

# KIPDA Regional Plans on Aging

Department for Aging and Independent Living

*Fiscal Years 2023-2025*

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In accordance with the Older Americans Act of 1965, as amended, Section 307(a)(1), the Department for Aging and Independent Living prepared a Kentucky Comprehensive Aging Area Plan format with input from Area Agencies on Aging and Independent Living. This format is to be used by area agencies on aging and independent living in developing an area plan for the administration and provision of specified adult and aging services in each planning area. The Area Plan required for FY 2023 - 2025 will be a three-year plan cycle.

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

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

In addition to those services mandated under:

- Title III-B (supportive services),
- Title III-C (congregate and home-based nutrition),
- Title III-D (disease prevention),
- Title III-E (caregiver),
- Title VI (elder abuse, ombudsman),

plans also provide for:

- Homecare,
- Adult Day Care and Alzheimer's Respite,
- Personal Care Attendant,
- SHIP,
- LTC Ombudsman,
- Kentucky Family Caregiver,
- Consumer Directed Options (now Participant 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 30, 2022.

**Number of Copies:** Submit a copy of this area plan electronically to [DAIL.Aging@ky.gov](mailto:DAIL.Aging@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.

**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**

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 program participants, families, advocacy networks, community agencies, local government, and state government. Further, KIPDA works diligently with various partners to facilitate the development of age and dementia friendly communities so that all of its citizens can age in place.

**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.

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. The Department for Aging and Independent Living expanded the name and thus responsibilities of the Area Agencies on Aging in Kentucky in 2007; now named Area Agencies on Aging and Independent Living. As the Area Agency on Aging and Independent Living (AAAIL), 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 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, DAIL allocates 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 facilitate an individual's 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 of programs, services and activities by supporting the provision of Support Services, Homecare Community Services and Supports funded through the Older Americans Act and State General Funds, Consumer Directed Options waiver services, The State Health Insurance Program, the Long Term Care Ombudsman Program, the Family Caregiver Program, Health Promotion and Disease Prevention services, the Nutrition Program for the Elderly, the functions of Service Sites, Nutrition Sites, Senior Centers, and Focal Points (Multi-Purpose Centers) in addition to continuing an Aging and Disability Resource Center. KIPDA is also engaged in many other initiatives designed to promote healthy aging, age friendly communities, dementia friendly communities, and projects that promote aging in place. KIPDA anticipates additional grant opportunities and as awarded, will become prepared to implement for the expansion or addition of services for eligible older adults, Medicare beneficiaries, persons with disabilities, and caregivers.

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

The Kentuckiana Regional Planning and Development Agency (KIPDA) is the Area Development District (ADD) for Jefferson, Bullitt, Henry, Trimble, Oldham, Shelby, Spencer, Clark (IN), and Floyd (IN) counties. It is the only ADD in Kentucky which covers two states. The KIPDA region is both rural and urban and is the largest metropolitan area in the state.



KIPDA provides regional planning, review and technical services in the areas of public administration, social services and transportation as well as community ridesharing programs. KIPDA also coordinates services for people 60 years of age and over. KIPDA is designated by the Kentucky State Clearinghouse as the regional review agency for virtually all applications for federal and/or state funds made by organizations or governments within the state of Kentucky.

**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**

- **Equity**
- **Health and well-being**
- **Resilient individuals and communities**
- **Structural Economic Support**

1. **Equity:** KIPDA gives careful consideration to each level of service and works diligently to provide equity into all aspects of service delivery. KIPDA meets people where they are and aims toward each and every member of the region having access to equitable services. KIPDA is evolving its internal and external service delivery and is looking into equity training programs to assure staff is trained and knowledgeable in equity and what that means to practice that consistently in service delivery. Our website, our social media, and our everyday practice benefits from ongoing training in equity. Through procurement we seek out partnering agencies who also practice equitable service to the community. Making the network stronger by the day.
2. **Health and Well-Being:** KIPDA works in various ways to assure that health and well-being is a high priority. Health and well-being is core to aging in place. KIPDA works closely with local and state health coalitions (see list of collaboration partners) to assure that we have a pulse on the needs and of services available in the region. These partnerships provide valuable information, data, opportunities for collaboration to increase impact, and ultimately lead to more resources and better care for community members we serve. KIPDA's Kynectors work to assure that each member of the region has access to health insurance.
3. **Resilient Individuals and Communities:** The resiliency of the community members we serve is evident. If nothing, the recent and current pandemic experience has shown us how the community members we serve are able to adapt to adverse situations. Providers, volunteers, and staff across the region work to assure that community members have access to an environment of service that provides them the opportunity to assure that they remain resilient during any adverse situation. KIPDA's collaborative partnerships will continue to grow and change in this planning cycle to expand, promote, and increase resiliency in the community.
4. **Structural Economic Support:** The Area Agency on Aging does not have a direct role in economic support, but often finds itself making indirect impacts on the structure and economy of the region. During the pandemic the Area Agency on Aging has experienced significant decline in the aging network workforce across

the region. The Area Agency on Aging has and will strive to assure that opportunities provide feedback and input to community partners about the value that an older adult worker, those with disabilities, and others can bring to the workforce. KIPDA Area Agency on Aging will also work closely with the KIPDA Community Economic Development team to assure that every opportunity to collaborate is taken.

## 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.

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 Kentucky Data Center, Population data provided in the 2015 – 2019 American Community Survey projection data indicates 23.01% of all persons living in the KIPDA Region are 60 years old and above and 22.32% of all persons in Kentucky who are 60 and above live in the KIPDA Region. Further, 17.16% of all persons in Kentucky who are 60 and above live in Jefferson County. Also, according to the Kentucky Data Center 2016 Population Projections, 18.1% of persons 60 and older live in the rural counties in the KIPDA region and 77.6% live in Jefferson County. Approximately, 9% of older persons in the region are low income and 31.2% of low-income older adults are minorities. Minority older adults represent 16.63% of the total older adult 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% of all Medicare beneficiaries reside in the KIPDA region (primarily Jefferson County). Kentucky's caregiver numbers are continuing to increase. The Legislative Research Commission estimated in 2014 that Kentucky has approximately 753,000 caregivers (family member or another person caring for someone 50+). It is estimated that in the KIPDA region 21% of the state's caregivers reside in the KIPDA region. Additionally, of all the caregivers statewide, Kentucky Youth advocates estimate that 53,000 grandparents raising their grandchildren (2017). 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 15.1% of the population in the region has a disability; and 27.9% of persons 50 and older in the region has a disability.

The immigrant population in the KIPDA region has become more diverse. Latin American immigrants account for just 41% percent of the Louisville'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. Persons from Latin American and Africa are also the poorest 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 8.7% compared to 3.4% 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 American Community Survey estimates are indicative of the differences among the metropolitan and rural counties in education levels. Of persons over the age of 50 in Jefferson County, 40.4% have completed some level of education beyond a high school diploma; an average of 13.4% 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 aged 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.

Another quickly growing demographic group to consider is the Caregiver population. It is estimated that there are 753,000 informal caregivers in Kentucky taking care of or assisting in the care of one or more family members or acquaintances. Approximately 97,000 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. In the KIPDA region, 19.5% of adults are rearing a grandchild under the age of 18, 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 aged 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.

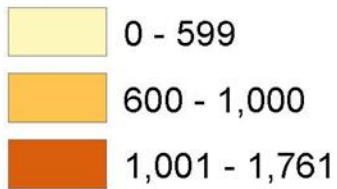
*Attach Map (Only utilize the following file types: \*.bmp, \*.jpg, \*.gif, \*.png, \*.tif)*



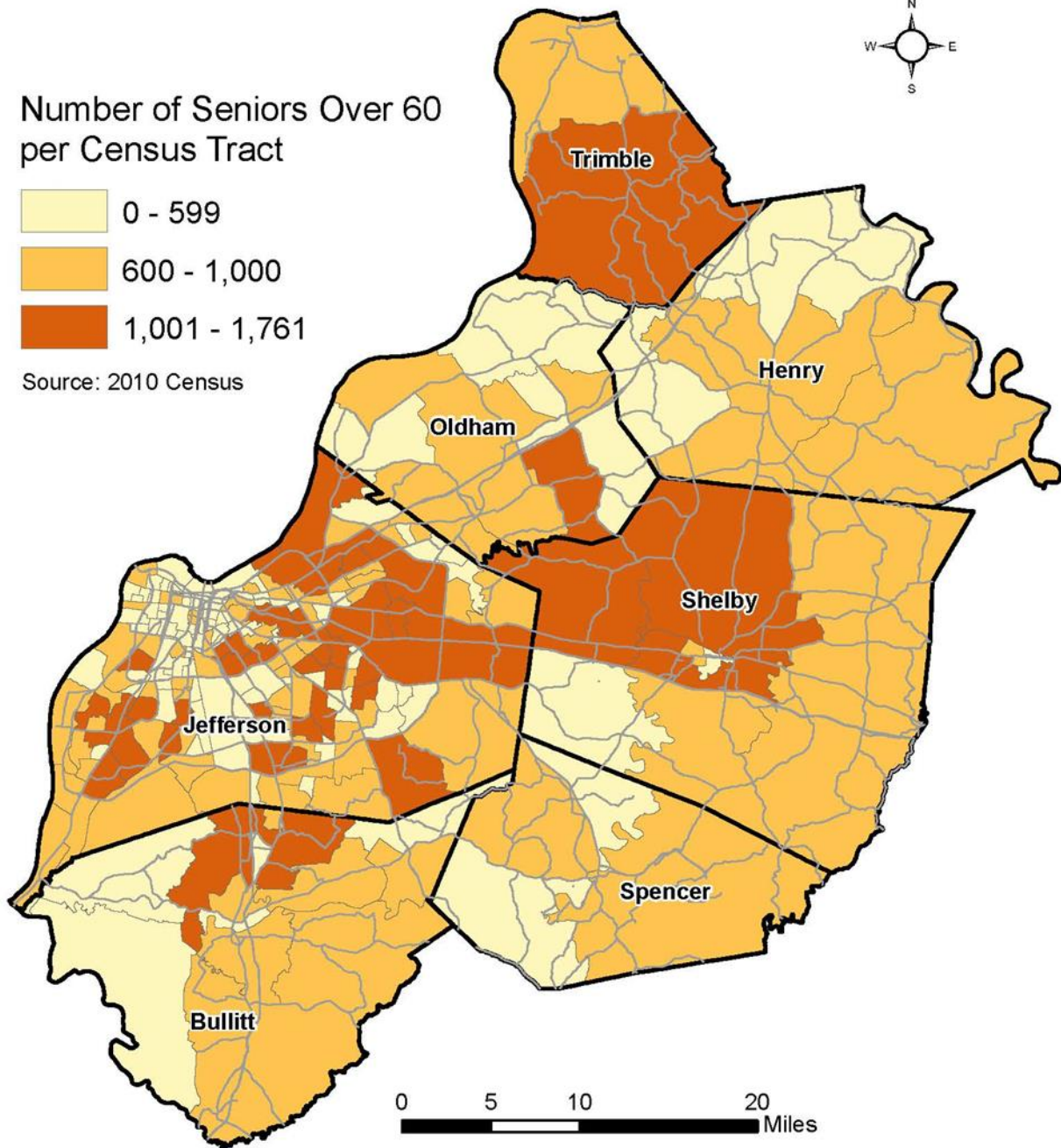
# KIPDA Region Senior Population

## KIPDA Social Services

Number of Seniors Over 60  
per Census Tract



Source: 2010 Census



### 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/](http://www.ksdc.louisville.edu/)

Year for which data is current: 2020

Information  
Not Available

a. Percent of persons 60 and older in your region	<input type="checkbox"/>	23.01
b. Percent of region's total population over 60	<input type="checkbox"/>	22.32
c. Percent 60+ who are low income (poverty rates as provided by HHS)	<input type="checkbox"/>	8
d. Percent 60+ who are minority	<input type="checkbox"/>	16.63
e. Percent 60+ who live in rural areas	<input type="checkbox"/>	18.1
f. Percent 60+ with severe disability (3 or more ADL/IADL impairments)*	<input type="checkbox"/>	27.8
g. Percent 60+ with limited English proficiency	<input type="checkbox"/>	3
h. Percent 60+ with Alzheimer's Disease or related dementia	<input type="checkbox"/>	12
i. Percent 60+ isolated or living alone	<input type="checkbox"/>	18.5
j. Percent of grandparents or older relative raising a child under 18	<input type="checkbox"/>	21

\*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 - includes kynector funding	55.78	%
b. State government grants/contracts	33.09	
c. Local government grants/contracts	0	
d. Contracts obtained via Network Lead Entity	0.1	
e. Foundation grants/contracts	0.2	
f. Corporate grants/contracts	0	
g. Direct mail fundraising	0	
h. Fundraising events	0	
i. Individual contributions	0	
j. Fees for services	0	
k. Other (Specify: <u>Medicaid</u> )		

**\*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,C,D,E *includes COVID Relief funds	\$5,857,444.00
B	State General Funds (HC, KY Caregivers)	3,750,474.00
C	Ombudsman Services (LTC and VII) *incl COVID Relief funds	\$269,327.00
D	SHIP	\$89,379.00
E	MIPPA	\$85,149.00
F	NSIP	\$230,052.00
G.	FAST	\$1,000.00
H.	Geriatric Workforce Enhancement Grant/BHWET	\$37,638.00
I.	ADRC Medicaid *includes COVID Relief funds	\$195,000.00
J.	Medicaid Waiver: PDS-CDO Program	\$1,457,902.00
	GRAND TOTAL *includes COVID Relief funds	\$ 10,516,921.00

↑ 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	873	34,100	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"/>	62927	712,200	A, B
c. Legal Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	433	43,200	A, B
d. Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	669	447,800	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"/>	3797	2,605,400	A
f. Congregate Dining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2314	853,900	A
g. Senior Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	820	173,500	A
h. Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
i. Dementia Care or Support Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	453	80,300	A
j. Caregiver Support Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	125	84,100	B
k. Caregiver Training or Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	117	30,700	B
l. Training or Education or Older Adults	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	173	43,600	B
m. Training or Education for Service Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
n. Training or Education for Volunteers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
o. Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	85	15,300	A, B
p. Housing or Shelter Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	182	38,900	A, B
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"/>	273	555,900	A
r. Homemaker Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	42	46,200	A, B
s. SHIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21777	84,300	A
t. Elder Abuse Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24	30,000	A
u. Disease Prevention Health Promotion (III-B)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1007	189,800	A
v. Disease Prevention Health Promotion (III-D)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	138	111,400	A
w. Adult Day –	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1		

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"/>	2000	1,457,900	J
y. Ombudsman	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	100	227,600	A, C
z. Telephone Reassurance	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	1084	134,100	A
aa. Friendly Visitors	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	8	600	A
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>			
ac. Other – Specify: Respite	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	68	261,900	A, B
ad. Other – Specify: Supplemental Services	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	704	203,300	A, B
ae. Other – Specify: Escort	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	54	35,800	A, B
Af. Other – Specify: Chore	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	56	39,900	A, B
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>			

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

What percent of your service population is minority?	25.25
What percent of your service population is low income?	53.17
What percent of your service population is limited English proficiency?	3.3
What percent of your service population is rural?	20.13

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

What percent of your service population is minority?	33.29
What percent of your service population is low income?	39.11
What percent of your service population is limited English proficiency?	1.2
What percent of your service population is rural?	21.73

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

What percent of your service population is minority?	
What percent of your service population is low income?	
What percent of your service population is limited English proficiency?	
What percent of your service population is rural?	



## 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 Associations

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
AARP	AARP provides resources and education to older adults and caregivers. KIPDA partners with AARP for an annual "Caring for the Caregiver" conference. KIPDA staff attends monthly Louisville team meeting and partners with AARP on advocacy initiatives and a number of other collaborative activities and supportive events for caregivers and older adults. Prior to the pandemic, KIPDA and AARP collaborate and distribute information to the community at the Kentucky State Fair. KIPDA also plays a role in leadership and facilitating Age Friendly Louisville; which is a World Health Organization and AARP supported initiative to make cities and states across the world more age friendly.	2016
ADA Task Force	KIPDA, along with other social service entities within Jefferson County and citizens with disabilities work together to bring focus on the challenges and roadblocks that face individuals with disabilities in the community.	2018
Age Friendly Louisville	KIPDA is working with a coalition of partners to implement the World Health Organization's and AARP's Age Friendly initiative. KIPDA staff serve on the leadership team and work to facilitate various work groups that promote improvements in the community. <b>Current Focus:</b> 1) Housing 2) Access and Mobility 3) Social Participation, Respect, and Inclusion 4) Community Supports and Health Initiatives.	2017

	Bellarmino University	KIPDA partners with Bellarmine by speaking to students, future professionals and educational staff to enhance community services.	2014
	Brain Injury Alliance of Kentucky (BIAK)	KIPDA collaborates with BIAK to advocate for and support individuals who have sustained a TBI or ABI.	2021
	Bullitt County Partners in Prevention	Educates community and families on drug prevention. KIPDA staff engage in meetings and collaborate on community events and outreach efforts.	2017
	Catholic Charities and JFCS Immigrant and Refugee Services,	Access to interpreters and translators for program services, identifying eligible clients for services, health fairs, and speaking engagements. KIPDA is a member of the Advisory Council to improve service coordination for the international population.	2005
	Community Action Partnership -	KIPDA partners with Community Action agencies throughout the region.	—
	Consumer Financial Protection Bureau (CFPB)	In partnership to promote financial literacy education via Social Media, Presentations, and resources to community members and case managers.	2019
	Family Health Centers (FHC)	KIPDA coordinates In-Person Assister work, outreach and enrollments with the FHCs to increase healthcare coverage.	2013
	Family Health Centers, Inc. (FQHC)	Health Promotion Disease Prevention programming	2005
	Greater Louisville Reentry Coalition	KIPDA has served on the coalition board and continues to attend monthly meetings to ensure that the agency meets the needs of older adults involved in the justice system. KIPDA kynectors also participate to assist justice involved individuals with access to health coverage.	2015
	Health and Wellness Coalition of Henry County	KIPDA is a coalition member and works on several initiatives with community partners to improve health and wellness in the county.	2010
	Health and Wellness Coalition of Trimble County	KIPDA is a coalition member and works on several initiatives with community partners to improve health and wellness in the county.	2016
	Healthy Oldham County (HOC) Coalition	KIPDA staff collaborates with this Coalition on health promotion activities, which includes a substance abuse work group that addresses the drug problem and works to educate the community and implement programs to reduce substance abuse. Through this coalition, “Better Choices,” developed. This group is a subgroup working to provide community events to	2016

		help the community be better supported in making healthier choices. KIPDA represents Older Adults and individuals with disabilities.	
	Hosparus Health – includes multiple hospice programs	KIPDA works with Hosparus Health in many community coalitions, but also works on special projects pertaining to end of life decisions and educational events for National Healthcare Decisions Day.	2012
	HSPN - Health Services and Professionals Network	KIPDA staff attend meetings of healthcare professionals and service organizations who are working in the field of Aging in order to share information about services available to older adults in the community.	2001
	Humana and Meals on Wheels America (MOWA)	KIPDA has partnered with Humana and MOWA in a project to reduce social isolation and decrease food insecurity. KIPDA is responsible for telephonic friendly visiting and coordination of meal delivery for individuals who are being discharged from the hospital who have one or more chronic health conditions.	2019
	Jewish Family and Career Services	KIPDA partners with JFCS to provide Caregiver and Grandparents Raising Grandchildren support group services, one on one counseling sessions, respite for caregivers and training.	2007
	Kentuckiana Veteran-Community Integration Coalition (KVIC)	KIPDA, the University of Louisville, and the Veterans Administration started this coalition out of a need to help Veterans who continuously fall through the cracks when they could not, or would not, access services through the VA. It has grown into an initiative that is covering many areas of need for Veterans and their families.	2015
	Kentucky Coalition for Healthy Communities (KCHC)	<p>The KCHC is a continuation of the work of the KIPDA Rural Diabetes Coalition (KRDC). It has expanded its focus and is supporting work in the areas of training, education, advocacy, a HRSA grant, a plan4health grant, and much more.</p> <p>The KRDC coalition was founded with support of the CDC grant to KIPDA and University of Louisville to eliminate diabetes-related disparities in vulnerable populations. KIPDA staff members serve on the coalition's Leadership Team; working to coordinate and implement activities such as free community classes, building the coalition, and engaging with sustainable partners. The CDC grant ended in 2015 but the coalition continues. It is currently supported by the Trager Institute.</p>	<p>2016</p> <p>2011</p>

	Kentucky Diabetes Prevention and Control Network (KDPCN)	Provides guidance and many resources and connections for KCHC and KIPDA in health promotion efforts related to diabetes.	2012
	Kentucky Health Benefit Exchange	KIPDA is under contract with KHBE to provide enrollment of individuals for healthcare. KIPDA collaborates on various issues around health care enrollment, access and expansion to underserved populations.	2013
	Kentucky Housing Corporation and Area Shelters	KIPDA concluded in 2011, its agreement with KHC to support the reduction of homelessness in the KIPDA rural counties. However, KIPDA continues to coordinate with KHC and local providers to seek housing options and services for persons in need of shelter and housing support.	2009
	Kentucky One Health / Jewish Hospital Shelbyville	Provides smoking cessation classes, diabetes self-management classes, spaces for meetings and events, sponsorship for events, and space for a diabetes support group in partnership with KIPDA and KCHC.	2011
	KY Refugee Ministries	Provide health enrollment opportunities for refugees, provide education on ACA and access to various services. Evidence Based Disease Prevention Programs, Stanford's Chronic Disease Self-Management Program. KIPDA is a member of an advisory council to improve service coordination for the international population.	2010
	KY Senior Medicare Patrol	KIPDA partners with the KY Senior Medicare Patrol to cross train counselors and volunteers. Our partnership provides outreach, education, and counseling to Medicare beneficiaries, their families, and caregivers.	2005
	Legal Aid Society (LAS)	LAS provide legal services for the Kentucky Caregiver Program. Services include: Adoption, Guardianship, Temporary and Permanent Custody.	2007
	Local Libraries	KIPDA partners with local libraries to host standing appointments for health insurance enrollments and outreach, as well as enrollment events.	2013
	Local and National Retail Vendors	Vendors actively participate in a voucher program; allowing eligible grandparents and caregivers to acquire merchandise prior to receiving payment from KIPDA. Vendors include: Discount Medical, Gould's Medical Supply, PMF, Guardian, and Walmart.com.	2007
	Louisville Board of Health	KIPDA joined the Louisville Board of Health to serve as a partner on the ACA Outreach and Enrollment Subcommittee. This group addresses coordination and access for persons who need health insurance.	2013

	Louisville-Metro Department of Corrections (LMDC)	KIPDA works with the LMDC helping justice involved individuals to access health insurance.	2013
	Louisville-Metro Office for Aging and Disabled Citizens	KIPDA works with the Louisville-Metro Office for Aging and Disabled Citizens in conducting "Fan Fair". A cooling assistance initiative that assists the aging and disabled individuals in the KIPDA region in obtaining a free fan. KIPDA staff has been appointed by the mayor and serves on a special Commission for Persons with Disabilities. KIPDA also works closely with this agency on all other aspects of aging and disability.	2016
	Louisville-Metro Parks and Recreation Department	Exercise Programs, Silver Sneakers Exercise Program, and Walk with Ease.	2010
	Louisville-Metro TRIAD	TRIAD is a grassroots coalition of partnerships that brings older adults and service providers together for the primary purpose of identifying ways to reduce the criminal victimization of older adults. Approximately 90 older adults (many representing an older adults' group), law enforcement personnel and providers of services to older adults, including the local and government-funded fire departments, assisted living facilities, the Better Business Bureau, Social Security, AARP, Office of the Attorney General and Kentucky State Representative John Yarmuth's office representatives attend monthly TRIAD meetings. A Steering Committee of past Chairs provides on-going direction and planning. The agenda includes updates on Social Security, older adults' safety from LMPD Crimes Against Seniors Unit, and presentations from speakers of interest to older adults. Additionally, announcements provide a forum for current issues and crime information to be disseminated. The opportunities for networking are invaluable for both older adults and providers, with many older adult groups finding speakers through the meetings.	1998
	Mental Health and Aging Coalition of the KIPDA Region	This coalition consists of several partnering agencies which focus on various mental health and aging topics.	2003
	Metro United Way 211	KIPDA supports the mission and continuing progress of the 211-service system. Assisting clients in Jefferson County to find resources they require. KIPDA also partners with Metro United Way 211 with the United Community initiative, a referral platform that allows community partners the ability to connect	2005



		community members to area resources and ensure assistance was provided.	
	Metropolitan Housing Coalition (MHC)	KIPDA supports the MHC and is a participating member in events and activities, surveys and questionnaires, as well as other things necessary to promote housing equity for older adults and persons with disabilities.	2005
	Passport Health Plan	KIPDA partners with Passport for trainings and referrals. Passport serves as a member of the KY Coalition for Health Communities and the KIPDA Mental Health and Aging Coalition.	2009
	Planned Parenthood	KIPDA collaborates and supports health insurance enrollments, education and outreach for community programs for patients	2014
	Public Health Departments	KIPDA promotes various health and wellness classes and lifestyle change programs throughout the communities.	2009
	Rural Local Coordinating Council on Elder Abuse	KIPDA staff serves on the council and is co-chair. The purpose of this initiative is to prevent elder abuse in the rural communities by raising awareness of elder abuse, neglect and exploitation.	2007
	Seven Counties Services	For many years, KIPDA has worked with Seven Counties (formerly Centerstone) on behalf of clients for mental health resources or treatments and KIPDA programs or referrals. Since 2009, this partnership has expanded to include clients we serve in Waivers' PDS (Participated Directed Services) Program. CDSMP is a part of the partnership beginning 2019; it includes Dartmouth College faculty.	2000
	Shelby Prevention	Shelby Prevention works to educate the Shelby County community and schools on drug prevention. KIPDA staff participates in meetings and collaborates with events.	2016
	Social Security Administration	KIPDA partners with the Social Security Administration for outreach and public events such as radio shows, joint presentations, information fairs, and SHIP training. There is an emphasis on reaching low-income beneficiaries.	2008
	TARC Accessibility Advisory Council (TAAC)	TAAC, formerly TARC Elderly & Disabled Council, has served in an advisory capacity and as an information resource for accessible public transportation needs for over 30 years. It addresses transportation issues, policies, and plans for change and improvements. KIPDA staff serves on the Council.	1988
	The Trager Institute (2019)	KIPDA partners with this and many other community agencies to promote optimal aging for all citizens in the region and the state. KIPDA works with the Institute on many projects including a HRSA Geriatric Workforce Enhancement Program grant to support trans-disciplinary teams in the health care	2015

		environment, training, and the Kentucky Coalition for Healthy Communities which is a continuation of the work of the KRDC.	
	U of L Family and Geriatric Medicine	KIPDA contracts UofL Family and Geriatric Medicine to provide medication review and analysis to reduce polypharmacy issues.	2011
	UK Cooperative Extension Services	The Cooperative Extension Offices in Bullitt, Shelby, and Henry Counties partner with KIPDA and the KRDC by hosting free diabetes education classes, cooking demonstrations, and providing meeting space.	2011
	University of Louisville	KIPDA partners with U of L by speaking to students, future professionals, and educational staff to enhance community services.	2010
	WLLV Radio Station	KIPDA partners with WLLV radio station to get information out to the community about community services and opportunities and to provide a forum to discuss information about topics related to the aging community.	2010
	Other Partners	KIPDA engages many other partners through various programs, services, and projects that may not be identified in this listing. Information will be updated as current partnerships and new partners are realized.	

## 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?**

KIPDA utilizes a variety of methods to collect information to determine needs and gaps in services for all segments of our population. KIPDA conducted a comprehensive needs assessment of gaps, needs and availability of services throughout the KIPDA region. This comprehensive report resulted in the AAAIL. KIPDA simultaneously, utilizes this information in coordination with census data and responses from clients with regard to interests, needs and satisfaction with services. Changes continuously occur through KIPDA's procurement process. The results of procurements guide where, who and the amount of services that are available during the procurement cycle. In the event gaps continue to exist and funds are available, KIPDA procures additionally for new providers and services to address the need.

Further, other methods utilized include client satisfaction surveys, general surveys; program specific needs assessments, forums, meetings, and informational events. Community engagement is also utilized to keep the pulse of the needs and desires of the community. Various methods are used including working with community groups, task forces, coalitions and other entities who have the needs and interests of the community as their purpose.

**11. How often do you collect this information?**

- ☒ Monthly
- ☒ Quarterly
- ☒ Semi-annually
- ☒ Annually
- ☒ Other: Periodically/As Needed

**12. When did you conduct your most recent **capacity** assessment?** per the needs assessment

**13. When is the next **capacity** assessment scheduled?** per the needs assessment

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

This information from needs assessments, client satisfaction surveys and census data is used to identify gaps in services, determine new initiatives that need to begin and lay the groundwork necessary to implement a competitive procurement process to award funds for implementation. To the extent necessary where limited providers exist, KIPDA staff who are qualified and trained to implement services provide necessary evidence-based programs and collaborations in the community to address immediate needs. All data obtained through needs assessments, feedback from participants, caregivers and the general public is utilized to plan quarterly, annually and multi-year initiatives to result in improved quality of life for the region's citizens.

Information will provide valuable feedback from our citizens and particularly younger older adults to determine programs which need to be reworked, eliminated or expanded – with particular attention to changing technology.

Information received from needs assessments, surveys, and other reviews is used to facilitate planning and development activities for programs and services provided to older adults, persons with disabilities, caregivers, and the general community in the KIPDA Region. They help KIPDA Area Agency on Aging and Independent Living to understand current and needed capacity; program and service design and changes necessary; program expansion; new program development; resources needed; etc.

## **IX. Capacity Building Plan**

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

1. Transitioning from pandemic operations to newly defined traditional operations will be our primary goal during this planning cycle. Carrying the lessons learned along with the innovative ideas of service provision into the future as we continue to follow our vision, mission and create new opportunities of growth, resiliency and community well-being.

2. Continue to overhaul and expand the Aging and Disabilities Advisory Council increasing and expanding diversity of membership; and improving functionality and productivity of the council; utilizing the council to increase opportunities for older adults, persons with disabilities, caregivers, and other community members to participate in civic engagement activities.

3. Create and implement a plan to continue expanding revenue streams to increase equitable and diverse service provision opportunities, networking and partnering with community providers in health care and community service arena. The goal is ensuring

community members have access to equitable affordable and quality services when they need them.

**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.**

1. KIPDA began transitioning from pandemic operations to newly defined traditional operations in FY22 and as Fiscal Year 2022 progresses we are aware that this transition may continue into this planning cycle. Procedures related to these protocols and based on the Department for Aging and Independent Living's guidance and instruction will be shared with the Providers, and clients. KIPDA plans to work with DAIL in resuming services safely while meeting the requirements under the COVID-19 restrictions currently still in place. Gauging progress: The Area Agency on Aging will continue to work closely with the provider network and internally with staff to measure client engagement and access to services throughout this planning cycle.

2. KIPDA will continue to promote the Aging and Disability Advisory Council. Staff and fellow council members will be actively recruiting members from across the region, specifically targeting older adults, minorities, person with disabilities, provider groups, etc. Staff has developed plans to provide Council members with intensive training and provide guidance on how to be an active ADAC member. Gauging progress: Number of engaged members, attendance, and activities.

3. KIPDA will continue its partnerships with the many entities listed in Section 7 of this Area Plan: Partnerships and Associations. These partnerships help to expand services to persons in our communities. KIPDA will also solicit grants and agreements with entities who can support projects and programs that reach older adults. Gauging progress: Additional partnerships and increased grant evaluations and applications.

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

☒ Yes

☒ No

**If not, why? Success and continuing to work on some.**

Some made progress and others did not. During this last planning period the Area Agency on Aging was still very hindered by pandemic circumstances.

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

In FY22, KIPDA funded sites re-opened on a limited basis, while continuing to provide certain services remotely. Various factors, such as limited staff, driver shortages, and some clients' reluctance to return to sites have impacted the transitioning back to in-person

activities. Pandemic circumstances still continue to impact our ability to reach our goals, but we remain dedicated to reaching them.

19. Total number of program managers/supervisors 10 Number

20. Total number of program staff 12 Number

21. Total number of program volunteers (in house & contract) 725 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? 0 Number  
Which programs?   

26. How many new staff were hired by the AAAAIL in the past 12 months? 12 Number  
Which programs? Waiver, Natl Caregiver, KY Caregiver, kynect

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.**

KIPDA has a very active and robust training program. The Division of Social Services provides funding support for all staff to receive training throughout the year, including required training to meet program objectives. There are also opportunities that are offered locally, within the State and Nationally to learn new and innovative practices and trends. Further, Federal and State leaders support the need for trained personnel who guide and implement programs and services for persons who access services. As the Area Agency on Aging, we believe that a skilled and trained staff is essential in serving our communities and vulnerable populations. KIPDA takes seriously its responsibility to be and become the “experts” in the area of home and community-based care for all segments of the population, particularly older adults, caregivers and persons with disabilities. Each staff member is required to identify at least one training they will complete during each fiscal year which is related to job responsibilities and will provide advanced knowledge in the field.

**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?**

The SHIP volunteer program will continue to be promoted through the use of local media—both print and radio as well as with partnerships in the community. Volunteer opportunities are also featured on the improved KIPDA Facebook page and the updated KIPDA website. The Long-Term Care Ombudsman program utilizes the Volunteer Coordinator within that program, located at Catholic Charities, to recruit and retain volunteer Ombudsman’s.

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

Progress will be measured both by the increased number of volunteers, and the opportunities for exposure throughout the community. Though the SHIP program is not new, many are not aware of the service we provide. With increased outreach and exposure to our services, volunteer numbers will continue to rise, and older adults in our community will be educated regarding their rights and benefits as Medicare recipients

## X. Public Hearing

### 34. Area Plan Public Hearing

Date	Time	Location	# of participants present	# of staff present	# of others present
March 21, 2022	5:30 pm	Virtual meeting via Zoom			

Date plan available for review	Place(s) available for review	Dates advertised	Ad appeared in newspaper

### 35. Participation in Public Hearing was actively sought from:

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### 36. Indicate means used in soliciting views:

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### 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. Limitless transportation services that is not confined to just non-emergency medical. Older adults need to get to the grocery, to social outing, congregate meals sites.

Access to transportation, particularly in the rural communities; non-emergency medical transportation to health care providers; transportation to on-going treatment, such as dialysis; transportation to church, grocery, shopping, social and recreational events, etc. This need has been consistent throughout many planning cycles and although the current needs assessment doesn't reflect a high need, we have gleaned this through our providers, ADRC, and other survey methods.

2. Caregiving Services

Caregiver's continue to need ever evolving support in our region.

3. In-Home Services

Older persons and persons with disabilities are challenged with accessing available and affordable in-home care. Including hands on services as well as home modifications.

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

In the ADRC the staff work to meet the client's needs to answer questions clients have in relation to services and opportunities to remain in their respective communities. ADRC staff "point clients, their caregivers and community partners in the right direction of services, resources and answering questions that connect the community to where they want to be.

All KIPDA Clients receive SurveyMonkey instructions or a printed Client Satisfaction Survey on a yearly basis. Yearly Client Satisfaction Survey Packets are to be mailed to clients' home addresses. Survey Packets are to include the satisfaction survey, instructions for completion, an explanation of the survey and how findings will be used, and a stamped envelope for returning the completed survey to KIPDA. Returned surveys are assessed for completeness and entered into a statistical software program for descriptive and trend analyses. Responses are compiled according to Provider. Providers are to receive a report including outputs from data analysis of their respective clients. KIPDA participates in regional health fairs and various community forums for the purposes of collecting information from community members and distributing information. KIPDA quality assurance measures are incorporated internally and externally. Information collected from older adults, caregivers, service providers, and other community members guides the development of new strategies for service implementation and/or modification of existing programs and services. KIPDA's comprehensive service array and provider and partner network is its strength. KIPDA's Area Agency on Aging and provider networks work as partners in assuring that needs are met. As we continue to evolve out of pandemic, they have been consistent champions of service delivery.

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

Funding sources that help pay providers employees a livable wage so the employees will be available to provide care that the older adults we serve need.

Navigating the variances in the region due to the extreme diversity of being rural and urban/metropolitan; populations; geography; and resources. Some of the region is resource rich and it is challenging staying connected to all of the initiatives occurring that impact older adults. However, although the urban areas have many resources there are some populations who are challenged with accessing needed resources due to income limitations, restrictions and complex rules that exist with programs available for persons with limited incomes, and scarcity of agencies who serve populations using waiver services. The rural counties are resource sparse in most service categories and struggle to meet the needs of its citizens.

Pandemic practices have added extreme challenges to our transportation and other service delivery. The restrictions on transportation have caused our main provider to decrease fleet transportation from the van level to the driver level. Other service areas have suffered due to the inability to provide one full hour of some services via a zoom or conference method due to lack of technology or a general disinterest from clients in wanting to use technology. Phone has become a primary method of service for some services and mail has increased. In FY22, all of the KIPDA funded senior centers re-opened on a limited basis, while still serving remotely participants who are reluctant to return to on-site activities. Transportation to/ from the sites continues to be challenging due to driver shortages.

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

**1. In-Home Services (i.e. Waiver, Homecare, etc.)**

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

These services are used because of the strong desire of the client to remain in their home and be as independent as possible. People generally do not want to be institutionalized. These types of services prevent institutionalization.

**2. Transportation**

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

As the community continues to age and older people live longer, their ability to drive decreases and their access to family and friends who are able to drive them to their destinations also diminishes. Additionally, there is high demand for transportation to on-going treatments, such as dialysis that require multiple trips per week. This is also true for people with disabilities. In two of the rural counties public transportation is extremely limited and in the other four it is non-existent

**3. Meals**

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

During the pandemic meals have become a highly utilized service as the older adult population continues to be most at risk. This has created the increased need and desire for meals due to shelter in place standards.

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

**1. Employment Services – Title III B**

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

Need new strategies to target and serve Boomers who need this service. It is likely that the need for employment type services that assist older adults with re-employment in late life will increase as it is projected that more older adults will need to continue to work post retirement (age) due to economic insecurity. This fiscal year, due to the pandemic, the demand for this service has further decreased.

## 2. Counseling – III B

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

Older adults access this service from professionals who specialize in this area. Traditionally, counseling has been provided at the centers with face-to-face interactions; limited availability of counselors and lack of technology/ internet that would allow remote service delivery have presented a challenge.

## 3. Legal Services for Caregivers

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

Funding available for this service does not meet the need to effectively assist a grandparent through an adoption process or an attempt to gain temporary/permanent custody. The funding is also not sufficient to assist caregivers with obtaining legal documents such as Guardianship, DNR's, and POA's. Assistance given tends to be advice on the process, not actual advocacy or legal assistance through the entire process. Another factor is that caregivers who may need this assistance focus so intently on caregiving that it often hinders their ability to take time for making resource connections.

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>
d. Provider surveys or interviews	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Client focus groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Other, Specify: as needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### 46. How often is feedback collected?

- ☒ Monthly  
☒ Quarterly  
☒ Semi-annually  
☒ Annually  
☒ Other, Specify: as needed

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



Collectively, the findings inform program processes support necessary modifications and guide procurements and improvements. The information is also used to develop training for providers and case managers. It is discussed in provider meetings for the purpose of improvement and also for procurement purposes.

**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?**

KIPDA has established a set of commonly available services to the communities we serve. The service array results from a unified effort to collaborate and partner with service providers, agencies, and organizations interested in serving the community. Every KIPDA county has a common service array that continues to expand and develop to meet the specific needs existing in their communities. Some common services in every county include I&A, outreach, senior centers congregate, and home delivered meals, in home services, family caregiver programs, benefits counseling, long term care ombudsman, transportation, legal services and advocacy.

In addition, the KIPDA ADRC is a one-stop shop in the information and assistance for residents within the seven counties. KIPDA can be contacted in various ways including the local and 800 phone lines, email, request through the KIPDA website, and on the KIPDA social media accounts.

**51. Do you have plans to improve service coordination?**

☒ Yes

☐ No

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

KIPDA continues to monitor and review the provision of services at every level, including basic information and assistance, intake and referral, and engaging a person in the service needed. KIPDA will continue to streamline intake and the screening process to accommodate the single point of entry philosophy, making information, programs and services more accessible to individuals in the region. Client satisfaction surveys will be another method to measure effectiveness and coordination. KIPDA has developed a comprehensive quality assurance and quality improvement plan to maintain our agency as being a user-friendly efficient single point of entry. KIPDA also intends to seek sources that allow the region to improve access to technology.

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

Client Satisfaction Surveys for providers as well as ADRC services; provider monitoring including client interviews as appropriate; awareness of programs and services in the community.

#### **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?**

KIPDA and its provider network identify and reach out to persons with the greatest social and economic needs in different ways including, but not limited to: participation in health fairs and community events; collaborations with refugee settlement organizations; presentations to older adults in underserved areas; distribution of newsletters; employment of a variety of media to increase awareness of programs and services; and partnership with other agencies that serve older adults and others with great needs. KIPDA works with a variety of partner agencies and organizations towards reaching various population groups that are not being served or underserved. Services are concentrated in locations throughout the region where populations based on census data represent areas of greatest economic and social need. Through its procurement practices KIPDA encourages the establishment and maintenance of senior centers in areas known to have low-income older individuals.

KIPDA and its contractors conduct outreach to those with the “greatest economic and social needs”, as specified in the Older Americans Act, through high traffic media outlets such as newspapers and social media sites.

In addition, agency staff makes presentations to local groups, including but not limited to local AARP chapters, retiree organizations, civic groups, ministries, and various support groups active in their communities. Additionally, KIPDA and its contractors participate in local health and county fairs; KIPDA continues its annual booth at the Kentucky State Fair. Starting in 2018, the Kentucky State Fair booth has partnered with other community agencies and providers in order to give broader information to attendees. KIPDA also hosts an informational weekly radio talk show, a gospel and information format station. KIPDA advertises in a variety of mediums and creates a newsletter that promotes older adults and individuals with disabilities living independently in their communities. KIPDA conducts presentations to several universities and colleges in order to inform students upon graduation of services for older adults and individuals in the community and how they can act as a conduit between those in need of assistance and services and the resources and programs available.

KIPDA participates in KVIC -Kentuckiana Veterans Integration Coalition- events out in the community. These events are held to honor those Veterans, families, and caregivers who have served their country. KIPDA provides information and collaborates with community partners to support the Kentuckiana Area Veterans in obtaining services to enhance their quality of life.

KIPDA continues to partner with the Louisville Metro Office for Aging and Disabled Citizens to host a free fan distribution event named Fan Fair. In 2019 this event received both a regional and a national level award from leaders in the Aging field. (SE4A Corporate Partnership Award, N4A Aging Innovations and Achievement award.) The purpose of this event is to assist individuals in our region with cooling needs during the hot summer months. The criterion for receiving a fan is that someone residing in the home must be over the age of 60 or have a physical disability. Fan Fair continues to expand its partnerships and sponsors.

The strategic location of congregate meal services in a community is in and of itself an outreach strategy. KIPDA encourages its contractors to operate Title III C congregate meal sites in neighborhoods where low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, older persons with disabilities, older person with limited English, and older individuals residing in rural areas.

The Meals on Wheels Association of America is well known for its focus on eliminating older adult hunger. KIPDA's membership in MOWAA is part of our outreach strategy; because it allows our contractors to use the powerful Meals on Wheel designation in their home delivered meal program outreach.

KIPDA contracts with KHBE, Kentucky Health Benefits Exchange, to provide In Person Assisters in our community. This allows us to further our reach in identifying older adults, persons with disabilities and caregivers who may need other KIPDA programs and services. SHIP Services will be publicized in local publications targeting areas with low income, minority and disability populations along with at least once quarterly on the WLOU call in radio show hosted by KIPDA staff. In addition, KIPDA will continue to expand partnerships and collaborate with community-based agencies serving the same targeted populations. Starting in 2018 and continuing annually, the SHIP program conducts an annual mass mailing that targets clients who have received services within the past year. This outreach event specifically allows us the opportunity to assist more clients in choosing the correct Part D plan during Medicare's open enrollment periods. These beneficiaries were potentially eligible for assistance with Medicare Part D counseling along with information and assistance in signing up for Medicare Savings Programs. SHIP and the KIPDA Kynect Program will continue to hold events in rural areas and at locations with a greater population of low-income individuals to educate and assist beneficiaries with insurance needs. SHIP will continue to ensure that SHIP Counselors are available in each of our rural counties and that community members within those counties know how to reach a counselor when they require assistance. SHIP will also continue to utilize the case managers who are currently serving clients with the greatest economic and social needs to ensure that they are receiving coverage and are not experiencing any challenges with their Medicare plans.

SHIP contact information is also available at local library branches, senior centers, on KIPDA's website, the KIPDA agencies social media outlets, and through the Louisville Metro 211 helpline. The KIPDA SHIP programs will both coordinate and participate in presentations and information/health fairs that include but are not limited to churches, senior housing sites, ESL classes, service providers for homeless and for persons with disabilities, community fairs, social organizations and more.

KIPDA will expand the outreach and engagement of older adults in rural counties who are in need of Home Delivered meals by conducting assessments and working with its meal caterer to deliver meals where KIPDA's current provider is having a difficult time identifying volunteers to reach the persons needing this service. This will begin as a pilot during this contracting cycle to determine its success for continuation.

The Aging and Disability Resource center plans to reach those "greatest economic and social needs" through outreach efforts at various community events such as World Fest which is a community event held each year in Louisville, KY to display the multicultural communities represented from around the world here in Louisville. This event hosts over 150 diverse cultures and languages represented. ADRC will host booths at other communities in the West Louisville, Historic Russel, California, Shawnee and Parkland neighborhoods at the West Louisville Summer Festival held each year over the summer. Additionally, ADRC staff

collaborate with the Africa American owned local radio show which broadcast each Friday to 7000 plus listeners to educate the KIPDA region about KIPDA services as well as provider services. This plan also includes KIPDA visibility over social media via Facebook, Twitter and Instagram to reach technologically savvy older adults, caregivers alike and update weekly, monthly or as needed about services provided.

The availability of the KIPDA ADRC as a source for information, assistance and referral, resource and benefits counseling will be publicized in a similar manner region wide. The KIPDA ADRC services will be highlighted using the KIPDA Website, and other KIPDA partner agencies' social media outlets. KIPDA will continue the current partnership with the Louisville Metro 211 information and referral line and be included in United Community. KIPDA Caregiver Program plans to conduct outreach, especially to those caregivers and grandparents with the greatest socio-economic needs (low-income, minorities, older adults with limited English proficiency, and disabled) as specified by the Older American Act. KIPDA plans to accomplish this task by conducting the following:

- Participate in community outreach events, such as health fairs, targeted at grandparents raising their grandchildren; particularly focusing on events that are held in areas with the greatest socioeconomic needs (low-income minorities, older adults with limited English proficiency, and disabled).
- Participate in health fairs from groups within our 7 county regions, with an interest in caregivers and/or grandparent issues.
- Distribute caregiver and grandparent raising grandchildren resource information to identified community groups that advocate and serve caregivers and/or grandparents raising their grandchildren.
- Partner with local school's Family Resource and Youth Service Coordinators to create Grandparent Raising Grandchildren support groups in the counties lacking such support and bring awareness to support groups already established in Bullitt, Spencer, and Jefferson counties.
- Collaborate with Managed Medicaid Providers to identify potentially eligible caregivers and grandparents.
- Collaborate with AARP on initiatives throughout the year to target caregivers potentially eligible for services.
- Develop a listing of available community organizations and locally owned businesses that provide classes (karate, tai chi, skills building, mentoring, and leadership to name a few) to children and teens and that are willing to provide Respite to grandparents. This allows the grandparent to have a break in caregiving while the children and teens are able to enjoy activities and will impact the children and teens in positive ways and allow for development of essential life skills, group interactions, socialization, and leadership skills, amongst other things. This will be available to grandparents in the KY Caregiver GRG program as well.

KIPDA Grandparent Raising Grandchildren Program plans to conduct outreach, especially to those grandparents with the greatest socioeconomic needs (low-income minorities, older adults with limited English proficiency, and disabled) as specified by the Older American Act. KIPDA plans to accomplish this task by conducting the following:

- Participate in community outreach events, such as health fairs, targeted at grandparents raising their grandchildren; particularly focusing on events that are held in areas with the greatest socioeconomic needs (low-income minorities, older adults with limited English proficiency, and disabled).



- Affirm health fair requests from groups within our 7 county regions, with an interest in grandparent issues.
- Distribute grandparent raising grandchildren resource information to identified community groups that advocate and serve grandparents raising their grandchildren.
- Partner with local school's Family Resource and Youth Service Coordinators to create Grandparent Raising Grandchildren support groups in the counties lacking such support and bring awareness to support groups already established in Bullitt, Spencer, and Jefferson counties.

KIPDA has partnered with Kentucky Refugee Ministries (KRM), Catholic Charities, Americana Community Center, the Kentucky Office for Refugees, and Jewish Family and Career Center. The purpose of this is to help coordinate services for international older adults with limited English proficiency in an attempt to insure sustained access to programs and services. International older adults are often isolated after they stop receiving services from resettlement agencies, so KIPDA is working to engage this community while they are still in the resettlement network.

During 2019, KIPDA has added a Lunch and Learn event to its calendar. KIPDA hopes to reenact this event as soon as pandemic restrictions are lifted. Once a month, typically on Wednesdays, KIPDA invites community partners, community members, providers, etc. to attend a training session during the lunch hour. Currently, we are highlighting the services provided and/or administered by KIPDA. These meetings will also include opportunities for other services that benefit the populations we serve to be presented.

Also, based on information gleaned from the 2018 and this Needs Assessment, KIPDA continues to look at ways to improve access to transportation for older adults and persons with disabilities. KIPDA staff are considering a variety of methodologies. KIPDA implemented a new transportation voucher pilot project, "Get There" in Jefferson County with the intent to accommodate requests for transportation to on-going medical treatment, such as dialysis. In 2021, the "Get There" program expanded and now covers all seven counties in the KIPDA region. Our goal is to create a sustainable system of transportation with multiple partnerships.

Feedback obtained from the FY22 Community Needs Assessment continues to identify access to affordable, accessible, and reliable transportation as a critical service needed to maintain independent living. KIPDA is constantly looking for ways to expand the capacity of the *Get There* program and assist contracted transportation providers.

KIPDA will also continue to look at ways to support housing issues and needs that are becoming more prevalent with the older adult population, including but not limited to home repair. KIPDA is considering alternative strategies to help meet this need for older adult community members. Home repair will facilitate aging in place and reduce potential for institutionalization. This is also a focus through Age Friendly Louisville which KIPDA is a part of the Leadership Team and continues to be a challenge regionwide as eligible, available, and affordable contractors are few and far between. Funding sources are also lacking and KIPDA continues to seek out additional funding sources for home repair.

## **56. How will you measure your progress?**

ADRC tracks all services for KIPDA outreach interactions through the amount of participation in each event. ADRC will ask the host of the event how many participants are expected to attend each event then prepare KIPDA information. Also, all participants are asked when they speak with an ADRC specialist "how did they hear about KIPDA services" Outreach, Radio or social media will all be options in the data system where we will track interactions. Contracted providers also follow this pattern and track outreach and outcomes.



Progress will be measured by the number of low-income and minority people served. This information is accessed from STARS (SHIP data site), ServTracker and SAMS I/R. Progress in other program areas will be measured via client and service data, as well as performance and outcome measures established for each program.

**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?**

The ADRC plans to host KIPDA booths at in-person outreach events starting this summer. This will allow more clients and caregivers to have in-person conversations with KIPDA. Those events include Fan Fair, West Louisville Summer Fest, and JenCare Fest. ADRC plans to continue social media outreach and radio time weekly. Events will be added as they occur.

KIPDA and its provider network will continue to reach out to the community in different ways including, but not limited to:

- participation in health fairs and community events,
- collaborations with refugee settlement organizations,
- presentations to older adults in underserved areas,
- distribution of newsletters and employment of a variety of media to increase awareness of programs and services,
- and partnership with other agencies that serve older adults.

Recently, KIPDA has revamped and enhanced its social media use and website readability. KIPDA works with a variety of partner agencies and organizations towards reaching various population groups that are not being served or underserved. KIPDA has also rebranded to meet the times and to increase visibility in our community.

**59. How will you measure your progress?**

Progress will be measured through program enrollment and participant feedback and evaluations as necessary.

**XV. Community Opportunities**

**60. How many of the counties in your service area currently have at least one focal point?** 3

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

KIPDA conducted Title III-B Procurement in FY19. This service will be procured again during this planning cycle and will incorporate the needs of the community as they have changed since the last procurement.

Currently, KIPDA supports two multipurpose senior centers in Jefferson County. There is a multipurpose senior center in Bullitt County covering the geographic area of Bullitt, Shelby, and Spencer counties. There is a multipurpose senior center in Oldham County covering the geographic area of Oldham, Henry, and Trimble counties. KIPDA supports each of these centers to achieve their missions.

Services offered are designed to meet the needs of varying populations: home bound and active. General services offered by the multipurpose centers include: telephone reassurance, advocacy, congregate meals, counseling, educational seminars, friendly visiting, health and wellness programs, information and referral, SHIP, physical activities, recreational programs, and transportation. These centers also provide services outside of KIPDA funding and serve as a "one-stop-shop" for services offered in their communities. The senior centers were closed to in-person activities in March of 2020 and are still moving toward full reopening status. Each senior center has been keeping older adults engaged and connected to their site by sending weekly packets with educational, health promotional, and recreational information and activities as well as advocacy alerts and information on elder abuse, neglect and exploitation. Phone calls are also made to senior center participants to determine needs older adults may have. In the fall of 2021, senior centers resumed providing in-person activities on a limited basis, while still offering remote service delivery to older adults who are reluctant or unable due to capacity limitations to participate in services on-site. As we continue to move through the pandemic these sites will open more frequently. It is our goal to ensure that services are available, no matter the form or space.

**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 every procurement for Title III-B Supportive Services offered through satellite senior centers and multipurpose senior centers, KIPDA staff engages in a careful review of trends, demographics, cutting edge programs and services, new models of service delivery, needs assessments, consumer surveys, service satisfaction feedback, etc. to determine how the Request for Proposal should be designed. This process is facilitated by information obtained during the previous procurement cycle concerning performance, utilization, client satisfaction, and interest. KIPDA uses this process to move providers in the direction of the needs and desires of the community and the demographics targeted to be served in their communities.

In FY19 KIPDA conducted procurement for Title III-B Supportive Services designed in a way that encouraged providers of aging services to implement or further develop service models that adapt to the changing needs and demographic profiles of older adults. The current RFP continued the requirement of the previous RFP to implement a senior center model based on identified community needs. Applicants were asked to select a service model that best fits the community needs and aligns with the agency's mission and vision. The models included in the RFP were: a Community- Centered model; a Wellness model; a Lifelong Learning and Arts model; and a Hybrid model that incorporates features of the other models. As a result of the last procurement KIPDA funded four (4) multipurpose senior centers and five (5) satellite senior centers. KIPDA hopes to continue its progression towards supporting senior centers that are relevant in the community and providing the services that the community has identified and embraced as necessary and desired.

COVID-19 Exception: On March 6, 2020, Governor Andy Beshear signed Executive order 2020-215 declaring a state of emergency in the Commonwealth due to the outbreak of the COVID-19 virus. Therefore, KIPDA and its contracted providers were instructed by the

Cabinet for Health and Family Services, Department of Public Health to modify or alter program protocols. As Fiscal Year 2021 progressed, updated CHFS instructions and guidance was shared with the Providers, and procedures related to these protocols had a massive impact on services provided. KIPDA plans to work with DAIL in resuming these services safely while meeting the requirements under evolving and lifting of the COVID-19 restrictions.

In FY22 KIPDA conducted a region-wide Community Needs assessment. Staff is currently engaging in a thorough analysis of data and feedback collected through this and other ongoing forms; any identified trends, unmet needs and opportunities for service expansion will be incorporated in the Title III-B RFP.

**64. How will you measure your progress?**

New service and program development.

Increased utilization of programs and services.

More diverse population utilizing services and programs.

Increased satisfaction with programs and services (per annual client satisfaction surveys)

**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?**

KIPDA provides information on long-term care planning through multiple outlets. The ADRC staff at KIPDA have completed training and are well-informed on the long term supports and services as well as various ways to finance long-term care and supports. KIPDA also highlights long-term care planning options using the quarterly newsletter, the agency website, our Facebook page, the weekly radio show hosted by KIPDA and at health fair and speaking engagements during the course of the fiscal year.

KIPDA partners for a Caregiver forum. This forum provides a number of guest speakers and roundtable discussions on long-term planning for both the care receiver and the caregiver. The forum also provides a resource fair with representation of the options available in our area.

KIPDA is also partners to provide interdisciplinary education to both students and practitioners and highlights the importance of long-term planning for all clients in the fields of medicine, dentistry, social work, nursing, pharmacy, law, and works closely to assure we also address behavioral health issues. This too will include working with families, caregivers, and older adults on long-term care issues in this space.

**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.**

KIPDA partners with agencies and association in their training events and activities by serving on planning committees for the events; exhibiting and presenting at the events; and attending the events.

KIPDA hosts an annual SHIP training for all KIPDA staff and the entire provider network and volunteers. KIPDA will also host a Part D Medicare Open Enrollment training in September of each year to educate SHIP Counselors and community members with any changes that may have occurred or will occur during the open enrollment period from October thru December of each year.

KIPDA hosts an annual GPRGC and/or Caregiver Forum when pandemic circumstances allow, Conference or event designed to provide knowledge and information to caregivers and professionals working in the field.

Each staff person schedules and attends at least one out of state, in-state or local training session per year as it relates to the work of the division and/or their work for KIPDA.

Additionally, management supports the attendance of staff and participation in training that will benefit staff in performing their responsibilities and expanding the vision of the agency and division. KIPDA kynectors are compliant with all required training mandated by the Kentucky Health Benefit Exchange.

KIPDA provides ongoing HIPAA/HITECH training throughout the fiscal year for all staff and new staff.

KIPDA participates in training opportunities through ICME initiative that provides an opportunity for inter-professional, client centered, training.

KIPDA staff participates in National Center for Law and Elder Rights (NCLER) training.

KIPDA staff participates in National Council on Aging (NCOA) training.

KIPDA will continue its current training plan and will update and add to it as necessary in accordance with new trends, data, activities and information/knowledge needed to better serve the region. An initiative KIPDA will engage in for training over the next few months is an Aging Network Comprehensive training series including Options Counseling Training through Boston University.

Beginning this FY, KIPDA and sub-contractor staff will also participate in educational sessions provided via the Senior Center Community College learning platform which will bring more consistency in the aging network training across the region. Diversity and Inclusion training will also be provided to all staff.

#### **69. How will you measure your progress?**

Improved care and provision of services as indicated by client feedback.

Tracking of training completion by our Quality Assurance Manager.

Training evaluations.

Listing of trainings and conferences attended by all staff and providers; training certificates.

Meet all required training requirements and additional training as indicated by need.

Increase of active volunteers who have completed training and are reporting client contacts and public/media events in the SHIP NPR site routinely.

#### **XVI. Information and Referral (was intake 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.**

The I and R system is marketed as the Aging and Disability Resource Center is marketed at various community events and with our community partners Trager, Louisville Metro and the Community Action Agencies and many more community partnerships listed in the sections below.

KIPDA markets the ADRC through multiple outlets reaching a diverse audience. KIPDA develops newsletters: the KIPDA AAAIL quarterly newsletter, and the KIPDA agency wide monthly newsletter. Utilizing the growing trend of social medial sites, KIPDA's Information and Referral services are promoted through the agency wide social media outlets. These include Facebook, Twitter, and Instagram and are updated frequently. KIPDA continues to host a weekly informational radio show through a partnership with radio. KIPDA partners with Metro United Way to be included within the 211 database and also the United Community Initiative. KIPDA continues to promote services through various community/health fairs, outreach events (State Fair, Worldfest, many more) and educational programs throughout the region. KIPDA's ADRC phone number is also promoted on the materials and outreach/advertising related to any project collaboration with a community partner.

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

**On average the ADRC has 1000 plus calls per month**

**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.**

The ADRC works with the Quality Management Planner at KIPDA to conduct surveys and monthly follow-up phone calls with the clients the ADRC specialists' contact. KIPDA offers training internally and externally to all call-center staff to ensure they have the skills necessary to provide information, assistance, intake and referral services. Training will cover various aspects of daily calls including but not limited to crisis training for the ADRC Specialists, disability etiquette, and customer satisfaction. Each ADRC Specialist is required to acquire their Certificate for Community Resource Specialist – Aging/Disabilities (CRS A/D) through the Alliance of Information & Referral Systems (AIRS) within two (2) years of employment. AIRS CIRS A/D Certification is designed for practitioners who work directly with clients and caregivers within the aging and/or disabilities area. KIPDA will continue to provide training and continue to seek ways to improve its call center functions. ADRC Staff are also trained on Medicaid Waiver Applications and two (2) staff members are nearly



100% dedicated to working with individuals wishing to receive services through a Medicaid Waiver program. KIPDA also values its veterans and has worked in recent years to elevate our knowledge of Veterans benefits. All ADRC staff are trained in VA services and benefits and VA staff are trained on KIPDA programs and services and other home and community-based services.

## **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?**

This is answered as yes and no for various reasons. There are funding streams where we appear to have adequate funding, but not room for expansion of services and program due to program and policy limitations; then there are funding streams where there is not sufficient funding and we transfer where possible, but sometimes the need just cannot be met. Also, workforce capacity within our region and provider network plays a significant role in whether we are able to expand or fully provide a service needed. KIPDA continues to experience referrals and requests for services for people who cannot afford private pay and cannot meet Medicaid requirements. Services to meet the needs of older adults and persons with disabilities and their caregivers are ever changing and require expansion of the service array. There has been difficulty in finding another funding stream to support those who cannot pay for it themselves or cannot become eligible for Medicaid. The issues with the network and support infrastructure right now are very complex and require funding, but this situation also requires policy and practice changes to facilitate meeting the needs of the community.

### **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.**

Program income is used to purchase additional services such as additional trips, additional meals and service of the meals. Senior Center program income is used to purchase additional supplies or presenters for programs offered as the center.

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

- ☒ Yes  
☐ No

### **80. If yes, please describe your plans.**

KIPDA continuously seeks alternate grant opportunities and business options to obtain additional supplemental funds.

### **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.**

Funds are allocated in various methods – some state-funded programs are not allocated to providers but based on client care plan and choice by client. Utilization of services is monitored and an adjustment for enrollment occurs based on availability of funds. AOA funds are allocated based on population and historical utilization over several years in various locations of our region and evaluated during procurement to determine equitable distribution of services to both urban and rural populations. As funds are needed in certain portions of our region – target lower served areas with great need, funds are allocated proportionately to service providers that have the identified need and will fully utilize the funds. Transportation is allocated proportionate to population and adjusted throughout the year where greater utilization occurs and the need exists.

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

Funds are monitored, based on service line at various intervals. Some need monitoring more frequently based on utilization, but may occur weekly, monthly, quarterly and yearly. Funds are routinely analyzed and redistributed at key points of the fiscal year. KIPDA Area Agency on Aging works closely with the Department for Aging and Independent Living each month now to monitor expenditures of funds.

**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?**

We continuously meet with providers to ensure that we are following budgets. Providers agree to provide services throughout the year with the budget agreed to at the beginning of the year. We also have a robust mid-year budget review process that pools our resources to serve the current needs of our client base.

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

To the extent reasonable, we enroll additional clients in the same service as we can accommodate, and providers can serve. In the event the additional funds remain at the end of the year, we determine if we can offer an alternate service that may not require additional client enrollment but would provide an allowable and reasonable service for currently enrolled clients. If those solutions are not adequate to fully expend funds, then unfortunately, time may be a factor in an ability to fully expend all funds and they would not be reported as expenditure. If those solutions are not adequate to fully expend funds, we have offered Mini-Grant opportunities for short-term contracts to expand services and we are constantly seeking other avenues. Sustainability is a challenge with the pandemic funding that has been available. Decreased utilization has also played a factor during the pandemic and has resulted in challenges to expend some service dollars.

## **XVIII. PROGRAM SITE MONITORING**

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

KIPDA staff are assigned to oversee specific contracts (called contract liaisons) and they monitor contractor activity on a regular basis, while also providing direct communication with the service provider on all problems noted. KIPDA financial staff review provider invoices

and reports monthly and notify planning staff as problems (low performance, expenditures, over-spending, etc.) are identified. Either financial or planning staff will notify providers of noted issues and request a plan to correct the problem. KIPDA attempts to work with its service providers as much as possible to resolve problems over terminating or eliminating services. However, if all attempts to correct problems remain unresolved and KIPDA staff is not satisfied, steps will be taken to implement legal remedies to discontinue services or funding to a provider. KIPDA communicates with DAIL financial and program staff as problems are identified and corrective measures taken.

KIPDA monitors the performance of all contractors. Contractors monitor the performance of their subcontractors and provide the results to KIPDA. Monitoring is designed to assess compliance with the funded contract, policies, and legislation pursuant to all funded services. Staff schedule on-site monitoring after the first quarter of the fiscal year is complete. There is a Monitoring manual for staff to ensure consistency in monitoring. A monitoring schedule is prepared at the beginning of each fiscal year. Staff schedule an on-site monitoring visit annually with each provider and monthly monitors the provider's performance through review of service delivery units and client numbers as well as expenditures. A report of monitoring findings and corrective actions is prepared and provided to the contractor after completion of the on-site monitoring visit. KIPDA has recently included monitoring for HIPAA compliance policies and practices as well as monitoring to ensure voter registration data is collected per DAIL guidance.

KIPDA will provide monitoring and evaluation of all direct service and contract programs administered by the AAAIL for compliance with state and federal guidelines. The AAAIL monitors and evaluates all programs both internally and on-site where a contract is awarded for service provision.

1. Desk Review (All Programs): Each program is reviewed monthly through review of financial reports submitted for payment. This information contains service unit data, number of clients served, match certification and program income data. Quarterly, Title III-B and family caregiver program service providers submit quarterly reports to KIPDA to document services. The Title III-C providers submit a monthly service and demographic reports for review. Title III-D project providers submit performance information upon conclusion of each project as prescribed by the particular III-D program. Demographic and service data is obtained from ServTracker on a quarterly basis. In the event problems are identified, the contact people for each contractor as designated by the Director of Social Services are to notify the provider to resolve the problem. Desk reviews are conducted monthly and/or quarterly to determine the anticipated success of a program and to identify technical assistance needs. If a problem is identified, the service provider is contacted for further explanation. Additional documentation to satisfy KIPDA review and make a determination of technical assistance needs or compliance problems may be requested. In addition to the desktop review, bi-monthly meetings are held with service providers to review program policies and methods of service delivery to provide on-going technical assistance.

2. Program and Administrative Monitoring (All Programs): Monitoring of all programs is conducted to review the overall effectiveness of program services, compliance with Laws, regulations and policies/procedures, assessment of outreach efforts, and identification of technical assistance needs or corrective action measures. KIPDA reviews the overall effectiveness of services using a number of methods, including, the outcome of client satisfaction surveys, provider interviews, case management and client record review.

KIPDA Quality Management Planner is conducting participant or client interviews to further validate program effectiveness and KIPDA is considering the addition of participant or client interviews onsite to further validate program effectiveness and outreach. KIPDA will monitor all programs operated by a provider concurrently. Monitoring will be scheduled with providers in advance and will be completed in the amount of time determined necessary by KIPDA monitors to review records and documents, program information, financial information and other information pertinent to complete the evaluation. The following information is reviewed for compliance with Laws, Regulations, policies, procedures, and contracts:

- Client and service records of all activity
- Electronic records review to validate service delivery by client for each provider utilizing the ServTracker and OmbudsManager data and reporting systems - Monthly
- Record of activities and calendar of events
- Units reported and services delivered - Monthly
- Service to low-income and low-income minority populations
- Documentation to substantiate services conducted and units reported - Monthly
- Coordination of services within the community
- Quality assurance verification
- Administrative operations and facilities used for the delivery of services

During monitoring visits KIPDA staff also conducts client interviews to obtain feedback regarding satisfaction with programs and services offered at the site.

A formal monitoring tool is used during the evaluation of each program to record the findings noted by the monitor, including matters requiring corrective action. The tool is developed based on the requirements of each program, corresponding regulations, the state regulations, contract and KIPDA policies and procedures. KIPDA revises its monitoring tools annually to update the review of contracted services for changes in Federal and State requirements. Administrative monitoring will be conducted on-site every other year with the interim year consisting of an administrative monitoring sign-off method and review. New and updated information will be reviewed closely, including personnel criminal records checks and training. Providers demonstrating the need for more in-depth review if new or consistent findings are identified, will receive a full administrative review on-site.

After the review, a report is written to describe findings, required corrective actions, and recommendations. These reports and their respective responses are retained in the service provider's file. Client satisfaction is also monitored to determine the effectiveness of services through a client satisfaction survey.

### 3. Financial Monitoring:

Financial monitoring is conducted with all the subcontractors through two methods:

#### a. Financial Reports and Audit Review:

Sub-recipients submit a financial billing report on a monthly basis to report units of service delivered, number of unduplicated clients served, match, program income and the amount due from KIPDA. Reports are primarily pulled from the Data and Reporting system on a monthly basis. Ombudsman service reports are submitted by the KIPDA service provider and annually information from the OmbudsManager Software program submitted to support service reporting. Monthly reports are submitted and reviewed for approval of payment. KIPDA reviews monthly provider reports for accuracy and identifies potential problems in

service delivery or reporting when processing bills for payment. Audits are provided by sub-recipients on an annual basis and reviewed for compliance with Single Audit Act requirements (as applicable), compliance with financial reporting requirements, governmental fund management, and compliance with the audit provisions established through AOA and Kentucky Administrative Regulations. Sub-recipients not required to comply with the guidelines established through the Single Audit Act are monitored by KIPDA for compliance with the guidelines governing the source of funding provided to the sub-recipient. State-funded programs are required to undergo a compliance audit if the provider receives more than \$50,000 in State General Funds. An audit is required if a Non-Federal entity expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards. The non-Federal entity must have a single or program-specific audit. This compliance is monitored, and audits are submitted to the KIPDA Accountant for review and follow-up if necessary.

**b. Financial Review:**

A financial review is conducted of all sub-recipients at least one time during the fiscal year to ensure compliance with the Act, Regulations, policies, procedures, and the contract. The review is conducted on-site and includes a review of the following records:

- Records to substantiate units of service reported, match, program income, and utilization of other sources of funding to supplement services funded through KIPDA (as applicable);
- Records of expenditures to support services funded through KIPDA;
- Sub-contractor records to substantiate services provided and allowable charges;
- Review of sub-recipient monitoring of subcontractors to ensure compliance with AOA, Kentucky Administrative Regulations, policies, procedures and the contract at the sub-contractor level.

**4. Use of Data System:** Several reports and tools are available in the ServTracker data system to compare billing reports with client and service data - Monthly. KIPDA staff and providers are able to print reports which provide monthly, quarterly and annual data. Quarterly service and client data is pulled from the data system and utilized to complete monthly reports to DAIL. In the event specific reports cannot be generated from the data system, KIPDA IT staff can pull data from the ServTracker system and create the special report using crystal reports or excel. ServTracker data is uploaded to the SAMS system at which time, SAMS performance reports are obtained monthly after reconciling for accuracy. Each service provider is also requested to print detailed information to validate units of service entered into the data system. This information is retained with the provider and used to reconcile units reported against other available records.

Congregate and Home Delivered operations are monitored at least 12 times per year by KIPDA's Nutrition Planner and contractors. All monitoring visits are conducted using a standard tool developed by KIPDA staff and designed to evaluate Congregate and Home Delivered operations for compliance with state, federal, and local guidelines.

A written report of the monitoring findings, recommendations, and corrective action needed is provided to the contractor.

Corrective Action is a required implementation of measures to remedy or improve a situation or practice by the contractor that KIPDA identified as unallowable or outside the scope of the program. If the contractor does not take the necessary steps to correct the deficiency within a reasonable time period, the planner discusses the issue and attempts to reach a



satisfactory resolution. If, after discussion, the matter remains unresolved, the KIPDA Social Service Director will take steps to resolve the matter. If corrective actions are accepted, a letter is sent to the provider closing out that year's monitoring. All information is filed electronically and in the paper file.

Title IIIC contractor monitoring activities are reported to KIPDA quarterly. Contractor reports (findings) and corrective actions are available to KIPDA as requested; at least annually by a KIPDA representative during annual contract monitoring.

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

Spreadsheets are developed to track performance and spending, review of financial information, match and program income is conducted monthly. On-site monitoring of contractors occurs at least once annually and more often if needed. Meetings with contractors at times are necessary to work through identified problems and possible solutions.

## **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.

The ADRC staff will continue to provide clients and their caregiver with the information needed to meet their needs. Also point caregivers, callers in the right direction for services that all people to remain independent in their homes via resource counseling.

**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.

Older adults, persons with disabilities, caregivers and families have access to person centered planning and options for counseling for the long-term services and supports through our ADRC and additionally through our provider network. Individuals and their caregivers are referred to several contracted providers for additional counseling and long-term services and supports. The Area Agency on Aging seeks to sustain and increase this service by seeking additional partnerships, funding sources, and adapting based on feedback from clients which is a primary source of measurement of success.

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

These times have led us as the Area Agency on Aging to look at services through an entirely new line of business-related strategies. We strive to continue to build partnerships in our community that are cutting edge and improve access to services for the populations we serve. Low cost services that can utilize technology and promote innovative services will be an area of focus. Older Adults in this region have access to the highest level of evidence-based disease prevention and health promotion programs integrated with other social activities throughout the region. It is hoped that KIPDA AAAIL will eventually be allowed to bill Medicare and Medicaid for some or all of its Evidence Based Interventions and service models, as this would make the services more accessible to a greater number of people.

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

ADRC staff will educate callers of their rights and connect the callers to resources such as Senior Medicare Patrol, Elder Abuse information provided that prevent the abuse and neglect of older persons.

KIPDA has also partnered with the Consumer Financial Protection Bureau to create, promote, and enhance tools to increase the financial literacy on Kentuckians and their caregivers. KIPDA also supports the LTCO efforts in the district and encourages other partnerships to assure the rights of older adults, persons with disabilities and caregivers.

KIPDA will expand work with its District Long Term Care Ombudsman to assure these rights both in long-term care facilities and in Elder Abuse Prevention.

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

The leadership team at KIPDA and in the Division of Social Services continuously participates in state-level meetings, training and national meetings to implement changing practices, strategies and objectives desired by the Department, ACL and CMS. The Director of the Division serves in leadership roles for many collaborations, including but not limited to advisory councils and associations with the common goal to serve our populations. We are also active in the SE4A and the USAging network, assuring that we stay up to date on challenges throughout our extended region and the nation itself.

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

Equitable access begins with information gathering and ends with implementation of services. During this plan cycle we will work to assure that information gathered from the community regarding any social, cultural, and geographic barriers to service are discussed and addressed with community partners, so that we may implement services that reduce those barriers. From information to implementation we will work as one.

## XX. Kentucky's Outcome and Performance Measures FY2023 - FY2025

*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 persons with disabilities to fully engage and participate in their communities

### Objective

A: Kentuckians, their families, caregivers, and persons with disabilities in the KIPDA region will obtain the information they need to make to engage and participate in their communities. The ADRC and provider network will work to assure that individuals have opportunities to engaged and participate. People are empowered when they are informed and have access to the things they need. KIPDA AAAIL/ADRC will strive to meet Goal 1 by assuring older adults, persons with disabilities, and caregivers have information and knowledge about programs, services and resources available to help them age in place or in the environment of their choice with the supports necessary to maintain a healthy and quality life. KIPDA will advocate facilitating change in policy and funding necessary to net change that will help improve long term services and supports.

B: The KIPDA ADRC will help to improve the quality of life for individuals receiving long-term care services in community-based settings.

C: All Medicaid and waiver eligible individuals in the KIPDA region will have the opportunity to receive services they require through the Participant Directed Services option.

D: Through one-on-one personalized counseling, education and outreach KIPDA SHIP counselors will provide accurate and objective information and assistance to beneficiaries and their families. This will allow the recipients to better understand and utilize their benefits.

E: Older adults, persons with disabilities and caregivers will have access to knowledge and information about long term services and supports they can utilize to help them to live quality lives in the community of their choice.

F. Caregivers in the KIPDA region will obtain the necessary information and assistance they need to make informed choices for themselves and their loved ones to provide the care they need.

G. Provide support for caregivers of individuals age 60 and older or to individuals under 60 with early on-set dementia through regional programs that provide information, assistance accessing resources, training, counseling, support groups, respite and supplemental services. Provide support and services to grandparents raising their grandchildren through supplemental services, information, assistance, referral and educational programs and services.

### Strategy A & B

The KIPDA ADRC will conduct level one screenings (LOS) on all callers requesting information and assistance providing them with the correct referrals and community resources to address the various issues they express. The ADRC will also provide resource and benefits counseling to individuals in the community including caregivers.

ADRC staff will monitor the quality and availability of community resources to ensure the accuracy of the information.

ADRC staff will receive options counseling training to ensure that they are considering the needs, preferences and values of the individual.

### Strategy C

For individuals approved for the waiver, KIPDA will provide case management and Service Advisor services to assist the individuals in acquiring and managing their services and make monthly face to face home visits to ensure the individuals' health, safety and welfare needs are being met.

### Strategy D

All SHIP counselors will make information, assistance and counseling available through appropriate means, post mail, e-mail, telephone, site visit or home visit.

All SHIP counselors will complete the training required by CMS to ensure the most accurate assistance is provided to beneficiaries.

KIPDA will conduct outreach efforts targeting persons of low-income, disability, minority and dual eligible beneficiaries for counseling and assistance services.

### Strategy E & F & G

KIPDA will create a comprehensive system of long-term services and supports including programs like Homecare, NFCSP, and private pay systems.

### Strategy F

KIPDA will provide information and assistance to caregivers through newsletter articles, health fairs, presentations, educational seminars and assessment of caregiver needs. KIPDA provides counseling, support groups, caregiver training, legal assistance, respite to caregivers to give them a break and supplemental services to caregivers to help them obtain equipment and supplies they may need to help take care of their loved one. KIPDA utilizes providers to implement specialized programs and services to caregivers throughout the region.

### Strategy G

KIPDA will provide information and assistance to caregivers through newsletter articles, health fairs, presentations, educational seminars and assessment of caregiver needs.

KIPDA provides counseling, support groups, caregiver training, legal assistance, respite to caregivers to give them a break and supplemental services to caregivers to help them obtain equipment and supplies they may need to help take care of their loved one.

Person and entity responsible for completion: Entire Aging network of staff and providers

Date  
Ongoing

## GOAL 2:

**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: Increase awareness of long-term services and supports offered by the Area Agency on Aging

Objective: Assure that training offered to Area Agency on Aging staff and the network has a person-centered foundation

Strategy: Educate and inform the community and network through media outlets and community events about the availability of long-term services and supports

Strategy: Seek person centered trainings through reputable sources that are based on evidence and research.

Person and entity responsible for completion  
KIPDA Staff and Providers & Partners

Date  
Ongoing

<b>GOAL 3:</b> Increase the development and implementation of business-related strategies that promote innovation, collaboration, and sustainability of aging and disability network partners.	
Objective: Build additional business relationships and partnerships with community businesses, organizations, and agencies. Work with health care entities and MCO's through collaborations.	
Objective: Provide greater access to services through partnerships who focus on technology driven delivery models.	
Strategies: Seek out and collaborate with businesses, community organizations, agencies and other entities that share our same goal and mission.	
Seek, evaluate, and develop technology driven service delivery models that are low cost and provide greater impact of services redesigning we currently are limited to.	
Work with KCADD and through K4A to assure that partnerships are sought for health care entities and MCO's.	
Person and entity responsible for completion: Area Agency on Aging staff, providers, and community partners	Date: On-Going

<b>GOAL 4:</b> Prevent abuse, neglect, and exploitation while protecting the rights of older Kentuckians and persons with disabilities.	
Objective A Increase awareness of elder maltreatment	
Objective B Provide Elder Abuse prevention, older adult crime and exploitation education activities	
Strategies A Continued involvement with the local and Rural Local Coordinated Council on Elder Abuse	
Strategies B Through partnership with partnerships, various coalition meetings provide education on older adult crime and exploitation. Advocacy is emphasized and encouraged throughout the aging and disabilities network as means to inform legislators and the public.	
Person and entity responsible for completion Social Services Planning Staff, Providers and Partners	Date Ongoing

<b>GOAL 5:</b> Ensure continuous quality improvement principles to ensure the Area Agency on Aging and Independent Living operates efficiently and effectively.	
Objective A. Management staff will be equipped with high level administration and leadership skills.	
Objective B Engage in meetings and distribute information from regional and national networks for the KIPDA AAAIL/ADRC to have opportunities to learn from.	
Objective C Modify practices to conform to feedback from the growing and changing population demographic in the region.	
Strategies A Attend trainings to obtain knowledge for effective management and administration.	
Strategies B & C Engage in continuous planning activities at regular intervals	
Person and entity responsible for completion Division Director and Management Staff	Date Ongoing

<b>Goal 6.</b> Ensure that all Kentucky elders and individuals with disabilities have equitable access to services regardless of any social, cultural or geographic barriers.	
Objective A.	
Advocate for equitable access to services at all levels of need	
Objective B	
Provide information gathered to community partners, state offices, and others and reversly share information gathered from those parties to the community.	
Objective C	
Create access points and information with a focus on those with social, cultural and geographic barriers.	
Strategies A	
Participate in trainings, increase awareness, and gather information from the community.	
Strategies B & C	
Create virtual options and provide access to technology to those in need.	
Person and entity responsible for completion	Date
Division Planners and Management 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 – AAAIL Advisory Council Membership**
- Form B – AAAIL Administration Staffing Plan**
- Form C – AAAIL Direct Staffing Plan**
- Form D – Provider Direct Staffing Plan**
- Form E – Case Managers**
- Form F – SHIP Counselor Locations**
- Form G – SHIP Counselor Site 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.**



KIPDA staff provide services directly to clients which include, caregiver informational services, vouchers for supplemental services, home delivered meal program assessments/reassessment, health promotion and disease prevention evidence-based programs. Where staff are trained and as necessary, certified to deliver a program service in our region, KIPDA allocates staff time and implements a project where there is a shortage of trained providers in the region to deliver services required for target populations.

**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.

Bid Title III-D and III-B and III-C services and III E services where applicable – the funds that remain require direct service delivery and KIPDA staff are trained and qualified to deliver the evidence-based programs. KIPDA has bid out supplemental services as an option to be delivered directly by service providers in the community, but this is not a component that has been selected by service providers to deliver or service provider's staff are not qualified/trained to provide the service.

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

III-D Disease Prevention and Health Promotion Services: KIPDA staff who are trained and qualified provide CDSMP, DSMP and CDSME services for eligible older adults, DPP and MOB services are also provided by staff directly to eligible participants in the community as staff are qualified and trained. There is a limited number of trained individuals in our region to deliver such services. Evidence Based Programs will continue to be offered virtually where allowable. These are just a few programs that we may utilize during this planning period. We will continue to seek additional programs.

Caregiver Voucher Services – this opportunity to purchase non-medical supplies, minor adaptations to a home, and other supplies caregivers need to support their role as a caregiver is a necessary service that is not offered through our service provider network due to no proposals, so KIPDA staff implement and provide this service directly.

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

KIPDA Health Promotions Planner and One additional Planner (.50 FTE combined time) work to implement the evidence-based programs of: CDSMP, DSMP, Falls Talk, and Home Meds:

Johnson	Health Promotion Planner (160 hours of 1820 hours) = 9 % of time	5,425.60
Turano	Social Services Planner (70 hours of 1820 hours) = 4 % of time	1,778.00
Director	Social Services Director (9 hours of 1820 hours) = 0.4% of time	400.48
FIN/ADM	Budget & Finance Planner Financial & Admin (48 hours of 1820) = 1 % of time	1,693.00
IT Staff	Flowers and Chisholm - (1.6% of time to review client service data and SAMS data	9,029.00
	Fringe benefits =	
	53.5% of direct salaries (includes health insurance, FICA, Retirement, Life Insurance, Disability Insurance, Unemployment,	9,804.95
	Worker's Compensation, annual leave, sick leave =	
	\$18,327 x .535 = \$9,804.95	
Personnel Total:		28,131.95

Category	Description of Budget Item	Total
Travel	In-Region Travel - III-D admin. = .39/mile x 1,282 miles (est). For monitoring III-D projects meetings with providers as needed	500.00
Total Travel:	500.00	

	Category	Description of Budget Item	Total
Supplies		General Office and program supplies	4,976.00
Supplies			
Total:		4,976.00	


Category	Description of Budget Item	Total
Other Operating	Software Maintenance and license - SERVtracker and SAMS data bases – Program Pool Allocation	1,741.00
	Copying, postage, Registration for health fair or local meeting.	534.00
Indirect	Indirect Costs are 32% of Direct Salaries and Fringe = \$25,512 x .29	6,238.00

Total KIPDA Projected Expenditures (Excluding providers): \$37,144.95 KIPDA expense

*\*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.**

**KIPDA AAAIL has two (2) requests for the NPOP Fiscal Year 2023-25; they follow:**

#### **Purpose for Waiver Request:**

This is a request to extend a previously approved Non-Traditional Frozen Meals Waiver and add a Non-Traditional Chilled Meals Waiver.

#### **Administrative Justification:**

- The KIPDA AAAIL Frozen Meal Program is ongoing and well established within the community and service network. The Chilled Meal Program is ongoing and well

established within the State of Kentucky and recently became available in the KIPDA region.

- It is necessary for KIPDA AAAIL to have all meal options available for clients in the service region.
  - KIPDA AAAIL operates in an area where not all clients live on established meal routes; live in areas where volunteers are available to deliver meals daily; or live within the time allowed for delivery of hot meals. Clients living in these areas will never benefit from the traditional Title III C-2 program without frozen and or chilled meals; would remain on our home delivered meal waiting list with no hope of ever getting meals. Frozen and chilled meals allow us to serve these clients based on their need and not their location.
  - Frozen meals are requested by some clients because they prefer greater flexibility in mealtimes (dialysis appointments) or find daily delivery disruptive for loved ones (as with dementia). Chilled meals offer this same kind of flexibility with the addition of menu items not possible in the frozen state.

#### Cost Effectiveness:

- Meal Prices for the KIPDA Region are not yet determined as final RFP negotiations are not complete. Preliminary analysis of the proposed prices indicates an increase of about 7%, far less than current inflationary pressures on food prices in our region.

#### Client Assessment:

- Each client enrolled in Home Care Meals and Title III C-2 services are assessed annually, for eligibility, using established tools and standards (ADL/IADL/NRA).
- Clients enrolled in the Non-Traditional Frozen/Chilled Meal Programs are further assessed for:
  - Ability to prepare (heat) the meal without assistance;
  - Access to appropriate appliance to properly prepare the meal;
  - Access to appropriate and sufficient storage appliance;
  - Client's choice to accept the frozen meals.
- Clients who cannot handle frozen meals or lack facility to store/prepare frozen/chilled meals will be served by volunteers/staffs who will deliver heated meals from the nearest nutrition site.

#### Vendor Produced frozen Meals:

- Masterson's Food and Drink, Inc. (Masterson's) prepares frozen/chilled meals in their HACCP driven, USDA Certified kitchen.
- Meals are frozen/chilled in a blast freezer/chiller and delivered rock hard frozen to client homes or nutrition sites.
- Meals are transported in containers capable of keeping them frozen/chilled during delivery.
- Meals are prepared and delivered weekly, according to orders placed by Title III C Service Providers and Home Care client care plans.
- Leftover foods are never packaged and served as frozen meals.

#### Nutrition Program Requirements:

- Frozen/chilled meals prepared by Masterson's are approved by a local RD/LD, using DAIL-NP 17.9.8 to ensure that nutrition requirements are met.
- Twelve nutrition education lessons are planned and offered to participants in the home delivered meals program each year; frozen/chilled meal clients receive the same lessons.
- All meal clients are surveyed annually. Client satisfaction with the frozen/chilled meals is very high. Clients seem to enjoy the meals and the once weekly delivery; many report that the delivery schedule allows them to decide what and when to eat. Spouses of dementia clients report less disruption of daily activity with weekly deliveries.
- A menu and preparation instructions are included with each box of meals. Storage and handling instructions are distributed to each new client and at least annually to established clients.

#### Client Contacts:

- Assessors in the KIPDA AAAIL region follow the daily contact screening established by Kentucky's State Unit on Aging as dictated by the "Supplemental Assessment for Non-Traditional Meals" form and guided by KIPDA AAAIL Policy and Procedure Manual. A copy of the supplemental assessment results is filed in the client record and documented in the KIPDA AAAIL data base. As always, those who are identified as needing additional contact are offered other services funded by other sources or provided by the community at large, including other agencies.

KIPDA AAAIL reviews the form and policy and procedure manual for compliance with the most recent DAIL NP 17.9 each time the SOP is revised.

#### **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.**

KIPDA AAAIL second waiver request for the NPOP Fiscal Year 2023-2025 follows.

#### Purpose for Waiver Request:

- This is a request to extend a previously approved reduced number of serving days in Henry, Shelby, Spencer and Trimble Counties.
- The request for waiver is required under the Fiscal Year 2023-2025 contract between Kentuckiana Regional Planning and Development Agency (KIPDA) and the Department for Aging and Independent Living (DAIL).

#### Administrative Justification:

- The two (2) or three (3) day/week congregate meal service in rural counties is ongoing and well established in the affected communities.
- Older adults in the affected counties initially requested frozen or chilled meals for days their centers were closed; the request was denied by DAIL.

- KIPDA AAAIL developed a system of access to meals for all affected clients utilizing nearby nutrition sites that are operating five (5) days/week.
- Older adults in Henry, Shelby, Spencer, and Trimble Counties express satisfaction with the current arrangement.

**Cost Effectiveness:**

- Community Action Agencies operating in Henry, Shelby, Spencer, and Trimble Counties responded to a Supportive Services RFP (FY 2020-2023) proposing Satellite Senior Centers operating less than five (5) days/week in these communities.
- In order to serve meals five (5) days/week, KIPDA AAAIL would need to open additional sites for the purpose of providing meals for the remaining two (2) or three (3) days/week. The AAAIL does not have resources required to open alternate nutrition sites in these communities.
- Our system of access to meals utilizing nearby nutrition sites already operating five (5) days/week is the most efficient and cost-effective approach for our communities.

**Number of Days Requested:**

- Senior Center Sites in Henry, Shelby, Spencer, and Trimble Counties will serve congregate meals two (2) or three (3) days/week during Fiscal Years 2020-2023.

**Reasons:**

- In response to a recent Title III B Request for Proposals (RFP), Tri-County Community Action Agency will provide services three (3) days/week at its Satellite Senior Center in Henry and Trimble Counties; this includes congregate meal services.
- In response to a recent Title III B Request for Proposals (RFP), Multi-Purpose Community Action Agency will provide services three (3) day/week at its Satellite Senior Center in Shelby and Spencer Counties; this includes congregate meal service.

**Number Affected:**

- Unduplicated client counts at these affected sites for Fiscal Year **2019** are as follows
  - Henry County: 129
  - Shelby County 47
  - Spencer County: 45
  - Trimble County: 147
- Unduplicated client counts at these affected sites for Fiscal Year 2019 reflect three months of expanded COVID-19 meals and may not reflect post-pandemic restriction meal service numbers.

**Term Of Waiver:**

- Three (3) sites will provide meals three (3) days/week; just as they have for a number of years.
- One (1) site will provide meals two (2) days/week; just as they have previously.

**KIPDA AAAIL Advisory Council Approval: June 8, 2016**

**KIPDA Board of Directors Approval: June 23, 2016**



Reporting:

- As is our practice, KIPDA AAAIL and its provider network report any and all conditions or circumstances that would place older adults in imminent danger to appropriate local officials, including but not limited to EMS, Law Enforcement, and DCBS.

Average Daily Attendance (Pre-Pandemic):

- Henry County: 33
- Shelby County 24
- Spencer County: 22
- Trimble County: 32

Reduction Due To Attendance:

- N/A

Cost Analysis Due To Reduced Attendance:

- N/A

Location/Distance/Transportation to Nearest Site:

- Older adults in Trimble and Henry Counties may attend the congregate meal site in Oldham County; a distance of twenty-four (24) and eighteen (18) miles respectively. Transportation is available through Tri-County Community Action Agency; they operate the centers in Henry, Oldham, and Trimble Counties.
- Older adults in Shelby and Spencer Counties may attend the congregate meal site in Bullitt County, a distance of twenty (20) miles.
- Transportation is available through Louisville Wheels; they regularly provide transportation to the centers in Bullitt, Shelby, and Spencer Counties.

Effective Date:

- Three (3) sites will provide meals three (3) days/week; as they have for a number of years.
- One (1) site will provide meals two (2) days/week; as they have previously.

Emergency Meal Provision:

Emergency meals (KAR 9101:190) are provided to congregate meal clients as funding is available.

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

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

DRAFT

### XXIII. PROVIDER APPROVALS

#### List of Contracts with a Profit Making Organization

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

The form below 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. You need to send a facsimile of your contract with a profit-making organization for prior approval for any and all contractual relationships.

List of Contracts with Profit Making Organization(s) & Approval Request			
Name & Address For-Profit Services Provider	Services to be provided	Unit of Service to be provided	Cost/Unit of Service
Lifeline Homecare	Homecare – In-Home services – Homemaking, PC, Respite, Escort, Chore	42,307	636,445.82 *includes match Chore – 21.18, Chore HC – 18.09, Escort – 35.00, Escort HC – 31.00, Homemaking – 17.00, Personal Care – 17.00, Respite – 17.00
Guardian Medical Monitoring	Medical Alert Systems – Homecare clients- Includes Fall Detection	1474	34,539 Equipment Cellular – 24, Equipment Cellular Fall Detection – 35.00, Equipment Landline – 19.00, Equipment Landline Fall

			Detection – 23.00
HDIS Incontinent Supply company	Personal Care Supplies		43,294.45 price varies per supply
Masterson's Food and Drink	Meal Preparation for region's congregate and home delivered meals – NSIP meals also	441,161	2,499,328 \$5.89/meal
Southern HC Services – Homecare	Homecare – In-Home Services	36,375	507,285.58 *includes match Chore – 25.00, Chore HC – 25.00, Escort – 22.70, Escort HC – 22.70, Homemaking – 16.00, Personal Care – 16.00, Respite – 16.00
Commonwealth Care	Homecare – In-Home Services	8,861	132,422.44 *includes match Escort – 31.00, Escort HC – 35.00, Homemaking – 17.00, Personal Care – 17.00, Respite – 17.00
VRI, Inc,	Medical Alert Systems – Homecare clients- Includes Fall Detection	169	4,318.65 Equipment Landline – 19.00, Equipment Landline Fall Detection – 24.00, Equipment Cellular – 24.95,

			Equipment Cellular Fall Detection – 29.95, Equipment Mobile – 26.95, Equipment Mobile Fall Detection – 32.95
PMF Supplies	Personal Care Supplies		\$1,316.30, price varies per supply

#### XXIV. ASSURANCES

1. Each Area Agency on Aging and Independent Living shall assure that case management services under Title III of the OAA will not duplicate case management services through other federal and state-funded programs and will include in its annual plan the coordination of case management services between programs.
2. Each Area Agency on Aging and Independent Living shall provide for adequate and qualified staff for service provisions.
3. Each Area Agency on Aging and Independent Living assures that the Area Agency on Aging and Independent Living and Independent Living and its services provider staff are trained as required for their job functions.
4. Each Area Agency on Aging and Independent Living and Independent Living shall assure that there is an integrated regional client management data system.
5. Each Area Agency on Aging and Independent Living shall encourage local cities and towns to plan for the growing aging populations and needs.
6. In accordance Sec. 306(a) of the Older Americans Act, each Area Agency on Aging and Independent Living shall assure that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services and will report annually, to the State Agency, in detail, the amount of funds expended for each such category during the fiscal year most recently concluded:
  - (a) Services associated with access to services transportation, health services (including mental health services)
  - (b) Outreach, information and assistance which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in public supported programs for which the consumer may be eligible
  - (c) Case management services
  - (d) In-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
  - (e) Legal assistance.



7. Each Area Agency on Aging and Independent Living shall assure that it will establish specific objectives, consistent with State Policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need and older individuals at risk for institutional placement.
8. Each Area Agency on Aging and Independent Living shall assure that it will develop proposed methods to achieve the objectives described in Section 306(1), paragraph (4)(a)(i), clause I as follows:
  - (a) Set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
  - (b) Include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
  - (c) Include the proposed methods to achieve the objectives described in Section 306(a), paragraph (4)(a)(i), clause (I)
9. Each Area Agency on Aging and Independent Living shall provide information to extent to it meets the following objectives:
  - (a) Establishes specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
  - (b) Includes specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.
10. Each Area Agency on Aging and Independent Living shall assure that it will conduct outreach efforts that identify individuals eligible for assistance under this Act, with special emphasis on-older individuals residing in rural areas and older individuals with greatest social and economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with severe disabilities; older individuals with limited English proficiency; older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to above and the caretakers of such individuals, and older individuals at risk for institutional placements of the availability of such assistance.
11. Each Area Agency on Aging and Independent Living shall assure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
12. Each Area Agency on Aging and Independent Living shall assure that it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities.
13. Each Area Agency on Aging and Independent Living shall assure that in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), it will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2001 in carrying out such a program under this Title.
14. Each Area Agency on Aging and Independent Living shall provide information and assurances concerning services to older individuals who are older Native Americans including-information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Area Agency on Aging and Independent Living will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title; an assurance that the Area Agency on Aging and Independent Living will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and an assurance that the Area Agency on Aging and Independent Living will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

15. Each Area Agency on Aging and Independent Living shall provide assurances that the Area Agency on Aging and Independent Living will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.
16. Each Area Agency on Aging and Independent Living shall provide assurances that the Area Agency on Aging and Independent Living will disclose to the Assistant Secretary and the State agency --the identify of each non-governmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and the nature of such contract or such relationship.
17. Each Area Agency on Aging and Independent Living shall provide assurance that the AAAIL will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.
18. Each Area Agency on Aging and Independent Living shall provide assurances that the AAAIL will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.
19. Each Area Agency on Aging and Independent Living shall provide assurances that the AAAIL request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.
20. Each Area Agency on Aging and Independent Living shall provide assurances that preference in receiving services under this Title III of the Older Americans Act will not be given by the Area Agency on Aging and Independent Living to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this subchapter.
21. Each Area Agency on Aging and Independent Living shall provide assurances that funds received under this Title will be used; to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph Section 306(a)(4)(A)(i); and in compliance with the assurances specified in Section 306(a)(13) and the limitations specified in section 212 of the Older Americans Act.
22. Each Area Agency on Aging and Independent Living shall 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](http://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. 3030F), 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, welfare and neglect of residents, and support the district LTC Ombudsman by representing older adults as provided under the Act for legal representation.
64. Each Area Agency on Aging and Independent Living will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.
65. Each Area Agency on Aging and Independent Living shall provide assurances to provide for a District LTC Ombudsman Advisory Council in accordance with state requirements.
66. Each Area Agency on Aging and Independent Living provide for the support of the District LTC Ombudsman program with state funds (CMP) as well as with funds from the federal Title VII Ombudsman and Elder Abuse Prevention program.
67. Each Area Agency on Aging and Independent Living provide for the expansion of the District LTC Ombudsman program as additional funding is provided.
68. Each Area Agency on Aging and Independent Living make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing services offered through the AAAIL. As appropriate and possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings.
69. Each Area Agency on Aging and Independent Living shall coordinate with the state, local and/or regional public mental health services agency to: increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the Area Agency on Aging and Independent Living with mental health services provided by community health centers and by other public agencies and local mental health organizations to facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings. Coordination shall be conducted in a manner that is responsive to the needs and preferences of older individuals and their family caregivers, by: collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care. In coordination with local mental health entities, continuously analyze and recommend strategies as needed to modify the local system of long-term care to better: respond to the needs and preferences of older individuals and family caregivers; facilitate the provision, by service providers, of long-term care in home and community-based settings.
70. Target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings; implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and providing for the availability and distribution of public education programs provided through the Aging and Disability Resource Center, the Area Agency on Aging and Independent Living, and other appropriate means relating to: the need to make individual improvements in daily health and wellness habits; plan in advance for long-term care; and (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources.



71. Each Area Agency on Aging and Independent Living shall provide assurances that funds received will be used: to provide benefits and services to older individuals, giving priority to older individuals with greatest economic need, older individuals with greatest social need and older individuals at risk for institutional placement, low income minority older individuals, older individuals with limited English proficiency, and older individual residing in rural areas; and in compliance with the assurances Section 306(a)(13) and the limitations specified in Section 212.
72. Each Area Agency on Aging and Independent Living will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.
73. Each Area Agency on Aging and Independent Living shall include in the area plan statistical data indicating projected changes in the number of older individuals residing in the AAAIL over the next 10-year period, the impact of changes in population to older individuals and the AAAIL's services, statistical data regarding projected changes in minority, low-income, number of older rural individuals and other target populations over the next 10-year period for which data is available. Further, the AAAIL shall provide an overview of an analysis regarding how programs, policies, resources and services can be adjusted to meet the needs of the changing population of older individuals in the planning and service area, particularly supportive services to address the change in the number of individuals age 85 and older in the planning and service.
74. Each Area Agency on Aging and Independent Living shall provide services in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the AAAIL to build the capacity in the planning and service area to meet the needs of older individuals for: health and human services; land use; housing; transportation; public safety; workforce and economic development; recreation; education; civic engagement; emergency preparedness; and any other service as determined by the AAAIL in coordination with public officials.
75. Each Area Agency on Aging and Independent Living shall provide, to the extent feasible, the provision of services under the Older Americans Act and Kentucky Administrative Regulations consistent with self-directed care.