institutionalized in a long-term care setting or who are currently in such a facility and have a desire to return to their home and community. A key element of HomeCare is that each client is accepted into the program only after undergoing an assessment, using a standardized instrument, being certified by the assessment agency, and being case managed by a qualified individual who has sole authority to order HomeCare services. Another key element of the program is each client has the opportunity to choose an in-home service provider from a network of providers of Homecare Services for the majority of the primary in-home services.

The following services are available through the HomeCare Program: assessment, case management, homemaker, chore, personal care, respite, escort (transportation), and home delivered meals. Homecare services have been impacted the most substantially with budget reductions in state funds over the past 10 years. KIPDA averages 450-500 older adults waiting for services monthly. It is anticipated at this time that funding will remain at the FY 2016 amount of **\$3,625,628**. KIPDA Division of Social Services' Homecare Unit provides assessment and case management services. The following is a list of providers or vendors recommended to continue services for homebound seniors for fiscal year 2016:

Provider	Services	Counties Served
ElderServe, Inc.	Homemaker, Personal Care, Escort, Respite, Chore	Louisville-Metro (Jefferson County)
ResCare, Inc.	Homemaker, Personal Care, Escort, Respite, Chore	Jefferson County
Lifeline	Homemaker, Personal Care, Escort, Respite, Chore	Region-Wide
Help at Home	Homemaker, Personal Care, Chore, Escort, Respite,	Region-Wide
Tri-County	Homemaker, Personal Care, Escort, Respite, Chore	Henry, Oldham, Trimble
Gould's Medical Supply	Emergency Personal Response Systems	Region-Wide
Home Delivery Incontinent Supplies, Inc.	Incontinent Supplies for seniors with bladder problems/ incontinence.	Region-Wide
Masterson's Food and Drink	Home Delivered Meals	Region-Wide

***The Homecare program operates through an assessment process and once eligible, clients have a choice of providers from which to choose their services. Therefore, providers are not guaranteed a set contract amount or maximum number of units. Units are ordered according to client care plan.**

IN-HOME EMERGENCY SERVICES PROGRAM

The In-Home Emergency Services Program is a pilot project designed to provide temporary/short term services to persons sixty (60) years of age or older who live at home. Services include homemaking, chore services, personal care, escort, home delivered meals, respite, and Adult Day Care. The services will not extend beyond eight (8) weeks. These services do not require medical supervision, but are directed at maintaining, strengthening or safeguarding the functioning of the client in order for them to remain in their home. This program's intent is to prevent deterioration of health, interference in continuum of care and premature nursing home placement. Clients shall be monitored on a regular basis to ensure quality of care and the need for emergency services. During Fiscal Year 2016, it is anticipated that approximately **\$15,000** will be designated to provide emergency in-home services.

CONSUMER DIRECTED OPTIONS WAIVER SERVICES

The Consumer Directed Option (CDO) allows eligible Medicaid waiver members to choose their own providers for non-medical waiver services. CDO is being offered for Kentucky Medicaid Waiver members who currently receive or become eligible to receive services through the Home and

Community Based waiver (HCB), Supports for Community Living waiver (SCL), and the Acquired Brain Injury waiver (ABI). A Support Broker is required for all members participating in CDO. The Support Broker acts as the Case Manager for members who choose CDO and will be responsible for monitoring on a monthly basis. The Support Broker will train the participants and their employees. Financial management is required for all individuals participating in the consumer directed option. An individualized budget will be provided to the member to negotiate services under CDO.

The CDO program also includes the potential for assessment and reassessment. Waiver recipients are able to choose the provider they desire to conduct their assessment or reassessment. If the KIPDA AAAIL is chosen, the SB will conduct the assessment or reassessment for the waiver recipient choosing or already enrolled in the Consumer Directed Option.

ADULT DAY CARE

The Adult Day Care Program is anticipated to be affected by many changes implemented by the Department for Aging and Independent Living over the next several fiscal years. KIPDA remains committed to the persons who are actively receiving Adult Day Care Services and as funding permits, support for adult day care will continue through the end of the procurement cycle. Although the Department for Aging has planned to reduce or eliminate support for social model adult day care services, KIPDA will continue to utilize a network of Adult Day Programs in Jefferson County and rural communities to the greatest extent possible for currently-enrolled clients. As persons contact KIPDA for ADC support, referrals to Medicaid-funded services or private pay Adult Day Care Centers are provided through the Aging and Disability Resource Center and consideration of additional options to support care.

Adult Day Services are provided to an eligible adult in a supportive and therapeutic program of supervision and care during a part of the day, but for less than twenty-four (24) hours, including, but not limited to, personal care services, self-care training, social activities, and recreational opportunities. Adult Day Care providers are funded at a unit price (per ½ hour of service) at \$4.00 per unit for health model and Alzheimer respite services and \$3.75 per unit for social model adult day care services. The following are descriptions of the various models of Adult Day Services that are provided:

Adult Day Center (Social Model) – A certified community based center for frail, emotionally or physically impaired adult participants to attend with structured activities provided daily. A center must be open at least three days a week, four (4) hours but less than 24 hours in a 24-hour period in order to qualify for reimbursement.

Adult Day Health Center - A KCHEC licensed center which provides personal, medical, health, and emotional care for dependent adults in a supervised congregate setting. A center must be open at least three days a week, four (4) hours but less than 24 hours in a 24-hour period in order to qualify for reimbursement.

Alzheimer's Respite Center - A therapeutic social program of supervision and care provided to a participant with Alzheimer's disease or related dementing disease to enable the caregiver temporary relief from caregiving duties. The center must be either certified or licensed depending on the type of center it is. A center must be open at least three days a week, four (4) hours but less than 24 hours in a

24-hour period in order to qualify for reimbursement. Although a center may be located in a specific county, participants from any part of the region may attend the center of their choice.

KIPDA anticipates allocating approximately **\$230,000** toward Adult Day Care Support during Fiscal Year 2016:

Jefferson County – ElderServe, Inc., Ferncreek-Highview Ministries, Guardiacare Services, Inc., Highlands Community Ministries, Southwest YMCA, and South Louisville Community Ministries.

Bullitt County - Alternative Adult Day Care (Hillview Site)

Shelby County – Multipurpose Community Action Agency

Oldham County - Tri County Community Action Agency

PERSONAL CARE ATTENDANT PROGRAM

The Personal Care Attendant Program (PCAP) is provided by the qualified agency, The Center for Accessible Living, for individuals age 18 years or older who have lost the functional use of two or more limbs. The service area that the Center for Accessible Living covers includes Henry, Jefferson, Oldham, Shelby, Spencer and Trimble.

Eligibility is determined by a three person assessment team may consist of the PCAP Coordinator, occupational or physical therapist, registered nurse, director of the local qualified agency, fiscal officer of the local qualified agency, mental health provider, in-home services coordinator, or any other entity involved in the participant’s care. Once approved, the Coordinator will provide technical assistance regarding interviewing attendants, completing and filing tax forms for the attendant, etc to the consumer. On the average, a consumer receives approximately 30 hours per week of attendant care. The Center for Accessible Living is responsible for payment of the attendant based on time sheets submitted by the consumer. Consumers remain on the program until removed due to ineligibility, permanent placement in a residential setting or death.

The projected amount of funds available to provide Personal Care Attendant services throughout the KIPDA region for FY 2016 is projected to be **\$935,993, with \$714,000 to be allocated back to DAIL to pay the attendant care subsidies on a bi-weekly basis.**

STATE HEALTH INSURANCE PROGRAM

The State Health Insurance Program (SHIP) provides information, counseling, and assistance to seniors, people with disabilities, their family members, and their caregivers. SHIP’s goals are to help consumers understand Medicare, Medicaid, Low-Cost Prescription Programs, Long-Term Care Insurance, etc. SHIP provides benefits counseling by telephone or in person, provides presentations to community groups, and provides printed materials and information and referrals to appropriate resources.

The KIPDA Counseling Corps is the foundation of the SHIP services. The KIPDA Counseling Corps (volunteer/in-kind/staff counselors) includes a variety of counselors throughout the region, members of the community, AAA Advisory Council Members, all KIPDA senior center providers, Homecare Case

Managers and support staff, KIPDA Social Services Planners, health providers, community ministry staff, housing managers, etc. In FY 2015-16, KIPDA will hire a Volunteer Recruiter with funds that were awarded by CMS to improve SHIP Performance. This grant will operate through September, 2016. The Volunteer Recruiter will be responsible for recruiting and training 80 new volunteers to provide benefits counseling and assist beneficiaries with enrollment during Medicare Open Enrollment.

Counselors are required to attend annual SHIP training and updates as necessary. KIPDA continues to develop a comprehensive, coordinated approach for information, assistance, referral, benefits counseling and legal services for all seven counties in the region. The Information and Assistance Planner coordinates the SHIP services for the KIPDA region. Each county has at least one counseling site with scheduled/posted times where counseling is available during week days. It is KIPDA's intention to ensure counseling is available outside of traditional working hours in order to reach not only retired seniors but those persons who may work as well as caregivers with busy schedules. No less than 3 volunteers will be maintained in each county to ensure adequate access to counseling and assistance is available as well from SHIP trained counselors at each focal point in the region. The projected amount of funds available to provide benefits counseling and SHIP assistance for 2016 is **\$149,000** and **\$77,638.50 for the SHIP Performance Enhancement Grant.**

PROGRAM DEVELOPMENT AND IMPLEMENTATION:

The Department for Aging and Independent Living (DAIL) has authorized the use of State General Funds to be placed in a category called Program Implementation and Development funds. These funds are designated for the use by the AAAIL to provide flexibility and added support for programs where funds are not sufficient to meet the needs of the community and to provide funding support for innovative pilot projects in our communities. During FY 2015, KIPDA utilized a portion of these funds to support the cost of its needs assessment which provides a view into the expressed needs by the public over the next 5-10 years. This report and guide will be used to identify services and create programs that address these needs, as funds are authorized to do so. This report will also provide valuable information on business options that should be explored where there are not viable funding sources through public funds.

CHRONIC DISEASE SELF-MANAGEMENT EDUCATION GRANT - CDSME:

KIPDA received an award of **\$27,505** in FY 2015 that will carry over into FY 2016. These funds provide an evidence-based approach for participants to use in managing his/her chronic diseases on a daily basis. This program will provide education to older adults in our communities to better manage their chronic diseases and implement strategies to support health living and behavioral modifications to improve overall health and wellness. Many individuals have more than one chronic illness which inhibits the quality of life for the individual and poses additional health risks. This award from DAIL will continue to support programs that have been implemented over the past five (5) years by KIPDA staff that are trained in the Stanford model.

KIPDA RURAL DIABETES COALITION:

KIPDA AAAIL will close the final year of this five (5) year grant in August, 2015. KIPDA has partnered with the University Of Louisville Kent School Of Social Work and has utilized a Coalition strategy to impact change in the communities targeted for this grant. The counties included in this initiative are Henry, Shelby and Bullitt counties. The project also utilized Community Organizers to be the “Boots on the Ground” in the communities connecting the resources, information, advocacy, and interventions to the people who live there are affected by Type 2 Diabetes; whether they are the individual with diabetes, family member, friend, caregiver, etc. The goal is to improve the overall health of the community and more specifically the health and access to health care of persons 55 and older with Type 2 Diabetes. At the time of the area plan, KIPDA and its evaluating partner, University of Louisville, have been actively seeking alternate funding sources to continue the work of the Community Organizers and interventions that have been implemented in the rural counties of: Bullitt, Henry and Shelby. Expansion of this initiative is envisioned to address multiple chronic conditions of older adults in our communities.

KYNECT PROGRAM:

During FY 2014-15, KIPDA was awarded a contract through the Kentucky Health Benefit Exchange (KHBE) to implement outreach, education and enrollment services for persons who are uninsured or underinsured in a 16 county region; Region 3. This funding through support from the Affordable Care Act has been and will continue to be contingent upon the KHBE continuing its contract with KIPDA and the availability of funds to support the seven (7) Kynectors working in the KIPDA region and four (4) additional Kynectors working in the Lincoln Trail Area Development District region. Funding for FY 2015 was **\$1,330,281**. KIPDA does not anticipate this level of continued funding, but will advocate continuing to receive resources to help members of our communities’ access health insurance and benefits for their families.

PLANNED PARENTHOOD INITIATIVE:

During FY 2015, KIPDA received an award of \$43,500 from the Planned Parenthood of Indiana and Kentucky (PPINK) located in Louisville, KY. This funding supports the cost of one staff person to be available on-site at the Planned Parenthood Office 20 hours per week and provide outreach and education presentations. This staff member is responsible for providing persons served by PPINK with outreach, education and information on health insurance options, enrollment for health insurance benefits, Medicare benefits counseling, access to community resources and public benefits as needed. This funding will support one part-time staff and KIPDA will utilize its SHIP funds to support the balance of the cost not covered by PPINK for one full time staff member. For this initiative, 50% of all persons seeking enrollment for health insurance will be provided assistance to complete an application through the KY Health Benefit Exchange and of those, 25% are expected to be enrolled. Further, 25% of all persons seeking access to community resources will be connected and access those resources. This partnership demonstrates KIPDA’s commitment to serving persons through access at a time and at a location that is most beneficial to the person needing assistance.