

# Area Plan on Aging

Federal Fiscal Years 2026 – 2029

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Submitted by: East Central Kansas Area Agency on Aging

Click or tap here to enter text.

Signature of Director

Click or tap to enter a date.

Date

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## Application for Grant Award

to

The Kansas Department for Aging and Disability Services

**1. Name of Applicant Agency:** East Central Kansas Area Agency on Aging

**2. Area Agency on Aging:**

Name      Leslea Rockers

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Address    117 S Main St

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City        Ottawa

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State      KS                      Zip    66067

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Director    Leslea Rockers

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Telephone No.    785-242-7200

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Fax No.        785-242-7202

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**3. Name and Address of Grantee:**

Name                      East central Kansas Area Agency on  
Aging

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Address                  117 S Main St

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City                        Ottawa

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State                      KS                      Zip    66067

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Telephone No.                  785-242-7200

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Fax No.                        785-242-7202

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**4. Type of Organization:** Public Non-Profit Agency

**5. Type of Application:** Original

**6. Dates of Area Plan Fiscal Years:** From 10/1/2025 to 9/30/2029

**7. Date of Grantee Period (Budget Year):** Fiscal Year 2026

**8. Official Authorized to Sign for Grantee Organization**

Name      Leslea Rockers

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Title        Executive Director

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Address    117 S Main St

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City        Ottawa

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State      KS                      Zip    66067

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## Electronic Submission of Application

Pursuant to the Uniform Electronic Transaction Act codified at K.S.A. 16-1601 et seq., the parties hereto agree that this 2026 Area Plan may be executed through the use of electronic signatures. By typing “/s” followed by the name of the person who is authorized to sign this Plan on behalf of the East Central Kansas Area Agency on Aging and the Kansas Department for Aging and Disability Services, and then e-mailing the executed signature page to the other party, the party agrees to be irrevocably bound by its electronic signature as if an original signature appeared thereon. If, for whatever reason, an original signature is required, the parties agree to cooperate in re-signing the same. The failure of a party to re-sign shall not affect the validity of the Plan.

## Verification of Application

This Area Plan on Aging (“Area Plan”) is hereby submitted by the East Central Kansas Area Agency on Aging (the “AAA”) for the period October 1, 2025 through September 30, 2029. The Area Plan includes documents identified as pages 1 through 40, the same being attached hereto and incorporated herein by this reference. The Area Plan further includes all assurances and plans to be conducted by the AAA under the provisions of the Older Americans Act of 1965 (the “Act”), as amended in 2020, and applicable Federal and State laws, regulations, and policies during the period identified. The AAA has the authority to develop and administer the Area Plan in accordance with all requirements of the Act, applicable Federal and State laws, regulations, and policies, as presently exist or hereinafter enacted or amended, and is primarily responsible for the coordination of all Planning and Service Area (“PSA”) activities related to the purposes of the Act.

In addition to the assurances contained herein, it is understood and agreed to by the AAA that: 1) funds awarded as a result of this request are to be expended solely for the purposes set forth in the Act, and in accordance with all applicable Federal or State laws, regulations, policies, and procedures, including those adopted or maintained by the Administration on Aging and the U. S. Department of Health and Human Services; 2) any proposed changes or amendments to the Area Plan shall be submitted, in writing, by the AAA and upon written notification by the State Agency, if approved, the proposed change or amendment shall be deemed incorporated into, and become part of, the Area Plan; 3) the attached Assurance of Compliance with the Department of Health and Human Services Regulation issued pursuant to Title VI of the Civil Rights Act of 1964 applies to this Area Plan, as approved; and 4) funds awarded by the State Agency may be terminated at any time for violations of any terms or requirements of this Area Plan in accordance with 45 C.F.R. Part 75 or Part 93, as applicable, or the violation of any applicable State or Federal law, regulation or policy affecting or implementing the Act.

The Area Plan has been developed in accordance with all rules and regulations specified under the Act and applicable Federal and State laws, regulations, and policies. Further, the undersigned hereby certifies that all information and statements made in this Area Plan are true, complete, and current to the best of his/her information, knowledge, and belief.

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Signature of Area Agency Director

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Date

The AAA Advisory Council or Governing Board has had the opportunity to review and comment on the Area Plan on Aging.

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Signature  
of Authorized AAA Governing Board Member or Chairperson of the AAA Advisory Council

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Title

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Date

The governing body of the AAA has reviewed and does hereby approve the Area Plan.

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Signature  
of Authorized Official of the Area Agency Board of Directors

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Title

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Date

## Certification Regarding Lobbying

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or any employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit a "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

East Central Kansas Area Agency on Aging  
\_\_\_\_\_  
Official Name of the Area Agency

_____ Authorized Signature	Executive Director _____ Title	_____ Date
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## Older Americans Act Assurances of Compliance

### East Central Kansas Area Agency On Aging

### and the Kansas Department for Aging and Disability Services

The East Central Kansas Area Agency on Aging ("AAA") assures the Kansas Department for Aging and Disability Services ("KDADS") that it will comply with the requirements of the Older Americans Act of 1965, as amended in 2020, ("OAA") and with any and all applicable Federal and/or State regulations, law or policies implementing the OAA, and it further assures KDADS that it will, through its Area Plan, and any approved amendments thereto, carry out a program under its Area Plan according to the following assurances. The AAA assures KDADS that it will comply with:

Any and all assurances and/or provisions provided in Sections 306 and 307 of the OAA;

Any and all Federal and State laws, regulations, and policies implementing the OAA; and

The following procedure for requests for hearing (appeals) filed by the AAA's customers ("older individuals" under the OAA) or by the AAA's subgrantees or contractors:

- A. Notice of Action Including Notice of Appeal Rights. Unless otherwise provided for by law, appeals of any action proposed or taken by KDADS, the AAA (including any of its employees or contract employees), or any subgrantee or contractor (including any employee or contractor of either of them) shall be carried out pursuant to K.A.R. 26-4-1 et seq., as amended. The AAA shall give persons or entities (including customers, Subgrantees, or Contractors) directly affected by any AAA action timely written notice of action, pursuant to K.A.R. 26-4-1 et seq., and in the notice of action shall include notice of the right to appeal the action. In all of its subgrants or contracts, the AAA shall require its Subgrantees or Contractors to give customers timely written notice of action, pursuant to K.A.R. 26-4-1 et seq., and to notify customers of their appeal rights in every notice of action.
- B. Internal Review; KDADS's Corrective Action. The AAA shall provide an internal appeal or review process to hear and consider claims, complaints, or disputes involving actions by it or its Subgrantees or Contractors. Upon the filing of an appeal, KDADS shall internally review the action of KDADS, the AAA, or the Subgrantee or Contractor, whichever is appropriate, to determine whether or not the action proposed or taken was correct and appropriate and whether or not the action should be defended through the appeal. KDADS shall have the authority and discretion, at any point during the appeal process, to determine the action proposed or taken was incorrect or inappropriate and to take any corrective action KDADS deems appropriate to resolve the issues on appeal. The AAA shall, and in all of its subgrants or contracts shall, require its Subgrantees or Contractors to take any corrective action directed by KDADS which KDADS, after considering the issues involved in any appeal, deems necessary. Nothing in this subsection shall affect the AAA's or the Subgrantee's or Contractor's right to appeal the corrective action directed by the KDADS.
- C. Roles During Appeal Process: KDADS's Handling of Appeals; AAA, Subgrantee and Contractor Assistance. KDADS and the AAA, Subgrantee, or Contractor whose action is being appealed shall have separate roles

during the appeals process. KDADS shall be responsible for presenting the case in defense of the action being appealed and the AAA and its subgrantee or contractor shall be responsible for assisting KDADS, and in the AAA's subgrants and contracts shall require its Subgrantees and Contractors to be responsible for assisting KDADS by supplying KDADS with the testimony and documentation which KDADS deems necessary to defend the appeal. The AAA shall provide KDADS, and in the AAA's subgrants and contracts will require its Subgrantees and Contractors to provide KDADS with access to witnesses under its or the Subgrantee's or Subcontractor's control, and to documents (and copies of documents) in its or its Subgrantee's or Subcontractor's control or possession to prepare for and defend the appeal. The AAA shall require fact or expert witnesses who are subject to the AAA's control, and in the AAA's subgrants and contracts shall require the Subgrantees and Contractors to require fact or expert witnesses subject to the Subgrantee's or Contractor's control, to appear and testify at the appeal hearings.

- D. Compliance with Final Orders or Decisions. Subject to its own appeal rights, the AAA shall be bound by and shall comply with the final order, decision, or judgment issued in any appeal by the presiding officer, a hearing panel, the Secretary of Aging, the Shawnee County District Court, or the Kansas appellate court with final jurisdiction in the same manner as if the AAA had appeared and defended the action which was appealed. In its subgrants or contracts, the AAA shall require its Subgrantees and Contractors, subject to their own appeal rights, to be bound by and comply with the final order, decision, or judgment issued in any appeal by the presiding officer, a hearing panel, the Secretary of Aging, the Shawnee County District Court, or the Kansas appellate court with final jurisdiction in the same manner as if the Subgrantee or Contractor had appeared and defended the action which was appealed.
- E. Appeal Beyond the Administrative Level. To the extent permitted by law, the AAA shall retain the right to appeal, pursuant to K.A.R. 26-4-1 et seq. and the Kansas Act for Judicial Review and Civil Enforcement of Agency Actions (K.S.A. 77-601 et seq.), any final order or decision rendered at the administrative agency level which adversely affects the AAA's interests and which KDADS decides not to appeal. The AAA shall be responsible for presenting its own case on appeal and KDADS shall be responsible for assisting the AAA by providing copies of documents, including a copy of the agency record, for use at the District Court level and, if the District Court orders additional discovery, by making employees available to testify as witnesses. KDADS has the right to take whatever action is necessary to protect KDADS's interests while the AAA makes its appeal.

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Signature of Authorized Official  
of the Grantee Organization

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Executive Director  
Title

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Date



## Information Requirements – Section 306 Responses

(See Appendix A)

### Section 306(a)(4)(A)(ii)(II)

*Describe the mechanism(s) for assuring that the AAA will provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services.*

#### Response

The AAA assures services to low-income minority individuals with limited English proficiency and older individuals residing in rural areas by addressing the needs as determined by the annual Needs Survey in our six - county area. The Needs Survey is provided at all the nutrition sites, provided to all home delivered meals and in-home service clients of the agency, distributed to Policy Board and Advisory Council members, placed in the front lobby of the agency for the public, provided throughout our communities through local businesses, provided through the agency website and provided to agency partners for distribution within their networks. We use demographic information from each county along with information from agency partners to help determine locations with the most need for services and agency outreach. We utilize the brochures provided by Kansas Department of Aging and Disability Services (KDADS) that are published in Spanish for outreach and have agreements with interpretation services and a list of bilingual community volunteers available for translation services when needed. The agency follows a protocol determined by KDADS at the time of intake and assessment to determine eligibility and needed services for all clients.

### Section 306(a)(4)(B)(i),(ii),(C)

*Describe the mechanism(s) for assuring that the AAA will use outreach efforts that identify individuals eligible for assistance and inform the older individuals, and caretakers of such individuals, of the availability of such assistance, with special emphasis on –*

- (I) Older individuals residing in rural areas;
- (II) Older individuals with greatest economic need (with particular attention to low-income minority individuals and individuals residing in rural areas);
- (III) Older individuals with greatest social need (with particular attention to low-income minority individuals and individuals residing in rural areas);
- (IV) Older individuals with severe disabilities;
- (V) Older individuals with limited English proficiency;
- (VI) Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) Older individuals at risk of institutional placements, specifically including survivors of the Holocaust.

#### Response

*The AAA provides a variety of services for caregivers that include support group access and information, public education events, resource and outreach services to assist those in need of services and those who are the*

*caretaker of someone else who may need services. Services provided are developed according to older Americans Act (OAA) program requirements, from requests for services, information gained from the Needs Survey, client and community feedback, and public hearings. Staff participate in meetings with community partners, County Councils on Aging, state and county work groups and by attending inter-agency meetings held throughout the six counties. The agency also benefits from the fact that staff live in the communities we serve and because we are known throughout the local communities we are considered the local experts and partners for programs and services that need provided or that could be provided at a higher level or in another way depending on the community.*

### **Section 306(a)(6)(C)(iii)**

*Describe the mechanism(s) for assuring that the AAA will make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if 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.*

#### **Response**

*Senior Health Insurance Counseling for Kansas (SHICK) utilizes trained volunteers through training programs conducted by KDADS for unbiased Medicare and insurance counseling, fraud and abuse prevention, preventative services and low-income assistance for Medicare costs. Education and training are provided by KDADS SHICK staff and ongoing technical assistance is provided by KDADS SHICK staff, agency SHICK staff and our network of local volunteers for the program. Volunteers assisting with the nutrition program are trained in handling confidential information and in food safety techniques. Agency volunteers utilized for other programs are trained in handling confidential information and working to meet the needs of all who enter our facility with resources and appropriate referrals.. All volunteers are screened and interviewed using an interview screening tool to place volunteers in the most appropriate position and task.*

### **Section 306(a)(6)(D)**

*Describe the mechanism(s) for assuring that the AAA will establish an advisory council of older individuals (including minority individuals and older individuals residing in rural areas) who are participants who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the AAA on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.*

#### **Response**

*The AAA advisory board helps identify and direct the services of the agency. Participants represent each of the six counties served. They provide input to the policy board on agency priorities and services. The board follows established by laws used to govern the advisory council. Membership is comprised of representatives from each County Council, participants who are eligible for services, representatives*

*from senior center facilities, retired and working people, civic minded individuals, local and county officials, caregivers and working individuals.*

**Section 306(a)(6)(F)**

*Describe the mechanism(s) for assuring that the AAA will, in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the AAA with mental and behavioral health services provided by community health centers and other public agencies and nonprofit private organizations.*

**Response**

*The AAA partners with community agencies to provide resources and coordinate services for mental and behavioral health issues. Agency staff participate in education provided by mental and behavioral health providers, the agency networks with their staff through interagency meetings held in each county, and there is a reciprocal relationship held for agency resources and services to be shared within our agency resource library and their agency resource libraries. Participation in community outreach events by mental health agencies helps to appropriate referrals to community services from the AAA. When deemed appropriate outreach is sought and referrals to mental health facilities are made.*

**Section 306(a)(6)(I)**

*Describe the mechanism(s) for assuring that the AAA will coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.*

**Response**

*The AAA provides state assistive technology information to clients at time of assessment, through case management services, through OAA Information and Assistance services and resource information. AAA staff participate in staff development events that provide training and information on assistive technology options available as provided. The AAA also partners with local agencies to provide resources and assistive technology to clients. Technological assistive options are utilized for appointments and service delivery to reach as many older adults in our rural areas as possible. The state assistive technology program, Assistive Technology for Kansans, is utilized as a resource and referral source*

**Section 306(a)(11)(A)**

*Describe the mechanism(s) for assuring that the AAA will provide information concerning whether there is a significant population of older Native Americans in the PSA and if so, the AAA will pursue activities, including outreach, to increase access of those older Native Americans to program and benefits provided under this title.*

**Response**

*Demographic information is collected at time of assessment and through required documents to ensure that services are provided to help identify older adults in the Native American population so that services can be provided as necessary to reach these populations. Outreach activities and resource materials include access assurances for agency services for all populations.*

**Section 306(a)(11)(B)**

*Describe the mechanism(s) for assuring that the AAA will, to the greatest extent feasible, coordinate the services the agency provides under this title with services provided under title VI.*

**Response**

*Not applicable for PSA07*

**Section 306(a)(17)**

*Describe the mechanism(s) for assuring that the AAA will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.*

**Response**

*AAA disaster plan information was prepared with assistance of county emergency response agencies. Emergency response offices are incorporated into the agency emergency plan so that contact information is accessible and up to date. When requested the AAA participates in emergency plan development at the community and county level. Health Departments, community hospitals, law enforcement and Emergency Management offices are utilized as resources to assist with safety protocols and procedures.*

**Section 306(a)(18)(B)**

*Describe the mechanism(s) for assuring that the AAA will collect data to determine the effectiveness of the program policies, and services provided by such area agency on aging in assisting such individuals.*

**Response**

*Quality Assurance Surveys are conducted on clients at the time of reassessment for case management and meals participation. Provider assessments are conducted annually to ensure services provided are done according to federal and state regulations per OAA. An Annual Needs Survey is conducted to prioritize programming goals and needs for services. All meal participants, both congregate and home delivered, are provided with an annual assessment of the menu items provided throughout the year to help determine quality and aesthetic satisfaction with meals provided. Participation in county councils and interagency groups in communities served occurs monthly.*



## Assurances of Compliance with the Department of Health and Human Services Regulation Under Title VI of the Civil Rights Act of 1964

East Central Kansas Area Agency on Aging (Hereinafter called the "Applicant).

*Name of Applicant*

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Kansas Department for Aging and Disability Services (hereinafter called the "Grantor"), a recipient of federal financial assistance from the Department of Health and Human Services (HHS); and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the Applicant by the Grantor, this Assurance shall obligate the Applicant, or in the case of any transfer for such property, any transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this Assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this Assurance shall obligate the Applicant for the period during which the federal financial assistance is extended to it by the Grantor.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, property, discounts or other federal financial assistance extended after the date hereof to the Applicant by the Grantor, including installment payments after such date on account of applications for federal financial assistance which were approved before such date. The applicant recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the Grantor or the United States, or both, shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Applicant.

_____ Signature of Authorized Official of the Grantee Organization	_____ Executive Director Title	_____ Date
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*NOTE: This form must be completed by applicants for federal financial assistance from the Kansas Department for Aging and Disability Services.*

## Direct Service Waivers

If an AAA would like to provide services directly related to administrative functions, a transmittal letter requesting KDADS authorization must accompany the initial area plan, an area plan update, or an area plan revision.

If an AAA would like to provide direct, non-administrative services that are 1) necessary to assure an adequate supply of such services; or 2) a AAA can provide the services more economically, a Direct Service Waiver Request form (KDADS 200-2) must be included in the initial area plan, an area plan update, or an area plan revision for each service provided.

Please attach the required letter and/or form(s) to request a direct service waiver. **All waiver requests must be approved, in writing, by the Secretary.**

### *Duration of Waiver(s)*

- 1. If the waiver request is submitted with the initial area plan, the waiver will be in effect for the duration of the plan.*
- 2. If the request is submitted with an annual update, the waiver will be in effect for the remainder of the update of the plan, whichever is requested.*
- 3. A waiver may also be granted for any portion of the fiscal year(s) in which it is submitted.*

## Determination of Needs

ECKAAA determines unmet needs for the agency through the most recent Needs Survey (May 2025), through feedback of agency services utilizing satisfaction surveys, input from advisory council participants and requests for services. The Needs Survey is provided to all agency clients, at interagency meetings, county council on aging meetings, via the agency website, through our provider assessments and at the agency. Satisfaction surveys are conducted at time of reassessment, and at the conclusion of public education events conducted by the agency. An annual survey of menu items is also provided to all meal clients so that menu development can be adjusted from direct client feedback. ECKAAA strives to meet the needs of all our clients while providing services that are required of the AAA and that we identify within the communities with feedback and requests that are made.

ECKAAA staff work to meet the needs of all financial classifications and minority populations we serve. Our Plans of Care are reflective of each client's financial and life situation. We work closely with families to fill gaps for the clients when possible and clients and family members are encouraged to notify the AAA when changes in a person's life occur that impact their level of care or financial need. We try to ensure all education and resource information is available through a variety of means; public meetings, print literature such as the agency newsletter, brochures and fact sheets, the agency website and social media platforms, virtual technology, and through radio media and newspapers in communities that still have a local newspaper.

ECKAAA serves a rural area of approximately 3,687 sq miles with an average of 28 people per square mile. According to the 2020 Census over 20% of the six-county area's population is over age 65. The agency serves congregates, and home delivered meals with 70% of all meals served being home delivered. Agency staff travel about 500 miles per day to deliver meals to all congregate sites and home delivered meal clients. ECKAAA strives to ensure that services are available in each of our counties and in as many of our rural communities as possible. We make concerted efforts to provide a variety of services in communities without hospitals, strong business districts, congregate sites, grocery stores and social service agencies. The Needs Survey, intake and assessment documents collect demographic and financial data used for service plan development and the Plans of Care takes into consideration informal support that clients have from family, neighbors and their local communities along with financial and cultural restrictions. Participation in public education events also helps the agency determine areas that need addressed in our service area. We have developed partnerships with many agencies that are experts in their area that are indicated as areas of need for information. We collaborate with these agencies to help provide specific information that older adults and their families need to age well in their communities.

We continue to provide the services that are part of the Older Americans Act and the Senior Care Act while supplementing services that are not part of those programs when identified as a need. We do this through outside grants, partnerships and collaborative efforts to enhance services and broaden the reach of the agency. During the last area plan the agency worked to enhance services and programming for caregivers, those needing community-based health and wellness programs, and those wanting to work across generations to create social connections and to be of service to younger generations.

The 2025 Needs Survey indicated five areas of highest need for the agency to provide:



1. Meals
2. Homemaker Services
3. Exercise Programs
4. Transportation
5. Financial Assistance Medicare Costs

These areas will be discussed within the Area Agency's Priorities section of the plan.

## Area Agency's Priorities

1) Our priorities will include the following:

- a. Core in-home services (CASE MANAGEMENT, ATRC, HMKR, RESPITE, MEALS, CAREGIVER, MAID, CHORE),
- b. Expansion of nutrition services in rural areas to accommodate the growing number of HD meal requests in remote areas as it pertains to capacity and financial needs and restraints,
- c. Congregate meals at rural nutrition sites and congregate meal options that allow us to serve older adults who are not currently going to a senior lunch site,
- d. Senior Health Insurance Counseling for Kansas (SHICK) program enhancement,
- e. Development and expansion of caregiver programs and coordination of K-RAD services into agency caregiver programs to enhance and expand services,
- f. Senior Care Act services and financial needs for Custom Care item requests,
- g. III-D programs for evidence-based programming that are cost reasonable and effective to provide, and expansion into more communities for programming, and
- h. Coordination with transportation providers to help assist our older adults in rural communities who find it hard to get to appointments outside their county

The results of the Needs Survey conducted in May 2025 indicated that meals, homemaker services, exercise programs, transportation, and financial assistance for Medicare and other related insurance costs are priority. We also anticipate that financial assistance for food, utilities, medications, custom care items and housing will continue to be an issue based on continued rising costs of consumer goods, requests for services and referrals received into the agency. Agency priorities were identified from the needs survey results, programming requests, and client feedback. These findings were also taken into consideration with current and past requests for services. The needs survey results were consistent with current requests for services and resource information and with areas identified as priorities from past client evaluations, but transportation assistance was identified as a priority in areas that we had never had requests for assistance in previous years. All six-county public transportation providers have increased trip costs, and some have limited or eliminated trip distances within the county and to locations outside of the county. In FY2026 we will work with each of our county transportation providers for coordination efforts. We will focus on MI county for transportation coordination. One community transportation service in MI ended services July 1, 2025, and services are being picked up by the other county transportation groups and efforts are being made to fill the gaps in service.

ECKAAA will continue helping with Medicare and prescription medication expenses with SHICK, SMP, and MIPPA funding. You cannot provide adequate counseling to beneficiaries without including fraud and abuse prevention, detection, and reporting information, and financial assistance for Medicare costs with all other Medicare education and counseling activities. We will continue to target efforts in rural areas for low-income older adults and will help in applying for financial assistance as that was a need identified in the most recent Needs Survey. We will work to increase the education that our volunteers receive to meet the increased push to use online resources for almost all medical and financial services. We will partner with other agencies that provide retirement benefit information to help supplement our Medicare programming. We need to increase our volunteer base in all communities because we have increased requests but do not have the volunteers we need to serve all communities adequately.

ECKAAA will continue to work to increase meal participation in our rural communities. We have had success with our voucher programs in Franklin and Miami counties and with our community drop-site locations Coffey, Franklin and Osage. We continue to look for more community partners for voucher locations to reach older adults who need meals but are not eligible for home delivered meals and who are not utilizing a congregate site. We also need to address the expense of rural home delivery in staffing, repair and maintenance of delivery vans and how to comply with food safety guidelines for time when serving such a large rural area. Part of this effort will be to continue efforts in adding more community drop-site locations, streamlining delivery routes, and providing older adults who are still working a lunch time meal in FY2026.

The in-home services will be funded through Senior care Act and Older Americans Act. We will work to implement more caregiver programs, health and wellness programs, public education, and outreach within the communities, and will work to find match funding for the grants we do receive to provide more programming in our counties.

## Description of the AAA and its Activities

The East Central Kansas Area Agency on Aging (ECKAAA) coordinates and provides services to help Kansans age 60 and over and their families live well with dignity, independence, health and self-sufficiency. ECKAAA provides in-home services and support in a six-county area and serves as experts in aging in these communities.

### **Agency Services include:**

**In-home Services-** ECKAAA provides in-home services for the six-county area through the Older Americans Act (OAA) which is federally funded and through the Senior Care Act (SCA) which is state funded. In-home services are contracted and include housekeeping, attendant care, and respite. ECKAAA provides the initial assessment, case management when appropriate, and reassessment at the end of 364 days. Contracted providers keep ECKAAA abreast of all clients through monthly reports and regular correspondence.

**Custom Care-** ECKAAA provides Custom Care items for the six-county area with Senior Care Act or Title III-E Caregiver funding. Items include specialized products and services such as dentures, incontinent supplies, and hearing aids.

**Case Management-** ECKAAA provides case management coordination of all in-home assessments and services. Case management involves more intense participation in the client's life to help identify the needs and risk factors that make staying in the home more difficult. It is then the job of the case manager to assist the client in making sure that their needs are properly met and that their risk factors are reduced through a wide range of services and options.

**Publications-** ECKAAA publishes the Golden Years newsletter four times a year with special topic inserts being included when appropriate. The newsletter is delivered to all nutrition sites, all in-home meal recipients, and various businesses in the six-county area as well as through mail subscriptions. Golden Years is posted on the agency website, and hard copies are available in the agency resource library. ECKAAA also provides fact sheets, brochures, support documents with resource information on agency services and programs, and educational information on a range of topics needed for aging well.

**Legal Services-** ECKAAA contracts for legal services in our six-county area. Legal assistance is provided by visiting with an attorney at the ECKAAA office or at designated sites within each county. Legal services are scheduled each month at the ECKAAA office and other arrangements are made for those who are homebound or who cannot travel to the office. Schedules are posted and made available in each county served.

**Caregiver -** Collaboration and coordination exist between the ECKAAA and other agencies to publicize and enhance Older Americans Act services provided to caregivers and care recipients. ECKAAA coordinates with agencies and groups providing caregiver support groups when possible and works to ensure that support groups are promoted, enhanced and assisted by ECKAAA in each county to assist individuals with caregiving issues. ECKAAA also provides Caregiver Respite and enhanced services when needed through Kansas Respite for Alzheimer's and Dementia Program (K-RAD). K-RAD is state funded and is a resource for families to access respite and other support measures to provide unpaid caregivers relief while caring for someone with a diagnosis of Alzheimer's disease or a related dementia.

**Information and Assistance-** ECKAAA provides Information and Assistance on issues that impact the lives of aging Kansans and their caregivers. I&A staff are the initial point of contact for anyone needing services from the AAA. I&A staff assist clients and provide information and resource information for agency services through an intake process that provides service options for older adults, their families or caregivers that the agency can provide or help locate when a service not provided by the agency is needed. I&A services answer questions, initiate timely assistance and help provide local options and resources to anyone who reaches out to the agency for help.

**Public Education-** ECKAAA provides public education through resource literature, educational presentations, fact sheets, website and social media posts, resource information and by aiding other agencies providing correlating services. ECKAAA provides agency information regarding the agency and its services and works to answer any questions relating to services or other needs that older adults might have. ECKAAA staff provide a wide range of agency hosted seminars, Lunch and Learn functions, presentations to civic groups, booths at community health fairs, and informational presentations to businesses upon request.

**Coordination-** ECKAAA works with other agencies or community groups to network and collaborate efforts for services and information that impact the aging population. The ECKAAA staff attends interagency meetings, county councils and aging meetings and other task force group meetings to help ensure that the needs of the elderly are being addressed in each community.

**Program Development-** ECKAAA has established several programs to provide socialization, independence, and dignity for older adults. We continue to partner with other agencies to support programming that benefits older adults and utilizes the expertise of our staff and others to develop education events that address the needs of older adults living in rural communities. Case managers provide follow-up when safety within the home is determined to be an issue. The intergenerational efforts of the agency continue through activity groups that work to connect older adults and youth with service-learning projects. An annual Needs Survey also provides the agency information on gaps in services that the agency can help fill through specialized and intentional program development efforts.

**Nutrition Services-** ECKAAA provides oversight of all nutrition services for our six-county area. ECKAAA administers all assessments for homebound participants to determine client eligibility. ECKAAA also administers quality assurance surveys with each client receiving home delivered meals to help ensure quality nutritional programs exist within the counties served. ECKAAA ensures that each nutrition site provides outreach for the purpose of identifying those not aware of the nutrition program. ECKAAA also ensures that nutrition education is provided monthly at the congregate sites and to home-delivered clients. ECKAAA provides congregate meals through voucher programs in two (2) counties and is working to add more voucher programs in other counties.

**Health Promotion Activities-** ECKAAA monitors health promotion programs conducted within the PSA by contracted providers. Evidence based programming through Older Americans Act funds includes sessions that increase strength, balance, and range of motion for older adults, in addition to evidence-based programming that addresses medication interactions. We continue to seek opportunities for programming through providers using evidence-based curriculum per OAA guidelines for additional service options.

**Administrative Case Management (ACM)** – ACM services are available to individuals determined functionally eligible for services through the Home and Community Based Services (HCBS) waivers; Physical Disability (PD), Frail Elderly (FE), Brain Injury (BI), or the Program of All-Inclusive Care for the Elderly (PACE). ACM staff assist individuals with the eligibility process for HCBS services to help ensure seamless access to services. ACM includes Intake, Medicaid Application Assistance and Liaison services.

**Client Assessment, Referral and Evaluation (CARE)** – The CARE program was developed in Kansas to comply with the federal preadmission, screening, and resident review (PASRR) requirements. ECKAAA staff conduct the CARE assessment to help provide information on long-term care options, determine appropriate long-term care placement and to collect data on those being assessed for possible nursing home care needs.

**Senior Health Insurance Counseling for Kansas (SHICK), Senior Medicare Patrol (SMP), and Medicare Improvements for Patients and Providers Act (MIPPA)** – SHICK, SMP, and MIPPA provide Medicare beneficiaries, their families, and caregivers information on Medicare and Medicare related insurance eligibility, benefits, enrollment, financial assistance and fraud mitigation tools. ECKAAA coordinates the SHICK, SMP and MIPPA programs within the six-county service area. Technical assistance and ongoing oversight are provided to all trained program volunteers. The coordination of information between the state SHICK office and our volunteers is also handled through ECKAAA. Education and training are provided to all volunteers on the changes to Medicare that will affect enrollment, access to services and benefits through Medicare. The agency also hosts quarterly public education training for those new to the Medicare system to teach them a basic overview of Medicare. The agency works to meet the needs of all beneficiaries by providing training and counseling through technology and in-person sessions.

**Community Developmental Disabilities Organization (CDDO)**- ECKAAA serves Coffey, Franklin, and Osage counties for all CDDO services: eligibility for Intellectual/Developmental Disabilities (IDD) services, functional assessment for IDD services, coordination of state funded services, and help planning for the IDD individual's needs while at home and for transitioning from school to adult services.

**Veteran Directed Care (VDC)**- ECKAAA is a subcontractor for the VDC program which allows veterans to age safely and independently in their homes and communities as long as possible. Veterans manage a Veteran-specific budget to purchase goods and services to meet their basic needs. ECKAAA is a VDC provider and assists Veterans with determining how to manage their budget.

**Intergenerational Programs**- ECKAAA partners with the school districts, libraries, long term care facilities, various service agencies, and nutrition centers to host a variety of intergenerational programming. These activities include Life Stories, hobbies, technology instruction, games, and other intergenerational enrichment projects.

**Kansas Senior Farmers Market Nutrition Program (KSFMNP)**- ECKAAA partners with Kansas Department of Health and Environment (KDHE) to serve as the distribution center program vouchers that are used to help older adults purchase fresh fruits and vegetables at local farmer's markets.

Partnerships are utilized with the K-State Research and Extension Service offices, local libraries and county councils on aging in our other counties to serve as voucher distribution locations.

## Determination of Unmet Needs/Planning

Determination of Unmet Needs/Planning is comprised of multiple factors; allocations received for core services, requests and referrals for services, client feedback from needs surveys, evaluations, through advisory council members, participation in agency events and services, volunteers who are gained or lost throughout the year, and staffing changes. Some services vary little because of the regulations for OAA and SCA that we are required to follow for service provision. When possible, we use community partnerships and grants to help provide services that help older adults age in place and that help the agency meet the needs of older adults wherever they may be in their aging journey.

To address the identified needs and the basic core services of the agency we feel we would need the following projected dollars in FY2026.

### In-home Services (OAA or SCA)

Attendant Care: (projected), 15 clients, \$27/hr x 3 hrs/week per client per year = \$63,180 to meet need

Homemaker Service: (projected), 100 clients, \$28/hr x 2 hrs/week per client per year = \$291,200 to meet need

Homemaker Service for 2+hrs/wk: (projected), 35 clients, \$28/hr x 4 hrs/week per client per year = \$203,840

Chore Service: (projected), 10 clients, \$28/hr x 15 hrs/per client per year = \$4,200

Respite Service: (projected), 25 clients, \$25/hr x 2 hrs/week per client per year = \$65,000

Material Assistance/Aid, Custom Care: (projected), 200 clients x\* variance of rate per project = \$120,000

\*Projects vary from \$50 to \$6,000

Repair/Maintenance/Renovation: (projected) 15 clients, \$50/hr x 30 hrs/per client per year = \$22,500

Nutrition Program Van Repair and Replacement: (projection based on previous bills for same expenses)

Tires (5 vans), \$5,000 per year

Delivery Van Replacement (2 vans), \$35,000 x 2 = \$70,000

Service and Repair (5 vans), \$10,000 includes windshield repair, service, mechanics

Kitchen Equipment Service and Replacement: \$200,000 includes purchase, service and replacement of freezer, sinks, ovens/tilt skillets, serving equipment, sanitizers, garbage disposal and cold storage

Expansion of C-1 Voucher Program to other counties: 400 vouchers/per month x \$8.00/meal = \$38,400

We have other core services that are underfunded to meet all the needs of the program. These have not changed from previous years as they are vital, and funding has not kept pace with the increased demand for the services. The three (3) that we continue to identify as unmet needs are:



Volunteer Recognition- Throughout the year the agency identifies needs that we feel enhances agency services to the community and are vital to the service provided. Volunteers for the meals program and the SHICK program are examples of programs that have a critical need for volunteers. We believe it is important to recognize the value of volunteers through training and retention efforts. **Volunteer recognition** is crucial to retaining volunteers. Each community has their own group of volunteers. We held a volunteer recognition event for the meals program volunteers in FY2024 and want to hold it again in FY2026. The response from the volunteers was positive and many indicated that while they do not volunteer for recognition it was rewarding to know that we valued their effort and commitment to the program and that it also made them feel part of the agency. Financial support for volunteer recognition through certificates, volunteer shirts, or small incentives like coffee mugs, pins, or hats would be a small effort in helping to gain a larger reward. We estimate that we could provide 275 volunteers with recognition items costing a maximum of \$10 per person. Because we track volunteer hours each month and enter the data onto a spreadsheet which shows hours given per week in each community and then break hours donated into a variance of hours donated, we can recognize all hours donated but not at the same level. Using the \$10.00 baseline for 275 volunteers we could provide recognition to all agency volunteers for a maximum amount of \$2,750.

SHICK: To successfully provide education and assist clients for the Senior Health Insurance Counseling for Kansas (SHICK) program in our six counties, we feel additional funding is necessary to adequately administer this program. We feel we could do this with an **additional half-time staff**. We project a need of \$31,200 ( $\$25/\text{hr.} + 20\% \text{ benefit package} = \$30/\text{hr.} \times 1040 = \$31,200$  annually) We could assist 750 to 1000 additional beneficiaries and utilize more time networking across all our counties if we had adequate funding, and we would be able to reach a higher percentage of beneficiaries in the six (6) counties we serve. This will not allow us to reach all beneficiaries, but it increases the number significantly and allows us additional staff time to focus on the low-income, rural areas that are remote and hard to reach, and have a high need for assistance at the local level. We would benefit from being allowed to train our own volunteers or to have the state offer volunteer training throughout the year in a more convenient manner. Accessing other retirement benefits, using required websites for enrollment and comparisons, finding supplement insurance for health, vision, and dental services, and fraud and abuse are the most common situations for a volunteer to encounter and firsthand training with these issues and pertinent websites are critical at the time of initial training. We currently lack volunteers in three (3) of our six (6) counties outside of agency staff who live in those counties, and we have multiple volunteers who only want to assist with Medicare D Open Enrollment. We cannot ask volunteers in rural areas to go without financial compensation for travel and assistance expenses, and we find it difficult to reimburse current volunteers with the funding we receive. We believe  $\$3,500 (5,000 \text{ miles} \times .70/\text{mile} = \$3,500)$  would allow us to have staff travel to all counties and we would be able to reimburse volunteers adequately to travel. The program relies on volunteers at the local level, but we do not receive enough funding to assist clients, provide public education, and recruit volunteers with the staff we have. Providing weekly appointments and returning calls requires a large amount of time and it is hard to meet the demand with volunteers who have limited time availability for this program. It is a complicated program, and it is hard to get long-term volunteers who want such an undertaking of responsibility and required knowledge with limited time to recruit one on one. The looming increase in beneficiaries as the population of older adults grows also poses a real threat to

the program as the need will still exist, but the program essentially will not have the ability to maintain oversight at local levels.

Evidence-Based Programming: Evidence-based programming for our agency is difficult to find from a variety of providers. For example, we utilize K-State Research and Extension offices for programming and in FY2026 each office bid for the same program. While it is great to have the Stay Strong, Stay Healthy program it does not offer variety across counties and we do not have the funding to contract with those agencies to do it more than once or twice a year. Evidence-based programs that meet the requirements are very expensive and require ongoing certifications that are often cost prohibitive for small agencies in rural areas. Health and wellness activities are especially important to our baby boomers and programming for that age group is different than developing and providing programming for our very elderly clients who are less mobile but still want to improve their physical and mental health. We continue to struggle with finding providers for our III-D programming needs because the programs are too expensive for the agencies in our rural areas to start and we have found only a few providers who have the staff to provide any evidence-based programs that meet the criteria in place. There needs to be a better solution for small rural areas with limited funds and resources to meet the needs of the older adults in communities served and meet the requirements of Title IIID programming. The demand for the activities is present as indicated by our annual Needs Survey but the funding is not adequate for small agencies in rural areas such as ours to meet the demand.

## Public Hearings on the Area Plan and Annual Updates

The Public Hearing Notice will be published in the Ottawa Herald on July 30, 2025. The Public Hearing Notice was also posted on the agency website on July 24, 2025, on the Home Page as an upcoming event and in the section titled MORE.

### PUBLIC HEARING NOTICE

The EAST CENTRAL KANSAS AREA AGENCY ON AGING (ECKAAA) will hold an Open Hearing for the counties of Anderson, Coffey, Franklin, Linn, Miami and Osage on Monday, August 25, 2025, at 10:00a.m. at the East Central Kansas Area Agency on Aging, 117 S Main Street, Ottawa, KS 66067. In-home, caregiver, legal, nutrition and health promotion programs for Fiscal Year 2025 will be reviewed and programs for Fiscal Year 2026 will be discussed. Comments can be left for those who cannot attend in person by emailing them to [leslear@eckaaa.org](mailto:leslear@eckaaa.org) or by sending them to the agency, 117 S Main St., Ottawa, KS. If anyone needs more information, they may contact Leslea Rockers, 785-242-7200 or 1-800-633-5621.

1. The public hearing was held at ECKAAA on Mondy, August 25, 2025.
2. There were \_\_\_\_\_ were in attendance.
3. A summary of public comments was: \_\_\_\_\_
4. A summary of changes made as a result of public comments are: \_\_\_\_\_

## Community Focal Points

*[Submit in Excel format]*

## Program Service Goals

**1. Goal:** To ensure that seniors and families (others) have access to information and resources and services.

### **Steps of Achievement:**

**1)** Information and Assistance will be provided through dissemination of current information on service and opportunities available within the community. All information will include information relating to assistive technology. Assistance will be provided through networking with other appropriate agencies and/or individuals to ensure that opportunities exist and are made available. Follow-up will also be provided to ensure that the most appropriate information and assistance was provided and utilized. I & A and Outreach staff will prioritize time within local communities to maintain visibility, assistance, and networking of services.

### **III-B Information & Assistance (INAS)**

**Evaluation:** Evaluation will be conducted by tracking intake forms, requests for services and/or resources. Intakes are kept on file with current requests or assistance being documented.

**2)** AAA staff will partner with other agencies such as ECKAN, the KanCare Ombudsman, Dept. for Children and Families, community food pantries, physicians, K-State Research and Extension and other service agencies to conduct public education, media campaigns and participation in health fairs or similar community or business events. ECKAAA will provide service information and participate in events in all six (6) counties during the four (4) year plan. Topics will include, but are not limited to, cooking on a budget, right sizing your home, home safety considerations, end of life planning, retirement strategies and considerations, aging in place considerations and strategies, and physical and mental health information.

### **III-B Information and Assistance (INAS), III-E Public Information Services-Caregiver (INFOP)**

**Evaluation:** A satisfaction survey will be conducted, and the number of events and participants will be tracked by county and by topic.

**3)** Outreach will be conducted for the purpose of identifying potential individuals for services. Group events utilized for this purpose will also be conducted. Encouragement is always extended for the use of existing services and program options.

### **III-B Outreach (OUTR), III-B Education & Training/Public Education (EDUC)**

**Evaluation:** Outreach units (one-on-one contact and group contacts) will be documented in the form of contacts made for each service code.

**4)** Case Management is provided for ongoing, necessary assistance. Clients' needs are monitored to ensure that appropriate services are being delivered. Clients and their family members as appropriate are involved in the development of their Plans of Care.

### **III-B Case Management-Senior (CMGTS)**

**Evaluation:** An annual assessment is conducted on case management services. Monthly phone calls are made to clients to check on current services and needs. Providers submit weekly reports on any clients who had an interruption in service and follow-up is conducted.

**5)** Opportunities will be provided through Education & Training/Public Education for individuals to increase their knowledge and enhance their experiences and skills. Awareness will increase for issues relating to older adults and their needs as well as opportunities for them through group settings. These groups will include civic, church, senior centers, nutrition sites, social clubs, attendees at training and in public education and others identified as being appropriate. Examples include participation at senior fairs and health fairs, training on using technology, and educational presentations as requested/conducted per county during the four (4) years of this plan.

### **III-B Education & Training/Public Education (EDUC)**

**Evaluation:** Evaluation will consist of counting the number of participants through sign-up sheets and the relevance of the training/education through evaluation scores when appropriate.

6) The Golden Years newsletter will be published quarterly and provided through subscription, the agency resource library and nutrition sites, senior housing complexes, health care facilities and identified agencies and businesses.

### **III-B Newsletter (NEWS)**

**Evaluation:** Subscriptions and requests for Golden Years will be documented. A periodic review will be conducted of locations for distribution so that the most appropriate sites are utilized.

7) A supplement to Golden Years will be published up to two (2) times a year and inserted into the regular issues for distribution on topics relevant to aging in place, physical health and wellness, Medicare and related insurance and financial assistance programs.

### **III-B Newsletter (NEWS)**

**Evaluation:** Subscriptions and requests for Golden Years will be documented. Requests for information or assistance from issue topics and/or supplement information will be tracked.

8) Each Senior Center will be evaluated to determine if it meets criteria to be a Focal Point.

### **III-B Program Development (internal use only)**

**Evaluation:** The number of existing and new Focal Points will be tracked.

**2. Goal:** To assist individuals in maintaining safety, independence, and dignity in their own homes for as long as possible.

### **Steps of Achievement:**

1) Potential clients will be assessed by ECKAAA staff to determine the Plan of Care. The most appropriate in-home services will be implemented to meet the needs of the client. Services may include Attendant and/or Personal Care, Homemaker, Respite Care, and Material Assistance/Aid, Flex services and Repair/Maintenance/Renovation.

### **(per III-B service codes, III-E service codes)**

**Evaluation:** At the time of reassessment for services, clients will be given a Quality Assurance Questionnaire (QAQ) (titled In-home Satisfaction Survey). The QAQ will then be reviewed, and concerns or necessary adjustments will be handled according to policy. Monthly phone calls and quarterly home visits are made to in-home clients to inquire about service provision. An annual evaluation of in-home services will be conducted (titled Evaluation of In-Home Services). Each in-home service provider is required under the conditions of the contract to turn in a Weekly Provider Service Report each week. The report identifies problems, interruptions in service, or concerns as identified by the provider. ECKAAA staff follows up on any issues or concerns identified in the report.

2) Eligible clients will be provided with in-home meals so that proper nourishment may be maintained. ECKAAA staff will conduct all in-home meal assessments.

### **C-2 Home Delivered Meals (HMEL)**

**Evaluation:** At the time of reassessment for nutrition services clients will be given a Quality Assurance Questionnaire (titled Home Delivered Meals Satisfaction Survey). Concerns or areas of indicated improvement will be forwarded to the Nutrition Coordinator and/or the Nutrition Administrative Clerk for follow-up and resolution.

3) Clients and family members will be provided with an opportunity to assess home safety, inside and outside the home, to help prevent falls and injuries. A Community Services Representative will evaluate the home assessments and refer to the appropriate case manager or community services staff who will provide follow-up if safety is determined to be an issue.

### **III-B Information and Assistance (INAS)**

**Evaluation:** We will track the assessments distributed and returned and provide follow-up. A second follow-up during the year will be provided to determine if the issue has been resolved.

**3. Goal:** To ensure that seniors will remain in charge of their own lives and in making their own decisions concerning Power of Attorney, health care issues, health care directives and final disposition of assets.

#### **Steps of Achievement:**

1) Legal assistance will be provided for each county through monthly appointments. Follow-up for appointment issues will be scheduled as needed. Additional sessions will be added during the four (4) year plan when possible to help eliminate any waitlists for legal services, access to the service due to distance and lack of resources in that county.

### **III-B Legal Assistance (LGLA)**

**Evaluation:** Kansas Legal Services will provide surveys to clients every six (6) months and will then provide the results to AAA. Client complaints will be tracked and the client complaint procedure per agency policy will be followed. ECKAAA will follow the protocol for Quality Review procedures as directed by program requirements.

2) ECKAAA has developed a resource guide, MAPP, to help individuals organize their business matters so that caregivers can assist when needed. The guide will be provided at Lunch and Learns, public education and other agency events conducted to assist caregivers and their families. The guide will also be distributed to those attending virtual events via email as appropriate. Revisions to the guide will be made as feedback is received.

### **III-B Program Development (internal use only), III-B Education & Training/Public Education (EDUC)**

**Evaluation:** The number of books distributed by event will be tracked for each county.

**4. Goal:** To establish programs which provide incentives for adults to remain active, maintain social connections, to be role models to children and adolescents and to remain active within their local communities.

#### **Steps of Achievement:**

1) We will focus on activities which provide both educational and recreational components through an intergenerational approach. Activities will include, but not be limited to, Life Stories booklets and interviews, technology training for use of various technology devices, gardening projects, and educational history events utilizing video recording, storytelling, interviewing and photography. Adults and students will be connected through schools and community locations for programming.

### **III-B Program Development (internal use only), III-B Education & Training/Public Education (EDUC)**

**Evaluation:** Satisfaction surveys will be given to participants at the end of the activities/projects, and we will track the number of participants and events held by type.

2) ECKAAA will partner and contract with local providers to provide older adults programming that focuses on strength, flexibility, range of motion, pain management, and injury prevention through Lunch and Learn sessions, educational events, health fairs, and/or virtual training opportunities. Sessions will be face-to-face or virtual as appropriate.

### **III-B Program Development (internal use only), III-B Education & Training/Public Education (EDUC)**

**Evaluation:** Pre-and post-surveys will be conducted, and sign-in sheets/participation logs will be completed to track participation.

**5. Goal:** To enhance the AAA's ability to serve seniors by coordinating and networking with local community agencies and media outlets.

**Steps of Achievement:**

1) AAA staff will attend monthly meetings of Interagency Councils, Aging Networks, County Councils on Aging and other meetings as held by agencies that advocate for the elderly. ECKAAA will continue to be the host site for the FR County Interagency Council meeting and will partner with Frontier Research and Extension each month for the meeting.

**III-B Coordination (internal use only)**

**Evaluation:** Meetings held, and sign-in sheets will be maintained to track attendance.

2) AAA staff will develop resource partnerships that will be used to expand and improve services to individuals in our six (6) counties.

**III-B Coordination (internal use only)**

**Evaluation:** Development of resource manual and written coordination agreements with agencies as needed.

3) We will develop and expand partnerships with medical professionals such as pharmacies, physicians, health care institutions, emergency management, public safety offices and social service agencies to inform them of services provided by the AAA. The agency will participate in community outreach events through local chambers of commerce offices, civic groups, local planning groups and institutions of higher learning as requested.

**III-B Coordination (internal use only)**

**Evaluation:** The county, number of places contacted and the number of successful partnerships resulting in referrals will be tracked.

4) AAA staff will provide timely information to older adults and will provide education and resource materials at nutrition sites, senior housing complexes and other public entities as appropriate. The agency will participate in community outreach events through local chambers of commerce offices, civic groups, local planning groups and institutions of higher learning as requested.

**III-B Education & Training/Public Education (EDUC)**

**Evaluation:** A database of visits and virtual technology events will be kept. The county, number of participants and the information provided will be documented.

5) AAA staff will post educational information to the agency website, social media, and provide PSA's, articles, and ads to print media outlets and local radio stations monthly. The agency will develop Golden Minute radio spots to provide educational information. Staff will record the segments for airing on the local station, KOFO.

**III-B Education & Training/Public Education (EDUC)**

**Evaluation:** Usage analytics will be tracked for the agency website and social media accounts to monitor the number of shares and persons reached. A database of where articles, PSA's, radio spots and ads are submitted will be kept tracking topic, date, and media outlet.

**6. Goal:** To provide caregivers appropriate support in their care giving role.

**Steps of Achievement:**

1) Caregiver events will be held to aid caregivers. Events will focus on care giving issues concerning available services, agency support, agency advocacy efforts, and education relating to the physical and



mental health and well-being of care receiver. We will provide and participate in events in each of the six (6) counties during the four (4) year plan.

**III-E Caregiver Training-(Group) (CAGTRG), III-E Respite-Out-of-home, day (ROHD)**

**Evaluation:** An evaluation form will be given to caregivers after the events to determine new learnings, resources provided, and topics that need addresses in future training.

2) AAA will contact Alzheimer's Association to coordinate programming assistance including, but not limited to, music play lists, medication assessment, cognitive games, and devices to ensure cognitive engagement, assistive devices and how they can be used and memory book development.

**(III- Caregiver Training-(Group) (CAGTRG)**

**Evaluation:** The number of people who were helped with activity/device/service provided by county will be tracked.

3) Coffee chat sessions will be developed by ECKAAA to provide informal support and resources to caregivers and their families. Efforts will be made to include past caregivers who wish to share their experiences. The coffee chat sessions will be held in person within local communities and partnerships will be developed with local coffee establishments when possible.

**(III-B Program Development (internal use only), III-E Caregiver Training-Group (CAGTRG), III-E Support Groups (SUPG)**

**Evaluation:** We will track the county, the number of people participating and the number who are referred to other agency services, programs, and events.

4) Lunch and Learns will be developed to focus on legal issues, banking and financial needs, nursing home and assisted living issues and funeral planning. The intent is to help educate caregivers and care receivers on what is necessary to have in place for others to help with business and medical care in the event of illness or death. Events will be held in each of the six counties served. Topics will be updated as event satisfaction surveys indicate.

**III-B Education & Training/Public Education (EDUC), III-E Caregiver Training-(Group) (CAGTRG)**

**Evaluation:** An evaluation form will be given to caregivers after the sessions to determine effectiveness and to track any resources requested. A sign-in sheet will be used to track participants attending each session.

5) ECKAAA has developed a resource guide, MAPP, to help individuals organize their business matters so that caregivers can assist when needed. The guide will be provided at Lunch and Learns, public education and other agency events conducted to assist caregivers and their families. The guide will also be distributed to those attending virtual events via email as appropriate. Revisions to the guide will be made as feedback is received.

**III-B Program Development (internal use only), III-E Public Information Services-Caregiver (INFOP)**

**Evaluation:** The number of books distributed by event will be tracked for each county.

6) Caregiver information, services and event information will be provided in all six (6) counties. Ads, articles, and press releases will be sent for publication to newspapers and health or senior living supplements that highlight care giving issues and topics. The agency website will have a caregiver tab and information related to caregivers will be featured.

**III-E Public Information Services-Caregiver (INFOP), III-B Program Development (internal use only)**

**Evaluation:** We will monitor the number of calls and requests for assistance because of the newspaper ads, press releases or articles. We will track the analytics of our website caregiver page to track the number of hits and searches.

7) Caregiver information will be provided to the local radio station announcing caregiver events, resources, and services. Caregiver events and resource information will be promoted through the Golden Minute segment on the local radio station at least three (3) times a year.

#### **III-E Public Information Services-Caregiver (INFOP)**

**Evaluation:** Calls for assistance or information will be tracked.

8) We will continue to work with communities to provide and assist support groups for caregivers in Anderson, Coffey, Franklin, Linn, Miami, and Osage County. ECKAAA staff will work to help establish support groups in communities that have no support groups available. Partnerships with other local service agencies will be sought for the development of the support groups.

#### **III-E Support Groups (SUPG)**

**Evaluation:** Surveys will be provided to clients and feedback given to the area agency and the number of times each person attends a support group will be tracked.

9) Assistance will be conducted either in the form of access or care coordination in circumstances where the older person or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers.

#### **III-E Assistance-Information and Assistance (ASSI)**

**Evaluation:** The number of contacts for assistance will be tracked by county.

10) Items will be provided to caregivers that assist with daily care giving responsibilities in circumstances where toileting and personal items are needed.

#### **III-E Bathroom Items (BATH)**

**Evaluation:** The number of care givers provided items will be tracked.

11) Caregivers will be provided with services and items to assist the caregiver in providing care that aids in the safety, independence and well-being of the care recipient. ECKAAA will follow the protocol for obtaining prior permission for all Flex Services.

#### **III-E Flex Service (FLEX)**

**Evaluation:** The number of care givers provided with items and services will be tracked.

12) Caregivers will be provided with instruction about caregiving options and techniques to assist them with issues such as health, safety, stress relief and other topics related to the care giving role. This activity will be done through a book club format. We will partner with local libraries for the books used to aid instruction.

#### **III-E Caregiver Training (Group) (CAGTRG)**

**Evaluation:** The number of events held, and participants will be tracked by county.

13) Caregivers will be provided with the opportunity for adaptations to meet individual needs for maintenance, adaptive living, and safety. Contracted providers will be used, and work will be facilitated and managed by agency staff. Work could include but not be limited to ramps, bathroom modifications, porch repair, doorway modifications.

#### **IIIE and IIIB Repair/Maintenance/Renovation (RMNR)**

**Evaluation:** The number of work projects conducted will be tracked by county.

**7. Goal:** To provide disease prevention and health promotion programming and education as funding allows.

#### **Steps of Achievement:**

1) Health Promotion Programs, Stay Strong, Stay Healthy, Yoga for Arthritis, Walk With Ease, and Arthritis Foundation Aquatic Program, and Diabetes Self-Management through the Diabetes Association will be offered in FY2026 through contracted providers. The programs meet the criteria designated by OAA for evidence-based programming. The intent of the sessions will be to improve strength, balance,

and flexibility through safe, gradual exercises, help individuals with arthritis or joint-related issues improve mobility and reduce pain, reduce risk factors and slow progression of arthritis through yoga and aquatic methods and help manage chronic pain and other health complications of diabetes. The Coffey County, Frontier and Marais des Cygne K-State Research and Extension Services in AN, FR, OS, CF, MI, and LN offices will offer Stay Strong, Stay Healthy, the Franklin County Health Department in FR will offer Diabetes Self-Management through the Diabetes Association, the Coffey County Health Department will offer the Arthritis Foundation Aquatic Program sessions and a contracted provider in AN and FR will offer Yoga for Arthritis.

### **III-D Evidence-Based Health Promotion Programs (HPRO)**

**Evaluation:** Sign-in sheets will be returned to AAA at the end of each month. Participants will complete a pre-and post-test to measure progress. AAA staff will attend at least one session for assessment purposes.

2) Educational Lunch and Learns will be held in at least three (3) of the six (6) counties in FY2026 on pain management, balance, range of motion, strength and gait training through partnerships with physical and occupational therapy providers.

### **III-D Evidence-Based Health Promotion Programs (HPRO), III-B Education & Training/Public Education (EDUC)**

**Evaluation:** The number of events by topic and the number of participants will be tracked using sign-in sheets. Pre and Post tests will be used where appropriate.

3) AAA will work with established groups in local communities to educate and provide resources to the public. ECKAAA will partner with local agencies to provide Lunch and Learn events on topics that will include but not be limited to social security benefits and rules, end of life planning, retirement planning, organizing personal business records, mobility techniques, getting better sleep, deep breathing, and journaling to help decrease stress and promote physical and mental wellness.

### **III-B Program Development (internal use only), III-B Education & Training/Public Education (EDUC)**

**Evaluation:** The number of events by topic and the number of participants will be tracked using sign-in sheets. Pre and Post tests will be used where appropriate.

4) Meals are provided in a congregate setting which allows for socializing and access to a nutritional meal. Grab and Go Meals will also be provided and opportunities for socialization will be provided for those wishing to socialize and eat with others at a location other than a traditional congregate site. Home delivered meals are provided per the guidelines to ensure proper nutrition is available to those that are eligible.

### **III C-1 Congregate Meals (CMEL), III C-1 Grab & Go Meals (GMEL) III C-2 Home Delivered Meals (HMEL), III C-2 Grab & Go Meals (GMEL)**

**Evaluation:** Congregate sites will be visited by ECKAAA staff, and a nutrition site check-off form will be given to the Nutrition Coordinator regarding concerns, feedback, or information. An annual assessment will be conducted of each site by the nutrition program staff. Meals by type will be tracked on reservation sheets.

5) Nutrition education will be provided monthly to all meal participants helping to educate them on topics to include, but not limited to, utilizing a variety of foods to meet dietary needs, safe food handling and storage, recipe planning and meal purchasing and preparation on a fixed income. K-State Research and Extension District offices in our service area will provide additional nutritional information and education fact sheets for all meal participants. This partnership for nutrition education will continue through the remaining years of the area plan.

### **III C-1 Congregate Meals (CMEL), III C-2 Home Delivered Meals (HMEL), III C-1 and C-2 Grab & Go Meals (GMEL)**

**Evaluation:** Sign-in sheets will be conducted at each nutrition site when nutrition education is presented for C-1 meals. The number of nutrition education fact sheets provided with home delivered meals will be tracked using the monthly reservation sheet for C-2 meals.

6) In an effort to increase socialization and wellness among older adults we will work to provide more organized activities at the congregate sites throughout the year to coincide with sports events, national and state cultural events, and months designated for special focus such as Alzheimer's awareness, heart health, and mental health improvement. A special menu and activities will be planned for these days to help increase participation and the monthly menu will reflect the day of the event/activity to help increase participation.

#### **III C-1 Congregate Meals (CMEL)**

**Evaluation:** Reservation sheets will be tracked to show an increase in attendance for each day planned during the quarter.

7) Development of alternate meals delivery for inclement weather and emergency situations will be conducted to address rural delivery systems. Areas addressed will be shelf stable and frozen meals by type, delivery mechanisms, storage and serving options, and delivery scheduling. Meals will be prepared or purchased depending on need during the four (4) year plan.

#### **III B Material Assistance/Aid (MAID), III-B Program Development (internal use only)**

**Evaluation:** Meals prepared or purchased will be tracked by county and evaluation of the schedule and delivery mechanisms by route in each county will be conducted.

8) Voucher programs will be available in FR and MI county utilizing IIIC1 funding. We will work to add FR and LN counties for voucher programs in FY2026. Partnerships will be established and maintained with local restaurants or grocery stores with in-store dining. All menus will be developed by a licensed dietitian to ensure they meet the 1/3 RDI for older adults.

#### **III-C1 Congregate Meals (CMEL)**

**Evaluation:** Vouchers will be tracked by county, and an evaluation of the program in each county will be conducted.

## Multipurpose Senior Center Inventory Form

Multipurpose Senior Centers Acquired or Constructed Using Older  
Americans Act Funds

Name and Address of Grantee	Name and Address of Senior Center	Name and Address of Present Owner (if different from Grantee)	Nature of Award (Acquired (A) or Constructed (C))	Date of Award	Amount of Award	Proportion of Award to Entire Project	Date Reversionary Interest Expires
None							

## Nutrition Program Characteristics (Meal Outputs)

*[Submit in Excel format]*

**Schedule 2 – Capital Cost Justification**

*[Submit in Excel format]*

## Area Plan Review Checklist

Included	Form – Section	Criteria
<input type="checkbox"/>	<b>Transmittal Letter</b> (no template)	Verify the following is included: (1) What changes are being made (2) Why the revision is required (3) Explanation if cost and service level changes are not proportional (4) Why funding changes are made (5) Date of Governing body's approval (6) <i>Optional - Request to Provide Services Directly Related to AAA Administrative Function</i> (7) <i>Optional – III-E Adequate Proportion Waiver Request including all 4 elements</i>
<input type="checkbox"/>	<i>As needed on all forms.</i>	<b>Signatures where required.</b>
<input type="checkbox"/>	<b>Area Plan Forms</b>	Verify the following to ensure correct formatting: (1) Correct Area Plan Forms FY template used (2) Plan is typed (3) PSA # and date added to the header (4) Table of contents page numbers updated (5) Save As PDF
<input type="checkbox"/>	<b>Area Plan Forms – Application for Grant Award</b>	Verify the following is correct: (1) Name of applicant agency (2) Contact information (3) Type of Application (4) Dates and fiscal years
<input type="checkbox"/>	<b>Area Plan Forms – Electronic Submission of Application</b>	Includes name of applicant agency.
<input type="checkbox"/>	<b>Area Plan Forms – Verification of Application</b>	Original signatures and date. <b>Must be signed and dated by the Area Agency Director, Chairperson of the Area Agency Advisory Council or Governing Board, and the legally authorized official of the governing body; Ensure a current "Authority to Sign" document been submitted to KDADS.</b>
<input type="checkbox"/>	<b>Area Plan Forms – Certification Regarding Lobbying</b>	Original signature and date.
<input type="checkbox"/>	<b>Area Plan Forms – Older Americans Act Assurances of Compliance</b>	Original signature and date.
<input type="checkbox"/>	<b>Area Plan Forms – Area Plan Information Requirements – Section 306 responses</b>	Verify all responses are included.
<input type="checkbox"/>	<b>Area Plan Forms – Assurance of Compliance with the Department of Health and Human Services Regulation Under Title VI of the Civil Rights Act of 1964</b>	Original signature and date.



Included	Form – Section	Criteria
<input type="checkbox"/>	<b>Direct Service Waiver Request form (KDADS 200-2)</b>	<i>Optional – Include to request to provide services not directly related to AAA Administrative functions.</i>
<input type="checkbox"/>	<b>Area Plan Forms – Determination of Needs</b>	Description of the needs and input of older individuals including all 4 elements.
<input type="checkbox"/>	<b>Area Plan Forms – Area Agency's Priorities</b>	Description of the Area Agency's priorities listing all 3 elements.
<input type="checkbox"/>	<b>Area Plan Forms – Description of the AAA and its Activities</b>	Description of <u>all</u> AAA activities including all 3 elements.
<input type="checkbox"/>	<b>Area Plan Forms – Determination of Unmet Needs/Planning</b>	Description of the unmet needs including all 3 elements.
<input type="checkbox"/>	<b>Area Plan Forms – Public Hearings on the Area Plan, Update, and Revisions</b>	Description of public hearings and public comments including all 4 elements.
<input type="checkbox"/>	<b>OAA Community Focal Points</b>	Verify Excel form is included.
<input type="checkbox"/>	<b>Area Plan Forms – Program Service Goals</b>	Verify there is a separate Program Service Goal for each service funded through OAA including all 3 elements.
<input type="checkbox"/>	<b>Area Plan Forms – Multipurpose Senior Center Inventory Form 560</b>	Include all senior centers affected by the reversionary requirements. Write "None" on the form if no senior centers were affected.
<input type="checkbox"/>	<b>AP Program Characteristics (Meal Outputs)-Nutrition</b>	Submit all program characteristics (meal outputs) forms and program characteristics summary form with each proposed original area plan, update, and revision (if the meal site changed).
<input type="checkbox"/>	<b>OAA MASTER Budget</b>	Verify the following: (1) Adequate proportion is met for III-B and III-E (2) All planned capital expenditures included (3) All Schedules are accurate and complete (4) No errors on the Funding Summary page
<input type="checkbox"/>	<b>OAA Capital Cost Template</b>	<b>Schedule 2</b> – Capital Cost Justification Schedule is required for capital expenditures \$5,000 and greater.

<b>AAA Reviewer Signature:</b>	
<b>Date:</b>	

## Appendix A – Area Plan Guidance

### Area Plan Assurances and Required Activities

#### Older Americans Act, As Amended in 2020

##### **Sec. 306, AREA PLANS**

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances 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—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), 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 publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging 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;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i) (I) provide assurances that the area agency on aging will—

(aa) 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;

(bb) 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; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure 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.

(5) provide assurances that the area agency on aging 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;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if 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;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) 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;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) 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

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to 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;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) 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 will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging 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;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) 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 contract or such relationship;

(D) 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 contract or such relationship; and

(E) on the 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;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging 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;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.



(3) An area agency on aging, 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 area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.