



Regional Plans on Aging

Department for Aging and Independent Living

Fiscal Years 2019-2021

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

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

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

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

Due Date: Completed area plans are due March 30, 2018.

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

Number of Copies: Submit a copy of this area plan electronically to DAIL.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.

Area Agency on Aging and Independent Living

I. Mission and Vision

Some things to consider when developing your mission and vision:

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

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

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

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

Bluegrass Area Agency on Aging & Independent Living operates under the Bluegrass Area Development District. We are centrally located within the state of Kentucky and our 17 County District. Our core service programs include an Aging and Disability Resource Center which provides intake and screening for all our programs as well as general information and referrals to community resources. We receive funding from the Cabinet for Health and Family Services to provide programs under the Older Americans Act such as: Title IIIB Supportive Services, Title IIIC Nutrition Services, Legal Assistance, SHIP and Benefits Counseling, Long Term Care Ombudsman Services, Title IIID Health Promotion Evidenced Based Programs, National Family Caregiver Supports as well as State General Funded programs including Homecare and Kentucky Caregiver Program. Bluegrass AAAIL also participates in the Home and Community Based, Michele P and Supports for Community Living Medicaid Waivers. We provide Case management/Service Advisor services for these waiver programs.

II. Service Area

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

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

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

Bluegrass Area Development District



III. Profile of Your Region

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

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

www.ksdc.louisville.edu/

Year for which data is current:

2016

	Information Not Available	
a. Percent of persons 60 and older in your region	<input type="checkbox"/>	20.2
b. Percent of region's total population over 60	<input type="checkbox"/>	20.2
c. Percent 60+ who are low income (poverty rates as provided by HHS)	<input type="checkbox"/>	10.2
d. Percent 60+ who are minority	<input type="checkbox"/>	9.5
e. Percent 60+ who live in rural areas	<input type="checkbox"/>	32.5
f. Percent 60+ with severe disability (3 or more ADL/IADL impairments)*	<input type="checkbox"/>	35.6
g. Percent 60+ with limited English proficiency	<input type="checkbox"/>	1.2
h. Percent 60+ with Alzheimer's Disease or related dementia	<input checked="" type="checkbox"/>	
i. Percent 60+ isolated or living alone	<input type="checkbox"/>	40.5
j. Percent of grandparents or older relative raising a child under 18	<input type="checkbox"/>	2.1

*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	0.51
b. State government grants/contracts	98.36
c. Local government grants/contracts	
d. Foundation grants/contracts	
e. Corporate grants/contracts	
f. Direct mail fundraising	
g. Fundraising events	
h. Individual contributions	
i. Fees for services	1.12
j. Other (Specify: <u>In-kind</u>)	0.01
k. Other (Specify: <u> </u>)	
Total.....	100

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

Name of Source		Value (\$ amount) for current fiscal year
A	Administration Funds	\$151,23- .00
B	SHIP	\$ 74,167 .00
C	MIPPA-AAA	\$3,488 .00
D	MIPPA-SHIP	\$ 3,873 .00
E	CDSME	\$ 1,380 .00
F	Consumer Directed Option	\$ 16,176,482 .00
G		\$.
H		\$.
I		\$.
J		\$.
K		\$.
L		\$.
M		\$.
N		\$.
O		\$.
P		\$.
Q		\$.
R		\$.
S		\$.
T		\$.

U			\$.	
V			\$.	
W			\$.	
X			\$.	
Y			\$.	
Z			\$.	
AA			\$.	
BB			\$.	
GRAND TOTAL			\$	16,410,620	.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 FY13	Amount spent in FY13 (round to nearest hundred)	Funding source(s) (use letters from Section IV)
	Yes	No	Yes	No	Yes	No			
a. Advocacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
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"/>			
c. Legal Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	41,244	3,488	C
d. Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
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"/>			
f. Congregate Dining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
g. Senior Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
h. Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
i. Dementia Care or Support Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
j. Caregiver Support Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
k. Caregiver Training or Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
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"/>			
m. Training or Education for Service Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
n. Training or Education for Volunteers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
o. Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
p. Housing or Shelter Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
q. Personal Care or Home Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
r. Homemaker Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
s. SHIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	46,970	78,040	B, D
t. Elder Abuse Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
u. Disease Prevention Health Promotion (III-B)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
v. Disease Prevention Health Promotion (III-D)									
w. Adult Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
x. Consumer Directed Option	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	965	16,176,482	F
y. Ombudsman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
z. Telephone Reassurance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
aa. Friendly Visitors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
ab. Personal Care Attendant Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
ac. Senior Community Service Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

	Is this type of service offered?		Is service directly provided by AAAIL?		Is service provided under contract?		Number of people served in FY13	Amount spent in FY13 (round to nearest hundred)	Funding source(s) (use letters from Section IV)
	Yes	No	Yes	No	Yes	No			
ad. Other – Specify: Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	0	
ae. Other – Specify:Chore	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	0	
af. Other – Specify:Escort	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	0	
ag. Other – Specify:Home Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	0	
ah. Other – Specify:Respite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	0	
ai. Other – Specify:Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	0	
aj. Other – Specify:Health Promotion (III-B)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	0	
ak. Other – Specify:Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	0	
al. Other – Specify:Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	0	

VI. Program Explanation

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

VII. Partnerships and Collaborations

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

Yes

No

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

	Collaboration Partner	Activity or Focus of Collaboration	Approx. Year Began
1	Fayette County Extension Office	GAP, Next Best Years,	2010
2	Madison County Extension Office	GAP Conference	2010
3	Bluegrass Community Health Coalition	A coalition of health care providers and hospitals meeting to engineer a plan for better quality care inside, between and outside of hospitals, nursing facilities, and home health care	2012
4	I Know Expo	Outreach for caregivers through participating on the expo planning committee and being a community partner participant	2012
5	UK Sanders Brown Center on Aging	African American Dementia Outreach Program	2012
6	Alzheimer's Association	Collaboration to provide education and advocacy to individuals with dementia/alzheimers and their caregivers.	2012
7	Senior Medicare Patrol	Collaboration to prevent and detect healthcare fraud. Provide meeting space	2013
8	Senior Impact Publications	Collaboration to develop and print publications of "Pathways" resource guide	2010
9	Coordinating Council on Elder Abuse	Collaboration with counties to keep elder abuse prevention activities/education in the forefront	2001
10	Kentucky Association for Gerontology	Statewide coalition of professionals interested in aging issues	1995

11	LFUCG, Mayors Commission on Senior Services	Appointed to Commission to address unmet needs of the elderly in Fayette County	2012
12	Bluegrass Aging Consortium	Consortium of professionals interested in services/programs and supports for the elderly	2011
13	Safe Communities	Monthly meetings to discuss safety issues for seniors from a networking perspective	2016
14	Livable Communities	UK, LFUCG, AARP working together to obtain certification for Lexington as a livable community	2016
15	AARP Kentucky	Support local events sponsored by AARP by assisting with planning and volunteer support	2016
16	UK Retiree Resource Fair	Support this event by providing volunteers to distribute information on Aging Services	2016

VIII. Capacity Assessment

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

- Yes
 No

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

We collect information in a number of ways. We conduct a formal Community Needs Survey every other year and utilize the data from that survey to assist us in determining our planning efforts. We hold our Aging Advisory Council meeting every other month. This is open to the public and comments/suggestions are always welcome. We work directly with the Mayors and Judge Executives from each of our 17 Counties. We conduct annual client satisfaction surveys from individuals receiving our services throughout the year. We participate in as many public/community events as possible. Some of the larger events include the I Know Expo, UK Retiree Resource Fair, back to school events and AARP events. We participate in caregiver workshops throughout each year. We post information and review all feedback/comments from our website, twitter and facebook.

11. How often do you collect this information?

- Monthly
 Quarterly
 Semi-annually
 Annually
 Other:

12. When did you conduct your most recent capacity assessment? January 2018
(month and year)

13. When is the next capacity assessment scheduled? January 2020
(month and year)

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

We will utilize the data to determine areas of need across the communities in our district. The information enables us to analyze and prioritize aging and disability services to determine areas of greatest need.

IX. Capacity Building Plan

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

1. Rebuild our Evidenced Based Health Promotion program.
2. Expand our information outreach efforts through media/social media outlets
3. Become Medicare certified to provide Diabetes Prevention Programs to individuals targeted via physician offices/clinics.

16. What is your plan for achieving these goals in the coming planning cycle?

We've hired a new staff person to coordinate our Evidenced Based Health Promotion program. We are researching new Title IID approved programs and having individuals trained in a variety of programs to begin teaching throughout our district. We are expanding our social media efforts by marketing our facebook page to a specific demographic in order to increase our exposure. We are also rebuilding a new webpage which will be more user friendly and easier to navigate. Our ultimate plan is to link our website and facebook together and distribute a newsletter at least quarterly of upcoming events and educational information. We have staff who will be trained in DPP as well as Medicare billing. We have been approved by the CDC to initiate our 1 year trial period of DPP classes in order to ultimately be approved for Medicare funding. This will permit us to market our resources to physician's offices in which they can refer patients who are borderline type II diabetics to our program for the health promotion course.

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

Yes

No

If not, why?

Our TLC program contract ended with Baptist Health Hospital and we have not initiated a new contract with another hospital. We hope to reimplement this program in the near future.

We no longer provide Case Management services in house. Those services are bid out to a contracted provider.

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

Expansion of our TLC program, the hospital chose to conduct this program through utilizing their in-house staff.

The CHFS/DAIL mandated our Case Management program be contracted out through a bid process.

19. Total number of program managers/supervisors 6 Number

20. Total number of program staff 37 Number

21. Total number of program volunteers (in house & contract) 790 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? 264 Number
Which programs? | Title IIIB, SHIP, Ombudsman |

26. How many new staff were hired by the AAAAIL in the past 12 months? 15 Number
Which programs? | Waiver, ADRC, Title IIID Coordinator, Administrative Assistant |

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.

Staff are provided the opportunity to attend all training/conference/workshops available that pertain to their functions with the AAA and as funding permits. Currently staff are registered to attend the local GAP conference, ARC Conference, Empowering Mindfulness, AIRS Conference, N4A Conference, SE4A Conference. Several staff have been trained in CDSMP and Smoking Cessation evidenced based programs. Staff attend all DAIL or DMS offered trainings.

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

- Yes
 No

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

Our SHIP, Senior Center Services and Ombudsman programs are contracted out for operations. All these programs rely heavily on volunteers. Our SHIP and Ombudsman providers hold volunteer recruitment events throughout the year. Senior Centers conduct outreach efforts for volunteers throughout the year as well.

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

Progress will be measured by the contracted provider's ability to maintain and excel at their program requirements by reaching and supporting the individuals they serve. BGAAAIL monitors this monthly through reporting as well as annual on-site monitoring visits.

X. Public Hearing

34. Area Plan Public Hearing

Date	Time	Location	# of participants present	# of staff present	# of others present
3/14/18	10:00am	699 Perimeter Dr., Lexington, KY 40517	17	6	17

Date plan available for review	Place(s) available for review	Dates advertised	Ad appeared in newspaper
3/7/18	Bgaaail.org, bgadd.org, facebook	3/7/18	Lexington Herald Leader

35. Participation in Public Hearing was actively sought from:

Legal notification published in the Lexington Herald Leader, posted on BGAAAIL website, posted on BGAAAIL facebook page.

36. Indicate means used in soliciting views:

Notification of public hearing provided through three (3) means of media. Views were requested verbally and written during the public hearing and invited to submit views/comments via email through March 28, 2018.

37. Summary of public comments:

Concern regarding financial constraints related to increased costs in the Kentucky Retirement System for providers causing inability to hire staff needed to perform services to the elderly.

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

No changes made as a result of the 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. Help getting durable medical equipment upon being discharged from a hospital stay
2. Help with PC, HM, Meals upon being discharged from a hospital stay
3. Caregiver need for respite and financial supports

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

According to our Community Needs Survey, on average individuals feel safe in their homes, are aware of community resources or how to obtain information regarding resources and overall have their needs being met

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

The gaps listed above are very similar to the gaps we noted in our last Community Needs Survey. It appears that, although there is financial incentive from the Center for Medicare/Medicaid Services for hospitals to ensure patients needs are met upon discharge to prevent readmissions, there continues to be difficulty obtaining in-home supports.

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

1. Home Delivered Meals

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

This is a target service for our district to ensure the frail, isolated elderly are receiving a meal daily as well as a quick wellness check.

2. Recreation

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

Recreation is a large part of what the senior centers provide for participants. They seek opportunities to socialize with their peers and this service provides a fun way for that.

3. I&A

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

A large part of the senior center responsibility is to provide information to their community.

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

1. Homecare Supplies

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

Generally supplies can be obtained through other resources. Program funding is reserved for in-home client needs.

2. Homecare Home Repair

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

Most program funds are utilized to support daily needs of the clients. When home repair is necessary, other resources are researched and sought after.

3. Nutrition Counseling

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

Most nutritional needs are being met through our home delivered and congregate meal programs. If nutrition counseling service is needed, this is generally referred out to the county health department.

XII. Participant Feedback and Satisfaction

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

- Yes
 No

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

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

46. How often is feedback collected?

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

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

We provide satisfaction surveys to every participant annually. The information gathered from this survey is used to determine areas of service that need improvement and areas that are doing well. We address any areas of concern with the providers and require a corrective action plan for improvement.

We provide ADRC callers with a satisfaction survey. Those are received and reviewed by the Director. Any areas of concern are addressed with staff for improvement.

Service providers and AAA staff address any satisfaction feedback received directly from participants as received throughout the year.

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?

We have increased our ADRC staffing which is the entry point for all programs/services. Our ADRC staff are all credentialed, receive training annually and will all be AIRS certified by the end of 2018. Our staff complete a full screening on individuals to determine the most effective route for them to receive the services necessary to meet their needs. We work closely with all our contracted service providers as well as many Medicaid waiver providers. Our ADRC staff work with individuals to navigate the complex Medicaid waiver application process. We have a Medicaid Waiver Enrollment Coordinator who makes a face to face home visit with each individual who has selected our agency for service advisor/case management services. She explains the process for implementation of services and walks those individuals through the initial phase of enrollment. We meet quarterly with all our contracted providers to ensure our Title III and Homecare programs are operating smoothly and effectively. We manage our NFCSP and KCSP programs in house. The Coordinator of these programs works with our ADRC staff, waiver staff and contracted providers to ensure no duplication in services and helps to cover needs for caregivers while they are going through the Medicaid enrollment process.

51. Do you have plans to improve service coordination?

- Yes
 No

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

We continuously evaluate our service coordination and address areas of need as they are discovered. We always accept and evaluate suggestions from providers on ways to improve service coordination.

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

We measure and evaluate effectiveness through a variety of means. Client satisfaction, employee satisfaction, provider success, ability to reach the maximum number of people with limited funding. SAMS data is monitored regularly and evaluated in comparison to past years.

XIV. Outreach & Expansion

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

- Yes
 No

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

We have a fully functioning senior center in every county. Those centers provide services and outreach to their rural, minority, and low-income areas. The Directors of each senior center conducts public presentations and outreach across their county sharing what their center has to

offer and inviting the public in. BGAAAIL staff conduct public presentations regarding our available services/programs across all 17 of our counties. Our ADRC staff host information sessions to professionals across our district, educating them on our services and how the ADRC referral system operates. BGAAAIL Director provides a report of aging services to the BGADD Executive Board monthly. This permits the Mayors and Judge Executives from each county the knowledge and information needed when individuals reach out to their offices for help and support.

56. How will you measure your progress?

We track the populations served through the NAPIS data captured in our SAMS database system. It's also measured by the number of public presentations provided by our staff as well as providers.

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?

With the additional ADRC staff, we plan to participate in more public events. Our staff serve on several different boards and committees across our district. We are a Community Partner for the annual I Know Expo that reaches several hundred individuals annually, providing resource information. We distribute our Pathways Resource Guide across the district to other public agencies, physician offices, hospitals and Universities. We hope to expand our ability to reach people through our facebook page, twitter as well as the development of a new easier to navigate webpage. We will also reinstate our podcasts and post them throughout our social media avenues.

59. How will you measure your progress?

This will be measured by an increase in calls coming through our ADRC. The number of people following us on social media as well as the number of hits we receive from our webpage.

XV. Community Opportunities

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

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

Our focal point centers are required to offer all Title IIIB services. The most frequently accessed services are meals, transportation, recreation, I&A, Outreach, Legal services.

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?

All our senior centers are providing a variety of activities and events to draw in the younger baby boomer population. Many have begun hosting evening events several times per month. They take day trips, visit neighboring centers for events. Several have taken buses of seniors out of the state for trips. Our senior centers must conduct their own fundraising in order to maintain financial ability to expand their services/program. They have some unique fundraising events that alone draw in younger seniors from their communities.

64. How will you measure your progress?

Progress will be measured by increase in participation and attendance at each county center. This can be retrieved via SAMS as well as through annual monitoring of the program.

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

- Yes
 No

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

We contract out our SHIP/Legal services as well as Ombudsman. These providers provide community education throughout the year regarding Medicare/Medicaid, Long-Term Care, Living Wills, DNR, etc. Our ADRC staff are trained to conduct Options Counseling and have a vast resource of individuals in the community who can provide legal counseling on estate planning. We are on the planning committee for the annual I Know Expo and ensure there are a variety of vendors at this event who can address long-term planning.

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

- Yes
 No

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

We continuously seek opportunities for staff/provider training. The Southeastern Association of Area Agencies on Aging will be hosting their annual conference in Louisville in 2018. This will provide the opportunity for many staff and providers to attend and receive training on a variety of topics. We provide nutritional training monthly that is provided by DAIL. We hold meetings with our providers quarterly and provide training at that time. We bring guest speakers to our Aging Advisory Council meetings and invite providers and staff to attend. Guest speakers are often provided during our staff meetings for community education/training.

69. How will you measure your progress?

Continued success and satisfaction from staff and providers. Completion of required training hours for staff and providers.

XVI. Information and Referral

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

- Yes
- No

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

Our ADRC line is marketed through community events we participate in. We have brochures and business cards specific to ADRC. We have ADRC listed in our Pathways Resource Guide. The ADRC phone line is the line we provide to all people in the community with regard to programs and resources. It is also listed as the primary point of contact on our website.

72. If yes: On average, how many intake calls do you handle in a typical month? # 1200

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

- Yes
- No

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

- Yes
- No

75. If yes, please describe your plans.

We recently increased our ADRC staffing from 2 to 4 full-time staff. This has helped to keep the calls from getting backed up. We have 2 staff who have Medicaid Waiver backgrounds. They generally take over the calls which become Medicaid waiver referrals. We evaluate our procedures routinely to ensure the most effective and productive operations. The Director reviews all client satisfaction surveys as they are received back from callers. Anything that is indicated as an area of concern is addressed immediately.

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?

We have chronically had a waitlist for in-home services, including home delivered meals in most of our counties. We strive to provide services to as many unduplicated people as possible, but funding makes it difficult to do that and be able to meet their level of service need.

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.

Each of our counties local government provides some additional funding to the senior centers in their county. All program income, fees and donations are reported by the provider monthly. All program income is documented for the specific program it's intended for. All clients/participants are given information and the opportunity to make donations to a program at any time. Our senior center providers conduct fundraisers throughout the year to help support their programs and activities.

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

- Yes
 No

80. If yes, please describe your plans.

We have a robust Medicaid Waiver program which helps support our internal staff. We currently have no additional private pay contracts, however are seeking ways to contract with the healthcare industry to support them with care transitions and diabetes prevention classes. We are working with the CDC to become certified to bill Medicare for DPP classes provided.

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

- Yes
 No

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

We allocate our funds to our counties utilizing the same funding formula as CHFS/DAIL uses. We capture the census data to determine the population per county of over age 60, rural, low-income, and low-income minority. We present the allocation break-down per county and program to the Aging Advisory Council annually for approval. The BGAAAIL Director reports the allocation break-down and provides the BGADD Executive Board the information as well.

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

The Director and Financial Specialist review funding expenditures monthly. After the first quarter of the fiscal year, we begin consulting with any provider who is under their spending target. If underspending continues to occur we move funds to counties who are over spent and have a waitlist for services.

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?

Because of our monthly monitoring of expenditures and budget adjustments made throughout the year, we have never experienced the need to operate a program in the absence of funding. Each provider is required to provide a budget showing additional funds they will provide to cover the required match as well as any funds to enhance the program. Those local/private funds would be required to be expended in the event contract funds were exhausted prior to the end of the fiscal year.

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

Historically we do not end the year with unexpended funds. Any funds not expended would be returned to the CHFS.

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)

We have staff assigned to monitor contract providers for their specific programs. We monitor each program annually, utilizing the monitoring tool that is developed by DAIL. We have a contracted provider for our Nutrition Management. That provider monitors the kitchen/meal service for each meal site twice per year and provides a report from each monitoring to the BGAAAIL Director. The Director monitors that provider annually for compliance. For in-house program staff, the Director meets with program coordinators at least monthly to ensure program operations are secure. We also review funding expenditures to ensure we are on target for the year. For in-house programs, we always provide information requested to DAIL staff for their monitoring review.

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

We address areas of concern immediately and constantly evaluate our procedures. When a problem arises we review the circumstances around the issue and determine if procedural changes are needed to eliminate the problem from occurring again. We meet with contracted providers quarterly.

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. Empower Kentuckians and their support network to make informed decisions, and be able to easily access existing health and long-term care services and supports;

Bluegrass AAAIL strives to provide easy access to information and resources in order to empower all Kentuckians and support them. We put staff in the community sharing our information as often as possible. We share our information through a variety of social media avenues. Our staff serve on many boards and committees which enables us to share about our programs and our ADRC single point of entry process. We have credentialed ADRC Specialists as well as AIRS certified to ensure a depth of knowledge is provided to all callers.

Goal 2. Empower Kentuckians to maintain the highest quality of life in the least restrictive environment possible through the provision of home and community-based services including supports for caregivers;

Bluegrass strives to enable all Kentuckians the ability to remain in their own homes with the highest quality of life for as long as possible. We support this through community planning,

advocating for seniors and individuals with disabilities with our local, state and federal level legislators. We have a robust home and community based network of services. We provide conflict free case management services with a person-centered approach. We have a strong network of working with caregivers as well as partnerships with Sanders Brown Center for Alzheimer and the Alzheimer's Association providing caregiver and dementia workshops around the community. We are members of the Kentucky Association of Gerontology. Staff serve on the KAG Board and work with community partners in advocacy efforts to support in-home services/programs.

Goal 3. Empower Kentuckians to stay active and healthy through services and prevention benefits, including health care programs and other resources;

We have 17 focal point senior centers and one part-time center in our district. Each location is contractually required to provide at least 2 Title IIID Evidenced Based Programs per year. This helps those centers maintain a focus on staying active and healthy. Each center also provides nutrition education on a monthly basis to each individual who participates in their meal program. This education is based on nutritional health. Our centers have also focused on bringing in the younger baby boomers. They are doing this by providing exercise classes and opening up their center's exercise equipment to be utilized daily. Our in-house Title IIID Coordinator is being trained in a variety of new Evidenced Based Health Promotion programs and will be sharing those programs across our 17 counties. Several Senior Center Directors are being trained in SAIL-Stay Active and Independent for Life. They will begin conducting this program in their centers later this year.

Goal 4. Protect the safety and rights of Kentuckians and seek to prevent their abuse, neglect, and exploitation; and,

We have an Elder Abuse Coordinating Council in our district. Our staff participate in these meetings and share information across our provider pool and within the community. There is a one day workshop held annually called Empowering Mindfulness which staff and providers are encouraged to attend. We also have an Elder Abuse Prevention Conference held in Lexington annually. Fayette County has a unique group called the Multi-Task on Elder Abuse Prevention. This is made up of professionals from APS, Detective, AAAIL, Ombudsman who meet monthly and discuss abuse cases reported within the county. We actively participate in the annual World Elder Abuse Awareness Day across our district.

Goal 5. Ensure effective and responsive oversight of program and financial management.

BGAAAIL strives to always maintain effective and responsive oversight of our programs and financial management. We have an accountant on staff who is dedicated to the management of our Aging funds, with oversight from our CFO. Our staff is trained to be responsive and address any questions/concerns anyone may have. We report to our Aging Advisory Council bi-monthly. The Director reports to the BGADD Executive Board monthly. We conduct meetings with our providers on a quarterly basis. We monitor all programs annually.

XX. Kentucky's Outcome and Performance Measures 2015-2017

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

GOAL 1: Empower Kentuckians and their support network to make informed decisions, and be able to easily access existing health and long-term care services and supports.	
Objective	
ADRC Staff with depth of resource, I&R knowledge	
Objective	
Participate in numerous community events to share resource information	
Strategies	
Ensure all ADRC staff are AIRS Certified by the end of 2018. Participate in at least 8 community events across the district to distribute resource and program information.	
Person and entity responsible for completion	Date
BGAAAIL Director and Aging Staff	Ongoing

GOAL 2: Empower Kentuckians to maintain the highest quality of life in the least restrictive environment possible through the provision of home and community-based services including supports for caregivers.	
Objective	
Continue legislative advocacy for continued funding/support of Aging/Disability programs.	
Objective	
Continue community support for caregivers.	
Strategies	
Attend the N4A Policy Brief in DC each spring. Advocate for state level funding through annual Aging Policy Advocacy event and KCADD Legislative Breakfast. Continue to participate on planning committee for Fayette and Madison County Grandparents as Parents conference. Continue participating in Caregiver Workshops held multiple times per year. Continue active participation in the I Know Expo.	
Person and entity responsible for completion	Date
BGAAAIL Director, NFCSP Coordinator, Aging Coordinators	Ongoing

GOAL 3: Empower Kentuckians to stay active and healthy through services and prevention benefits, including health care programs and other resources.	
Objective	
Increase variety of available Title IIID Health Promotion Evidenced Based Programs.	
Objective	
Provide Nutrition Health information to participants	
Strategies	
Have instructors trained on two new evidenced based health promotion programs by the end of FY18. Have training opportunities for two additional new programs by the end of FY19. Continue malnutrition screening and make resources available related to malnutrition.	
Person and entity responsible for completion	Date

BGAAAAIL Director, Aging Program Coordinator, Nutrition Mgt.	Ongoing
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GOAL 4: Protect the safety and rights of Kentuckians and seek to prevent their abuse, neglect, and exploitation.	
Objective Continue efforts for Elder Abuse Prevention.	
Objective Enhance Elder Abuse Awareness efforts.	
Strategies Continue active participation with the Elder Abuse Coordinating Council. Provide staff and provider training on Elder Abuse and reporting requirements. Provide tools for each county to participate in World Elder Abuse Awareness Day.	
Person and entity responsible for completion Director/Assistant Director	Date Ongoing

GOAL 5: Ensure effective and responsive oversight of program and financial management.	
Objective Maintain dedicated accountant position for Aging Program Funding	
Objective Continue open communication with all contracted providers	
Strategies Manage aging financials with a dedicated accountant knowledgeable in Aging Financials with oversight from the CFO. Hold meetings quarterly with contracted providers. Monitor programs annually on-site.	
Person and entity responsible for completion Aging Program Staff	Date Ongoing

XXI. PERFORMANCE PLAN FORMS

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

- Form A – Area Agency on Aging and Independent Living Advisory Council Membership
- Form B – Area Agency on Aging Independent Living Administration Staffing Plan
- Form C – Area Agency on Aging Independent Living Direct Staffing Plan
- Form C.1 – Provider Direct Staffing Plan
- Form D – Public Hearing
- Form E – Demographics
- Form F – Case Managers
- Form G – Adult Day Centers
- Form H.1 – SHIP Counselor Site Details
- Form I – Ombudsman Advisory Council Membership
- Form J – Provider Site List
- Form H – SHIP Counselor Locations

XXII. WAIVER & SPECIAL PROGRAM APPROVALS

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

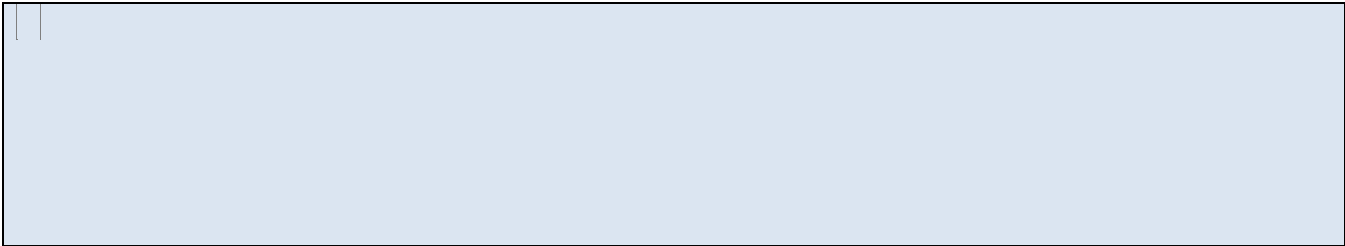
Instructions: In accordance with Section 316 of the Older Americans Act (Chapter 35, 42 U.S.C. 3030c-3) Area Agencies on Aging will submit all of the required items listed below to the Department for Aging and Independent Living when initially requesting to provide a service directly. Contact the appropriate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

Statement of Request – One request for each service.

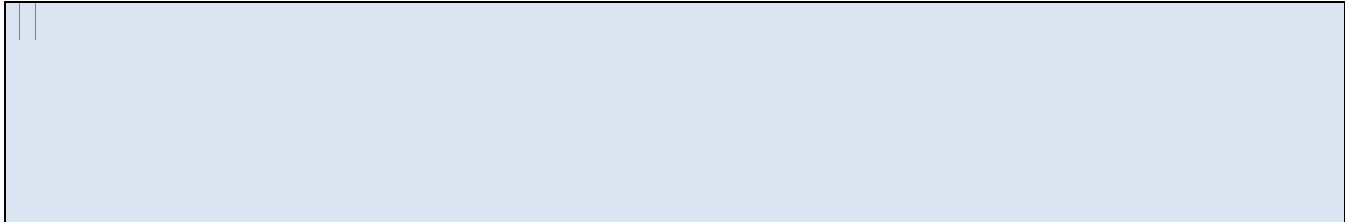
Actions taken prior to determination of direct service provisions

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

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



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



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

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

Special Program Approval

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

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

Request #2: Request utilization of frozen home delivered meals in rural areas of counties two (2) days per week. This is due to limited budgets related to staffing and transportation. This schedule permits these counties to have funds available to feed their homebound seniors five (5) meals per week, by keeping their transportation costs down.

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

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

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

Request #2: Request utilization of frozen home delivered meals in rural areas of counties two (2) days per week. This is due to limited budgets related to staffing and transportation. This schedule permits these counties to have funds available to feed their homebound seniors five (5) meals per week, by keeping their transportation costs down.

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, Inc. PO Box 429 Somerset, KY 42502	Homecare Services: PC, HM, Respite, Chore, Escort	TBD	13.00
Bateman Food Services 857 Floyd Dr. Lexington, KY 40505	Title III C-1, C-2 meals	TBD	3.51
Independence Assistance Services of the Bluegrass, LLC 343 Waller Ave, Suite 309 Lexington, KY 40504	Homecare Services: PC, HM, Respite, Escort, Chore NFCSP Services: Respite	TBD	13.00 for Homecare 20.00 for NFCSP
Comfort Independent Living, LLC 4416 Largo Ln Lexington, KY 40515	NFCSP: Respite	TBD	20.00

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XXIV. ASSURANCES

- 1. Each Area Agency on Aging and Independent Living shall assure that case management services under Title III of the OAA will not duplicate case management services through other federal and state-funded programs and will include in its annual plan the coordination of case management services between programs.**
- 2. Each Area Agency on Aging and Independent Living shall provide for adequate and qualified staff for service provisions.**
- 3. Each Area Agency on Aging and Independent Living assures that the Area Agency on Aging and Independent Living and Independent Living and its services provider staff are trained as required for their job functions.**
- 4. Each Area Agency on Aging and Independent Living and Independent Living shall assure that there is an integrated regional client management data system.**
- 5. Each Area Agency on Aging and Independent Living shall encourage local cities and towns to plan for the growing aging populations and needs.**
- 6. In accordance Sec. 306(a) of the Older Americans Act, each Area Agency on Aging and Independent Living shall assure that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services and will report annually, to the State Agency, in detail, the amount of funds expended for each such category during the fiscal year most recently concluded:**
 - (a) Services associated with access to services transportation, health services (including mental health services)**
 - (b) Outreach, information and assistance which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in public supported programs for which the consumer may be eligible**
 - (c) Case management services**
 - (d) In-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and**
 - (e) Legal assistance.**
- 7. Each Area Agency on Aging and Independent Living shall assure that it will establish specific objectives, consistent with State Policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need and older individuals at risk for institutional placement.**
- 8. Each Area Agency on Aging and Independent Living shall assure that it will develop proposed methods to achieve the objectives described in Section 306(1), paragraph (4)(a)(i), clause I as follows:**
 - (a) Set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;**
 - (b) Include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;**
 - (c) Include the proposed methods to achieve the objectives described in Section 306(a), paragraph (4)(a)(i), clause (I)**
- 9. Each Area Agency on Aging and Independent Living shall provide information to extent to it meets the following objectives:**
 - (a) Establishes specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;**

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

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

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

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

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

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

placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings.

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