

# BIG SANDY

(Insert Name of Area Agency on Aging)

## Regional Area Plan

FY 2010

*Healthy Aging*



Fiscal Years 2008-2011

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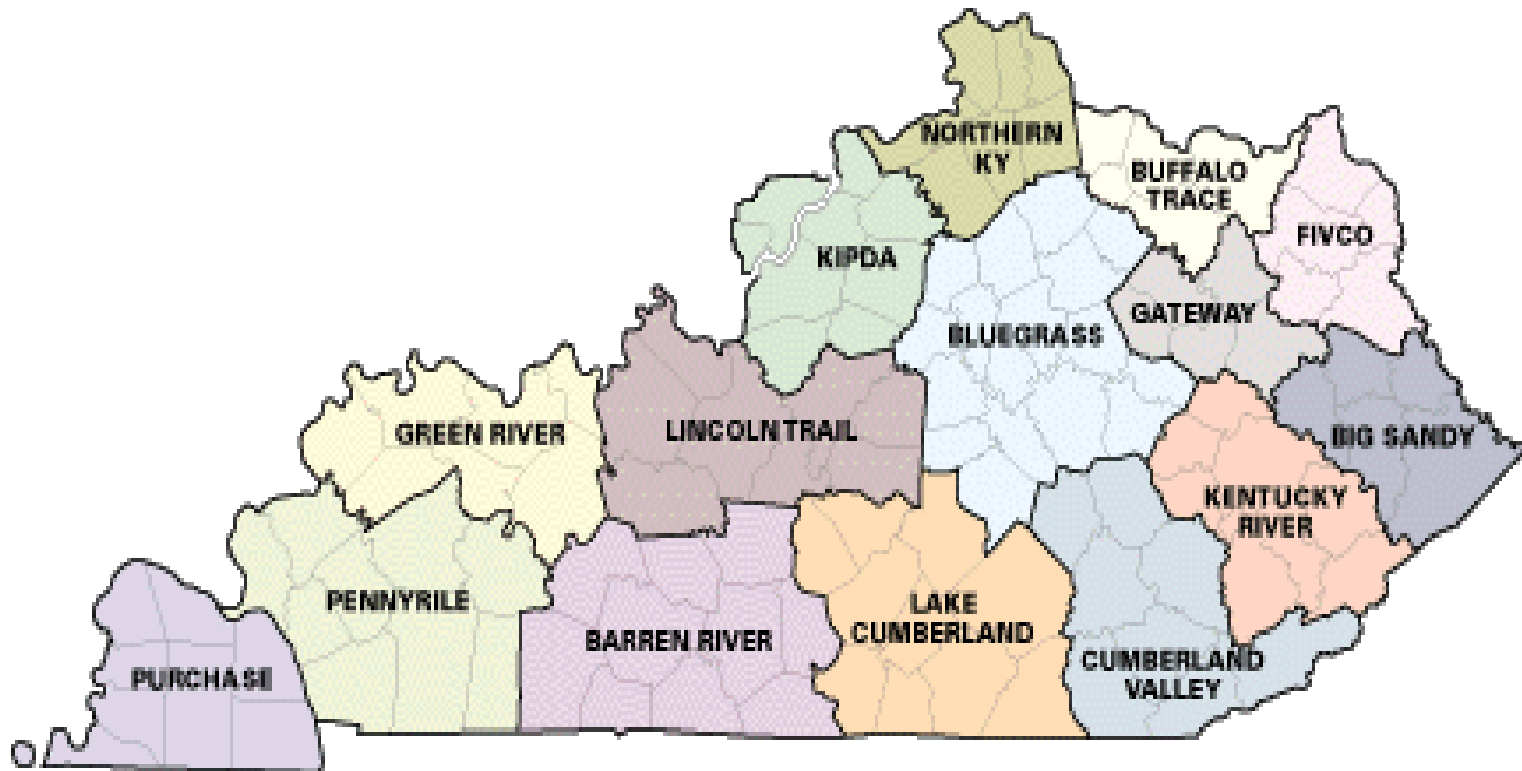
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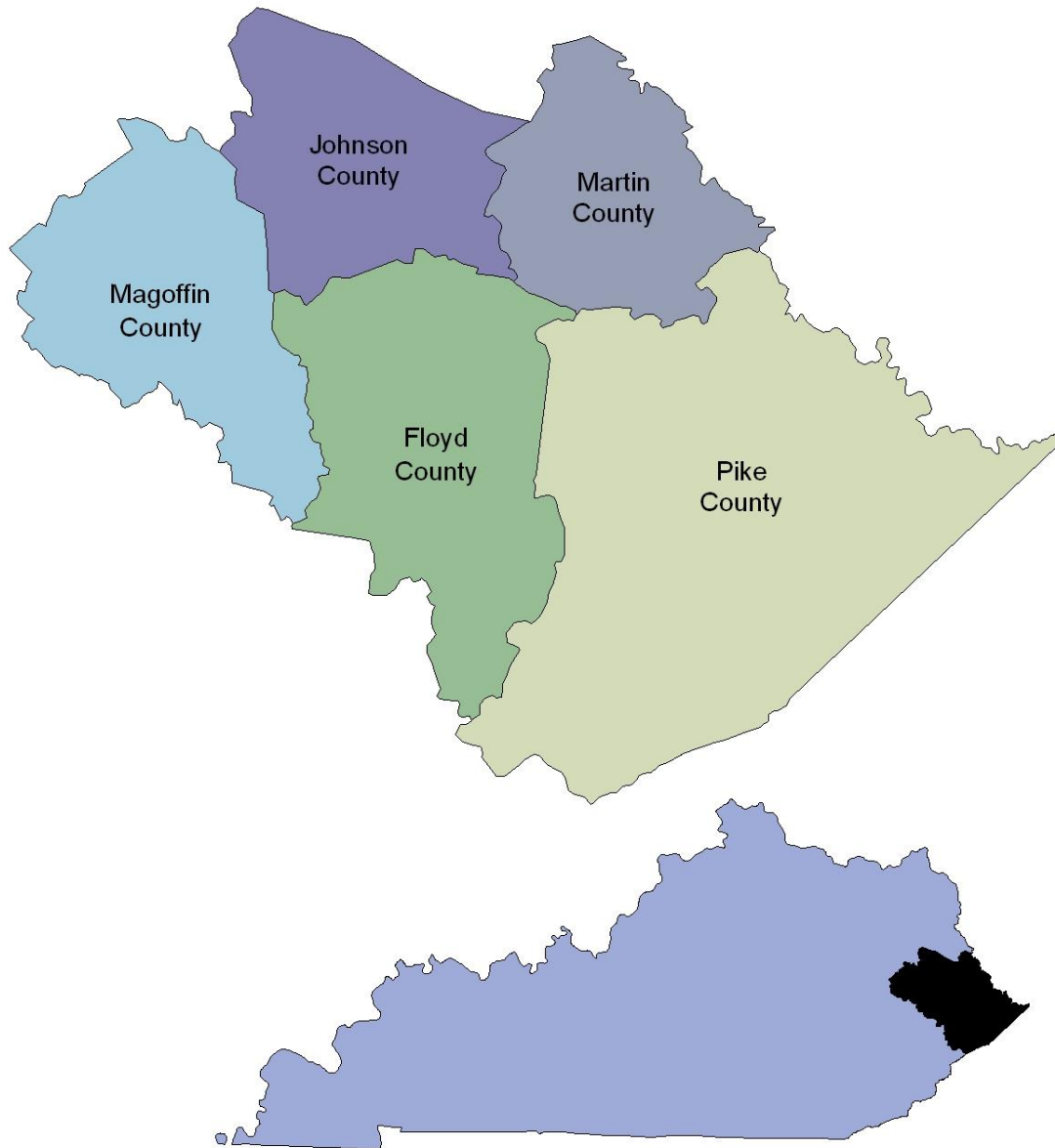
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## Area Agencies on Aging (AAA'S)



## Big Sandy Area Development District



## AREA PLAN

In accordance with the Older Americans Act of 1965, as amended, Section 307(a)(1), the Department for Aging and Independent Living prepared a Kentucky Comprehensive Aging Area Plan format with input from area agencies on aging. This format is to be used by area agencies on aging in developing an area plan for the administration and provision of specified adult and aging services in each planning area. The Area Plan required for FY'2008 represents the first year of a four-year plan. The plan should include these major sections:

Section I	-	Administrative/Management
Section II	-	Special Initiatives
Section III	-	Performance Plan
Section IV	-	Performance Plan Forms
Section V	-	Financial Plan and Outputs
Section VI	-	Waivers
Section VII	-	Provider Approval
Section VIII	-	Assurances and Authorizations

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

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

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

**Due Date:** Area revisions for FY 2008-2011 are due April 15, 2009.

**Number of Copies/Signatures:** Submit two CD copies (one CD if revision) and one paper copy of the plan and budget pages. Signatures are not required on each budget page. **Original signatures are required on match verification pages. Signatures should be in blue ink.**

**Cover Sheet:** Include the name and address of the AAA, along with area served.

**Table of Contents:** Include an outline of the Area Plan.

**Map of Region:** Include a map of your area highlighted.

## SECTION I – ADMINISTRATIVE MANAGEMENT

### Instructions

#### A. & B. Mission and Vision

This section will include your mission, vision of the Area Agency on Aging and describe how this has been adopted for your region.

Some things to consider when developing your mission and vision:

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

#### **MISSION:**

The mission of the Big Sandy Area Agency on Aging is to assure that the older constituents of the district have access to advocacy and service delivery provided by funds according to the Older Americans Act, along with other state and federal funds earmarked for the elderly.

#### **VISION:**

The vision of the Big Sandy Area Agency on Aging is that all of the elderly and disabled residents of the Big Sandy region will be aware of the available resources to aid them in remaining independent.

#### C. Agency

##### Overview of Organization

A short narrative or introduction which includes basic information about the agency and the area it services.

The Big Sandy Area Agency on Aging is governed by the ADD's Board of Directors and guided by the Aging Advisory Council. Kentucky Administrative Regulation mandates the composition of the Aging Advisory Council. The mission of the Area Agency on Aging is to assure that the older constituents of the district have access to advocacy and service delivery provided by funds according to the Older Americans Act, along with other state and federal funds earmarked for the elderly. These funds support the following programs: Title III senior nutrition program, supportive services, health promotion, legal services, Long-term care Ombudsman, Adult Day Program, as well as Personal Care

Attendant Program, Kentucky Homecare Program, and the new Family Caregiver Support Program.

Big Sandy AAA is the provider for the Kentucky Homecare Program. As the provider for the Homecare Program all services are provided including: assessment, case management, chore, escort, home management, home repair, personal care, home delivered meals, and respite. The Homecare Program also *partners* with other human service agencies (i.e. Home Health Agencies, Big Sandy Community Action Program, Department for Community Based Services and Department for Protection and Permanency, Social Security Administration, Department for the Blind, etc.) and refers to these community resources in order to meet the clients assessed needs.

Big Sandy AAA contracts with ~~eleven~~ *FY 09 Revised (1-15-09) seven* individual boards that provide Title III services. Currently, there are ~~seventeen~~ *FY 09 Revised (1-15-09) thirteen* service delivery areas in the Big Sandy AAA service region with a senior citizens center in each service delivery area. The counties of Johnson, Magoffin, and Martin have one senior center each in the county seat. *FY 09 Revised (1-15-09) Floyd county has three individual centers located as follows: Martin Area, McDowell, Prestonsburg.* In Pike County, there are seven centers located at Belfry, Blackberry-McCarr, Elkhorn City, Marrowbone, Phelps, Pikeville, and Virgie. The senior citizens centers are a focal point for services for their respective communities, with emphasis on being the focal point for elderly services in their respective area. The Big Sandy Area Agency on Aging arranges or provides the training for all of its contract agencies and provides reimbursement to the annual center director's training, which is a statewide educational opportunity and is usually held in Louisville.

Big Sandy contracts with ~~three~~ *FY 09 Revised (1-15-09) two* boards to provide Adult Day Services for the District, which include Johnson County Senior Center and Happy House Adult Day Center. Happy House Adult Day Center is both a social and medical model Adult Day Center. Big Sandy AAA manages the Personal Care Attendant Program for the Big Sandy and Kentucky River ADD Districts. PCAP services are contracted with the Center for Accessible Living.

Big Sandy AAA provides directly for the District Long-Term Care Ombudsman, the Family Caregiver Coordinator, and SHIP Benefits Coordinator. The Long-Term Care Ombudsman serves as an advocate on behalf of nursing home residents and their families in the five county region.

### Organization Plan

Organizational Chart of the ADD – Submit an organizational chart clearly depicting the placement of the AAA within the ADD structure. (Please place organizational chart of the ADD in Section IV Performance Plan Forms)

Organization Chart of the AAA – Submit an organizational chart clearly depicting all aging programs and staff, along with their position within the AAA. (Please place organizational chart of the AAA in Section IV Performance Plan Forms) Also, indicate the Advisory Council and its relationship to the AAA. (See Section IV, **Form A**)

## Staff Plan

AAA Administrative Staffing Plan – Submit all administrative and management staff positions for all aging programs. **If using the “Other” category, please include the program that those hours will be charged to in your plan.** (Administrative staff are those which are involved in the management or supervision of aging programs.) (See Section IV, **Form B**)

AAA Direct Services Staffing Plan – Submit all staff positions which have direct responsibility for service provision or supervision of aging programs. **If using the “Other” category, please include the program that those hours will be charged to in your plan.** (See Section VI, **Form C**)

## D. Regional Profile

### Population

(Seniors, caregivers, grandparents and disabled)

This section will include a brief overview of the AAA region and how the regional demographics impact the aging service delivery system.

The Big Sandy Area Agency on Aging, located in the Big Sandy Area Development District, in Prestonsburg, Kentucky, is composed of five counties: Floyd, Johnson, Magoffin, Martin and Pike. The District has a land area of 1981 square miles with an estimated population of 160,532 according to the 2000 Census. Of this population, 26,265, or 16%, were over the age of sixty years of age. The American Community Survey 2005 estimated count for the District population is 155,106, and of this estimate, 25,700, or 17%, are over sixty years of age. If the estimates are true, it obviously reveals that the population is aging as expected. The year 2000 U.S. Census calculations are used here except where otherwise noted.

#### Grandparents

There were 1,792 Grandparents responsible for Grandchildren in the area as the table below illustrates.

<b>*GRANDPARENTS AS CAREGIVERS</b>			
	Grandparents Living		Percent of
	in Household with	Grandparents	Grandparents
	One or More Own	Responsible for	Responsible for
	Grandchildren	Grandchildren	Grandchildren
Floyd	815	434	53.3
Johnson	448	270	60.3
Magoffin	273.0	135.0	49.5
Martin	228	122	53.5
Pike	1301.0	831.0	63.9
Totals	3,065	1,792	58.47%

Source: 2000 Demographic Profiles from the 2000 Census of Population and Housing.

Table produced by the Kentucky State Data Center 5/02.

While ACS 2005 of the Big Sandy District point toward number of grandparents living with own grandchildren under 18 years in households is now 5,845. The number of Grandparents responsible for their grandchildren is 3,556.

## Disability

In terms of Disability of the senior population in the Big Sandy District, the 2000 U.S. Census of that Disability Status 65 years is shown below.

### Type of Disability By Age For The Non-Institutionalized

65 years and over	
Sensory disability	5,203
Physical disability	9,513
Mental disability	4,412
Self-care disability	3,659
Go Outside Home disability	5,994

### Disability Status By Age

#### Civilian Non-Institutionalized Population

65-74 Years .....6,167

75+ Years .....5,607

In the ACS of the Big Sandy District in 2005 shows an estimate of 13,879 people 65 years and over having a disability.

## Living Arrangements

About forty percent, (40%), of people ages 60 to 85 and over live alone in the Big Sandy District. The percentage steadily rises with age until age 85 and over.

Age Class	Living Alone	Not Living Alone	Total Living Alone by Age Class
60 to 64	1,310	5,430	24.13%
65 to 69	1,395	4,340	32.14%
70 to 74	1,630	3,660	44.54%
75 to 79	1,395	2,745	50.82%
80 to 84	934	1,235	75.63%
85 and Over	745	1,199	62.14%
Totals	7,409	18,609	39.81%

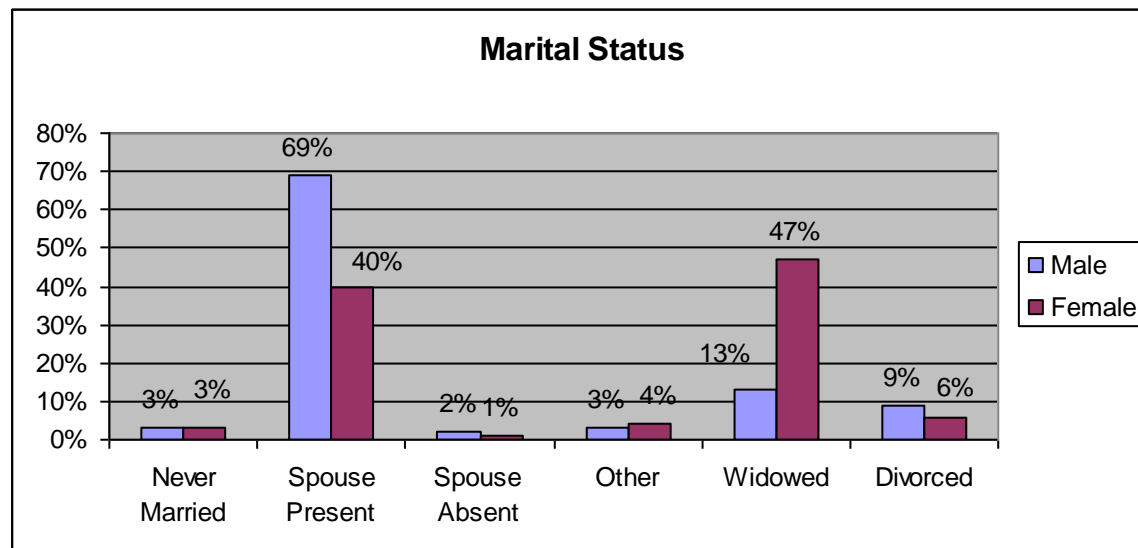
## Educational Attainment

The table below shows the education attainment of people 60 to 85 and over in the Big Sandy District. The greater part, (16,870), have little formal education, while 9,145 have high school to professional degrees.

Educational Attainment	60 to 64 Years	65 to 74 Years	75 to 84 Years	85 Years and Over	Total
Less than 5th grade	445	1,450	880	305	3,080
5th to 8th grade	2,040	3,810	2,510	990	9,350
9th to 12th grade, no diploma	1,365	1,870	990	215	4,440
High school graduate (includes equivalency)	1,655	1,955	915	185	4,710
Some college, no degree	660	1,075	505	115	2,355
Associate degree	64	129	59	22	274
Bachelor's degree	199	425	275	63	962
Master's degree	260	255	173	29	717
Professional degree	44	45	19	15	123
Doctorate degree	4	0	0	0	4
Totals	6,736	11,014	6,326	1,939	26,015

## Marital Status

In 2000, in the Big Sandy District, older men were much more likely to be married than older women--69% of men, 40% of women. Almost half of all older women in 2000 were widows (47%). Divorced and separated older persons represented only 7% of all older persons in 2000 in the area. There were over four times as many widows (6,872) as widowers (1,498).



### Poverty

The 65 and over population in the Big Sandy District, 19.3% are at the poverty level. Magoffin, Martin and Floyd counties are the most affected, while Johnson and Pike counties trail by a slight margin.

Area	Ages 65 and over population	Persons in Poverty	Percent of Poverty
Floyd	5,169	1,060	20.5 %
Johnson	2,954	570	19.3%
Magoffin	1,407	409	29.1%
Martin	1,225	330	26.9%
Pike	8,448	1,360	16.1%
Totals	19,268	3,729	19.3%

Source: 1990 Census of Population and Housing, Summary Tape File 3, and 2000 Demographic Profiles from the 2000 Census of Population and Housing. Table produced by the Kentucky State Data Center 5/02.

### Racial and Ethnic Composition

In the Big Sandy District, the elder population is predominately White, 98%. Black or African American account for 1%, while the other races make the remainder of 1% of the population.

Race by Age	60 to 64 Years	65 to 69 Years	70 to 74 Years	75 to 84 Years	85 years and over	Totals
White alone	6,640	5,665	5,220	6,200	1,885	25,610
Black or African American alone	24	25	14	70	4	137
American Indian and Alaska Native alone	8	0	20	10	0	38
Asian alone	10	0	4	4	0	18
Native Hawaiian and Other Pacific Islander alone	10	0	0	0	0	10
Some other race alone	0	0	0	0	30	30
Two or more races	49	39	19	33	19	159

In summary, the aging population in the Big Sandy District is increasing, according to the American Community Survey of 2005. Seventeen percent, 17%, of this estimate, or 25,700, are over the age of sixty. The majority of senior over 65 in the survey are disabled, (13,879), and 40% of seniors 60 to 85 live alone, many of them, 47% are widowed. Sixty- five, 65 %, (16,870), have less than a high school education. The poverty rate among the 65 and over population is 19.3% in the area.

The increasing number of older persons implies a greater need for services targeted to this population. The majority of the population described, will be dependant on outside resources to assist them whether informal and formal. The impact of this trend on area senior citizen centers will be great in terms of the resources that will have to be expended to meet this demand. The demand for services will lead to ever-increasing waiting list for services. Many of the senior citizens will remain on this list indefinitely waiting for relief that may never appear.

This suggests that the area senior centers must have resources needed to meet the demand. They must also provide a higher quality of programming to meet the need of the educated seniors as well as the physically active seniors who choose attend. Health and wellness programs, noted for their positive effect, should be strengthened and expanded in the area.

### Benchmarks

List any special service or health related issues or indicators to be addressed by the AAA.

Big Sandy Area Agency on Aging will target those centers that have not had access to Chronic Disease Self-Management Classes

## E. Needs Assessment

The Act requires each AAA to assess the unmet needs of older adults in their region with special emphasis on older adults with greatest social and economic need and older adults residing in rural areas. The Act also requires a process for input from both consumers and providers of services related to gaps in services.

In planning service needs, each service delivery area is analyzed by performance based upon units and persons served on a quarterly basis. This information is presented to the Big Sandy Aging Advisory Council for review. Utilizing the Council's knowledge and experience combined with expertise of District staff, community and organizational input, a comprehensive service plan is completed.

District wide needs survey is completed annually to poll the opinions of persons over sixty. In the fall of 2006, a survey was completed for planning purposes. Four hundred and fourteen persons participated in this survey.

*FY 10 (Revised 4-10-09) In the fall of 2008, a survey was completed for planning purposes. Four hundred and sixty-six persons participated in this survey.*

The results of the survey are shown in the attached needs survey (Addendum II). A table and graph illustrates each question. The graphic results are rounded to the nearest percentage. The missing responses are represented in the calculations as well and are treated as unknown or missing responses to the inquiry.

## F. Public Hearing

Public Hearing Information – Complete the chart and related items. Use additional space as needed to explain how the AAA ensures the participation of required groups. **(Note: A public hearing for the plan is required according to Section 306(b) of the OAA as amended in 2006.)** (See Section VI, **Form D**)

## SECTION II – SPECIAL INITIATIVES

### A. Top Five (5) AAA Initiatives in Past Year and Status

1.

The Big Sandy Elder Maltreatment Council started project REACH, which was piloted in Floyd County. REACH targets elderly residents without phone service. And provides them with a cell phone for 911 access.

2.

Public Awareness campaign on Elder Abuse was done by the Elder Abuse Council. Brochures and Magnets with elder abuse information and contact numbers for assistance were distributed to senior citizens across the 5 county area. This was done by the Senior Citizen Centers to in-center participants and home delivered meal clients. Homecare Case Managers delivered them to each of their clients. These were also given out during health fairs and other community events. Church Bulletin Inserts concerning elder abuse were purchased and given to the churches in the area during Elder Abuse Awareness month.

3.

A new Alzheimer's/Caregiver Support group was started in Pikeville. This group is a collaborative effort and partnership with Big Sandy's National Family Caregiver Program, UMWFA Funds Community Health Program, and a local doctor. The new group is drawing participants from across Pike county

4.

Chronic Disease Self-Help Workshops were held in 5 senior centers, Pikeville, Shelby-Valley, McDowell; Mud Creek, and Blackberry-McCarr, in the Big Sandy Area. These workshops are a 6-week course taught to people with chronic illnesses varying from Diabetes, Heart Disease, Asthma, Bronchitis and Emphysema or any one host of other diseases.

5.

The Mud Creek Senior Citizens Center and a group of senior participants have been volunteering for the Salvation Army Unit for Pike and Floyd Counties since 2001. A service unit committee was formed with 25 total members and 12 of them are senior citizens. The Mud Creek Center Director is the Chair of this committee/unit.

### B. Five (5) AAA Initiatives for Coming Year

1.

Safety Grant in collaboration with Paintsville Housing Authority.

*FY 09 Revision (April 1, 2008)*

*Grant status still pending. Grant will allow for nutritional meal site to be opened in Elderly/Disabled housing in Paintsville.*

**2.**

Extend REACH to each county in the District.

*FY 09 Revision (April 1, 2008)*

*REACH extended into Martin county; however, has not been initiated in other three counties of District.*

**3.**

Chronic Disease Self-management classes extended to other underserved areas.

*FY 09 Revision (April 1, 2008)*

*Chronic Disease Self-management classes extended to:*

**4.**

Assist qualifying seniors in being able to attend State and National Senior Games.

*FY 09 Revision (April 1, 2008)*

*Qualifying seniors were able to attend State Games through assistance from AAAIL and \_\_\_\_placed at the State level.*

**5.**

Work with KERI project and disseminate information to Community Partners.

*FY 09 Revision (April 1, 2009)*

*KERI project completed through Phase III and currently working with Pike county coalition to produce a model to present to other 4 county governments.*

**C. Other Aging related special projects coordinated by/with the AAA.**

**(Not Limited to 4 Special Projects)**

**1.**

Collaboration with Highlands Regional Medical Center to plan and provide a Senior Expo each year for the Big Sandy region.

**2.**

Continue with Regional Senior Games. (2007=22 years)

*FY 09 Revision (April 1, 2008)*

*2008 = 23 years; preliminary planning to begin for 25<sup>th</sup> celebration.*

**3.**

Contract with the Cabinet to provide Community Collaboration with Children Services in the Big Sandy region through intensive in-home services and family team meetings. Example of aging related would be with Grandparents raising Grandchildren and the interfacing between the two programs.

**4.**

Contract with UMWA to provide for Community Health Program.

## SECTION III – PERFORMANCE PLAN

### Instructions

For the multi-year area plan please provide a narrative of the agency's area planning process and its resulting mission and vision for the agency for FY 2008-FY 2011. Please include how the Area Plan for the next four years has changed from the focus of the previous multi-year area plan. Also include a narrative of the accomplishments, barriers resolved and existing barriers the agency encountered during the last planning cycle.

The Area Plan covers fiscal years 2008, 2009, 2010 and 2011.

The following definitions are offered as a resource for developing the Area Plan.

- **Action Step** – Set of activities undertaken in accordance with a plan of action organized to realize one common purpose with an identifiable end result. {i.e. a group of activities with the same purpose}
- **Assessed** - The process of collecting in-depth information about a person's situation and functioning.
- **Assessment** - Means the collection of in-depth information about a person's situation and functioning. Assessment shall identify needs and resources so that a comprehensive plan can be made with the client.
- **Client** - A Title III Older Americans Act client shall be defined as anyone who is counted as a client for the Administration on Aging NAPIS report.
- **Follow-up** - The process to determine if the needs of the individual have been met.
- **Intake** – The information gathered at the initial contact to determine the needs of the individual.
- **Outcome** – Result – how the client is affected.
  - Is it measurable?
  - Is it achievable?
  - Is it flexible?
  - Is it consistent with the rest of the plan?
- **Performance Measures** – Usually a complex situation, critical issues (opportunity, barrier, threat, event or trend) that are likely to make a difference between achieving average or superior performance. Each performance measure should have at least one program or service related to it (activity).
- **Summary** – a broad based and conceptual plan which deals with the future. It provides an overview of the planning process, views of other agencies and older persons regarding gaps in service, needs assessment, agency goals and related information.

# PERFORMANCE PLAN FORMAT

Each Objective requires an outcome that is specific to the entire program. Should there be a statewide Outcome and Performance Measure, there should be local strategies to provide for the measurement of the process. Statewide Outcomes and Performance Measures often measure only one aspect of the required program elements in the objective. The AAA Outcome must cover the entire intent of the objective.

## I. Summary

- a. Should address the objective and **each** item listed in the goal/objectives.
- b. Should be **brief**, comprehensive and descriptive; provide an overall view of how the AAA will accomplish the objective.
- c. AAA should insure addressing the Statewide Performance Measure(s) and Outcome(s), where included in plan.

## II. Action steps

- a. Should be listed numerically (1, 2, 3, etc.)
- b. Should address each item outlined in the summary.
- c. The Action Steps should address how the AAA will carry out each objective.
- d. Statewide performance measures must be addressed **with appropriate action steps**.

## III. Performance Measures

- a. Should be individual and address each Action Step (1, 2, 3, etc.). A combination may be used if addressing more than one Action Step ( 1-2, 1-3, or 1, 2, 3-5)
- b. Provide a measurable explanation. This will address how the AAA will measure the action step (numbers of meetings, trainings, presentations, monitorings, evaluations, assessments, etc.).
- c. Must have AAA performance measurements in addition to the Statewide Performance Measure(s). Provider measurements may be added, if necessary.
  - i. Ex; Statewide Performance Measure(s)
    - 1.
    - 2.

AAA Performance Measure(s)

- 1.
- 2.

## IV. Outcome

- a. Should be listed numerically and address each Performance Measure, (1, 2, 3, etc.) A combination may be used if addressing more than one performance measure.
- b. Outcome should be the result of the performance measure **and will address the original Objective/Goal.**
- c. Must address Statewide outcomes separate, as in the example above.

\* Each numbered Action Step, Performance Measure, and Outcome must relate to each other. Action Step #1, relates to Performance Measure #1, and to Outcome #1.

## ***AoA Priority #1***

*Make it easier for older Kentuckians to access an integrated array of health and social supports.*

***Kentucky Goal 1:*** *Provide equal access to appropriate and timely care for older frail and disabled Kentuckians through a comprehensive, coordinated system of services which ensure the dignity of individuals and delay or prevent institutionalization.*

### **1.1.1 Provide a comprehensive coordinated system of care for older Kentuckians.**

#### **SUMMARY:**

In addition to the District's Board of Directors, there are seven (7) councils, coalitions, and/or groups that routinely have input into the development of policy and the service direction of the Aging Services Network in the Big Sandy Area Development District. These councils/coalitions bring together service providers throughout the district in an attempt to coordinate the efforts of the many groups that try to assist older individuals in continuing to remain in their homes as long as possible.

The role of the Big Sandy AAA is to oversee, monitor, educate, and provide technical assistance to each agency contracted to provide services to the elderly in the Big Sandy Area Development District.

All of the senior citizens centers in Big Sandy ADD are "Focal Point Centers" in their communities. Quarterly meetings with the directors of each senior citizen center and the Aging Advisory Council are held to educate and coordinate activities for the elderly within the district. Senior citizens center directors and staff (i.e.-focal point staff) attend meetings with other agencies as well as service providers at case conferences and the Human Services Coordinating Council. Additionally, they make and receive referrals among themselves and with Big Sandy AAA. These efforts by each local program help coordinate the services throughout the total Big Sandy ADD service delivery area. It is the role of service provider to coordinate the activities in their service delivery area to insure that the greatest numbers of seniors are receiving available services and that the total service area is informed of those services.

The Role of the service providers within the Big Sandy AAA is to coordinate their services by cooperating with each other and with Big Sandy AAA. This process is encouraged by keeping the service providers informed and by inviting them to participate in the many councils, coalitions, groups, training sessions and conferences. Coordinated education and cooperation between service providers serves to increase the efficiency of the programs as well as eliminating the duplication of services.

Case managers will work with other long-term care providers on an information and referral basis in order to coordinate community based long term care services. As severely disabled individuals are identified through the assessment process, their services are coordinated with the various agencies mentioned above through information and referral.

#### **ACTION STEPS:**

1. Big Sandy AAA will facilitate, assist, and participate in the councils/coalitions/and groups in the district.
2. Big Sandy AAA will monitor all programs and provide technical assistance.
3. Big Sandy AAA will provide education to all new service providers, as well as changes to all providers.
4. Big Sandy AAA will conduct quarterly meetings with service providers.
5. Big Sandy AAA will accept referrals and provide case management & Assessment.
6. Big Sandy AAA will coordinate needed services and make all applicable referrals.

- 1.1.2 Provide plans for **outreach** to target those with “greatest economic and social needs”, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. (See Section IV, **Form E**)

**SUMMARY:**

Outreach efforts, using the approved assessment tool, will have special emphasis on the rural elderly and on those with the greatest social and economic need, with emphasis placed on low-income minorities, those with severe disabilities, the frail elderly, those with limited English speaking ability, and Alzheimer’s and related disorders patients and their caregivers.

Other information efforts will involve the use of public media, brochures, and public meetings, booths at festivals, Health Fairs, face to face conversations and telephone to inform older persons, the general public and service providers of the availability of services.

Service providers will document and maintain records as required by Big Sandy AAA.

**ACTION STEPS:**

1. Providers will seek out potential clients through telephone calls and public meetings.
2. Public awareness will be provided through different media outlets including print, radio, tv, and public events.
3. Providers will document and maintain records on outreach, information and assistance.

**PERFORMANCE MEASURES:**

1. Providers will conduct door to door contact, telephone calls, and public meetings at least once per quarter.
2. Providers will attend and/or host at least one health fair or community focus group.
2. Big Sandy AAA will provide at least one public awareness event once a quarter.
3. Big Sandy AAA will monitor provider outreach records quarterly.

**OUTCOME:**

Individuals with the greatest economic and social needs will be identified through outreach efforts.

- 1.1.3 Provide **methods/activities** for meeting the service needs of those older persons with “greatest economic and social needs”, older minority persons, rural elderly, frail elderly, older persons with severe disabilities, older persons with limited English speaking ability, Native Americans, if applicable, and older persons with Alzheimer’s or related disorders. *Such services should include: Personal Care, Homemaker, chore, Home Delivered Meals, NSIP Home Delivered Meals, Adult Day Care/Health, Case Management, Assisted Transportation, Congregate Meals, NSIP Congregate Meals and Nutrition Counseling.*

**SUMMARY:**

Big Sandy region will assess to identify the service needs of those older persons with “greatest economic and social needs”, older minority persons, rural elderly, frail elderly, older persons with severe disabilities, older persons with limited English speaking ability, Native Americans, if applicable, and older persons with Alzheimer’s or related disorders through referral to appropriate services. These services may include Personal Care, Homemaker, Chore, Home Delivered Meals, NSIP Home Delivered Meals, Adult Day Care/Health, Case Management, Assisted Transportation, Congregate Meals, NSIP Congregate Meals and Nutrition Counseling.

**ACTION STEPS:**

*FY 09 Revised (4-1-08) to meet AAA & State Outcomes*

1. Conduct screenings to identify the economic, social, and service needs of referred individuals.
2. Refer individuals to other agencies that provide additional needed services.

**PERFORMANCE MEASURES:**

**State Performance Measure:**

**1. 100% of in-home and senior center clients (a 60 and older individual receiving Older Americans Act services) will be assessed for greatest economic and social need.**

AAA Performance Measure:

1. 100% of people referred for services will be screened.
2. 100% of people screened and needing other referrals will be referred.

**OUTCOME:**

**State Outcome:**

**1. Those clients assessed and found to have “social or economic” need will be provided follow-up services.**

**AAA Outcome:**

*FY 09 Revised (4-1-08)*

1. *All Individuals will be screened to determine “social or economic” need*
2. *All Individuals screened will have access to information and assistance for needed services. All individuals will be referred for follow up services as needed.*

1.1.4 Promote the Area Agency on Aging as a regional leader in planning and providing coordination of elderly and disabled services to Kentuckians.

**SUMMARY:**

Big Sandy AAA will promote the Area Agency on Aging as a regional leader in planning and providing coordination of elderly and disabled services to Kentuckians through health fairs, presentations at community meetings, and increased media visibility through newspaper articles, radio, or television public service announcements.

**ACTION STEPS:**

1. BSAAA will publish 4 newspaper articles, radio, or television public service announcements, during the fiscal year and will conduct survey to determine media visibility.
2. Big Sandy AAA staff will attend/coordinate 10 community meetings.
3. There will be a county-wide health fair in each of the five counties in the District.
4. AAA will conduct survey to determine projection for increase in all the above.

**AAA Action Steps** *FY 09 Revision (April 1, 2008)*

1. *BSAAIL will increase attendance at community meetings to 15 and will publish an additional article or public service announcement.*
2. *BSAAIL will promote resource directory.*
3. *BSAAIL will publish resource directory on CD per request of community agencies.*

**PERFORMANCE MEASURES:**

**AAA Performance Measure(s)** *FY 09 Revision (April 1, 2008)*

- 1-3. *BSAAIL will have greater visibility in Big Sandy Region.*

**State Performance Measures:**

As listed before.

**OUTCOME:**

**AAA Outcome(s)**

- 1-3. **BSAAIL will be a stronger resource for individuals and other agencies for assistance in accessing resources.**

**State Outcome:**

- 1-4. **AAA will become a visible and trusted place in the community for individuals to find assistance.**

1.1.5 Provide and expand services in the community through focal points, and/or multipurpose senior centers.

**SUMMARY:**

Each county in the Big Sandy region will have at least one (1) focal point / multipurpose senior center. There will be a total of ~~seventeen (17)~~ ***FY 09 Revised (1-15-09) thirteen (13) centers*** in the Big Sandy region. Each senior center shall have a full time center director and an adequate number of qualified full-time or part-time staff to administer the center and provide quality service. A Local Board of Directors supervises the Program Director. Senior centers will be open 8 hours per day, 5 days per week. Services to be offered at the senior centers will include: congregate meals, home delivery meals, transportation, outreach, and supportive services.

**ACTION STEPS:**

***FY 09 Revised (4-1-08) to meet AAA and State Outcomes***

1. Each of the five Big Sandy counties will have at least one focal point / multipurpose center and will be open eight hours per day, five days per week.
2. Big Sandy AAA staff will evaluate current focal point / multipurpose center criteria to reflect expansion of services.

**PERFORMANCE MEASURES:**

**State Performance Measure:**

1. At least one full time focal point will be established in each county and shall be open six or more hours, five days per week.

***AAA Performance Measure:***

***FY 09 Revised( 4-01-08):***

1. ***Out of the ~~17~~ FY 09 revised (1-15-09) 13 senior center / focal point / multi purpose center located in the Big Sandy counties, there will be at least one focal point / multi purpose center located in each county that is open 8 hours per day 5 days a week.***
2. ***All ~~17~~ FY 09 revised (1-15-09) 13 senior center / focal point / multi purpose centers will offer multiple services with documentation to reflect expansion of services.***

**OUTCOME:**

**State Outcome:**

1. A focal point will be available in all 120 counties.

***AAA Outcome:***

***FY 09 Revised (4-01-08)***

1. ***A focal point will be available in all 5 of the Big Sandy Counties.***
2. ***Each of the senior center / focal point / multi purpose centers will have a wide array of services to offer to the community.***

1.1.6 Facilitate the coordination of community-based, long-term care services designed to enable older individuals to remain in their homes.

**SUMMARY:**

Big Sandy AAA will facilitate the coordination of community based long term care services by Homecare Case Managers providing case management services to older individuals to assist them in remaining in their own homes longer. Case managers will work with other long-term care providers on an information and referral basis in order to coordinate these services. Case Managers and the LTC Ombudsman will also assist residents in long term care facilities that wish to live independently to coordinate needed services in order to achieve this result. Big Sandy AAA's Homecare program as well as other community providers will be utilized. Big Sandy AAA will utilize the expertise of six (6) councils, coalitions, and/or groups that routinely have input into the development of policy and the service direction of the Aging Services network in the Big Sandy Area Development.

The District's Board of Directors meets monthly and the Big Sandy Aging Advisory Council meets bimonthly to discuss the issues that relate to the sixty year old and over population in the District. To enhance the influence of our Advisory Council on the policies affecting our elderly population, the LRC Representatives from The Big Sandy Area are always invited to the Big Sandy Aging Advisory Council meetings. The Elder Maltreatment Council, which is composed of law enforcement, service agencies, and other professionals interested in elder protection, coordinates the awareness, prevention, and advocacy efforts of elder maltreatment in the district. The Ombudsman Advisory Council is a third group which also meets quarterly to discuss the quality of care in the long-term care facilities in the District. A fourth group is the Human Services Coordinating Council, which brings together other service agencies within the district for bi-monthly meetings. A fifth group, that meets quarterly, is the Aging Programs Directors, this meeting brings together directors from the Senior Citizens Centers and the Adult Day Care Centers. Coordination of Title III, Adult Day Care, and in-home services within the District is achieved by this meeting. In addition, the directors of these programs also attend the bimonthly meeting of the Aging Advisory Council on a regular basis. A sixth group, the Homecare Case Conference, which meets bi-annually, achieves the coordination of in-home services within the district.

As severely disabled individuals are identified through the assessment process, their services are coordinated with the various agencies mentioned above through information and referral. They are served by Big Sandy ADD direct services in Homecare (if qualified) and/or referred to the other agencies that offer services meeting their needs.

**ACTION STEPS:**

1. Case management services will be provided to facilitate the coordination of community-based services.
2. Councils, coalitions and / or groups will meet.

**PERFORMANCE MEASURES:**

1. Case managers will screen referrals within three (3) business days to determine eligibility and to make appropriate referrals.
2. Councils, coalitions and / or groups will meet on a routine basis, at least quarterly.

**OUTCOME:**

1. 100% of referrals will have be screened to determine service needs within the required time.
2. These councils will bring together service providers throughout the district in an attempt to coordinate the efforts of the many groups working to assist older individuals in continuing to remain in their homes as long as possible.

### 1.1.7 Coordinate planning, identification, assessment of needs and provision of services for older persons with disabilities.

#### **SUMMARY:**

Big Sandy AAA will coordinate planning, identification, assessment of needs and provision of services for older persons with disabilities in the District by maintaining a toll free telephone number, ~~(866) 942-1699~~, *FY 10 Revision (4-10-09)* (800) 737-2723 which will provide easier access for information and assistance to services and afford a single point of entry to the District's services for older persons with disabilities. Older persons with disabilities will be identified through self-referral, family or friends, senior centers, other community services, and outreach events.

Assessment of needs will be done through state approved assessment tools utilized by case management staff and senior center staff. Services will be provided based on the assessed needs and availability of services.

#### **ACTION STEPS:**

1. BSAAA will provide training on mental illness, mental retardation and developmental disabilities ,as well as older persons with disabilities.

AAA Action Steps:

*FY 09 Revision (April 1, 2008)*

1. *BSAAAIL will have mental health and disabilities information available at all health fairs and provide information to persons interested in the Mental Health and Aging Coalition.*

#### **PERFORMANCE MEASURES:**

*FY 09 Revisions (April 1, 2008)*

AAA Performance Measure:

1. *A baseline of community's knowledge of mental health issues and resources will be determined.*

*S*tate Performance Measures:

1. **100% of all intake senior center and case management staff will receive training in order to increase awareness of services for individuals with mental illness, mental retardation and developmental disabilities.**

#### **OUTCOME:**

*FY 09 Revision (April 1, 2008)*

**AAA Outcome(s):**

1. **Residents of Big Sandy Region will have increased awareness of services available for mental health issues.**

**State Outcomes:**

1. **Aging Network Staff have received training on MH/MR programs and are better able to assist with MH/MR client needs.**

- 1.1.8 Provide for a plan of development and administration of regional ADRM and coordinate information and access to regional services.

### **SUMMARY:**

*FY 10 Revision (4-10-09)*

~~The Big Sandy Aging and Disability Resource Market, when fully operational, will provide its citizens with a trusted place for gaining information and assistance related to services and supports for individuals of all ages. The Resource Market will target specific services to those who are aged and those with disabilities and their caregivers throughout the BSADD five counties. Counties to be served include: Floyd, Johnson, Magoffin, Martin, and Pike.~~

~~The Big Sandy ADRM shall provide information and assistance in a manner that is convenient for the public and be the single point of entry for services in the Aging and Disability Network. The Aging and Disability Resource Center shall provide a phone number, which includes a toll free number to all callers within the BSADD service area. During information and assistance hours, a system shall be in place to ensure that people calling the ADRM speak directly to a person, as opposed to an answering machine, except during unusual circumstances. The information and assistance service shall be available continuously for at least 7 ½ hours a day, Monday through Friday, 8:00 am to 4:30 pm EST (except for official state holidays). The information/referral/BSAAAIL staff shall receive referrals for all services funded by the Aging contract and will make appropriate referrals to all available regional services.~~

### **ACTION STEPS:**

*FY 10 Revision (4-10-09)*

- ~~1. The BSAAA will develop a single intake for all services funded by the Aging Contract and will be recognized as the Big Sandy ADRC.~~
- ~~2. Develop a centralized access point with the toll free number, 866-912-1699.~~
- ~~3. All requests for information and referrals will be documented and maintained by BSAAA.~~

*FY 09 Revisions (April 1, 2008)*

- ~~4. The BSAAAIL will make copies of Resource Directory available to other providers on CD.~~

*FY 09 Revisions (June 24, 2008)*

~~BSAAIL will utilize a trained intake specialist for all services provided by the AAA.~~

### **PERFORMANCE MEASURES:**

*FY 10 Revision (4-10-09)*

*FY 09 Revisions (April 1, 2009)*

~~Community Providers will recognize importance of Regional Resource Directory and utilize ADRM.~~

*FY 09 Revisions ((June 24, 2008)*

- ~~1. BSAAAIL staff will develop an intake form that will address the information and resources available to assist.~~

#### **State Performance Measures:**

- ~~1. By July 1, 2008 each AAA will have developed a single intake for all services provided by the agency so that clients give information only one time.~~

### **OUTCOME:**

*FY 10 Revision (4-10-09)*

*FY 09 Revisions (April 1, 2009)*

~~AAAIL will have a better relationship with community providers and increased awareness of resources.~~

*FY 09 Revision ( June 24, 2008)*

~~Community Providers will recognize importance of Regional Resource Directory and utilize ADRM.~~

#### **State Outcome:**

- ~~1. Each AAA will develop an Aging and Disability Resource Center as the centralized access point for those services provided by the Area Agencies on Aging.~~

1.1.9 Provide a plan for the development of consumer directed options to expand service delivery and coordination with other service delivery.

**SUMMARY:**

Big Sandy AAA will provide support broker services to individuals who elect to participate in the Consumer Directed Option program. This program will work in conjunction with the other programs and services offered by Big Sandy AAA to enhance the services available to residents and make it possible to expand those services to other populations not presently being served by Big Sandy AAA. Information on CDO will be given to potential clients and potential referral sources to make the community aware of this program.

**ACTION STEPS:**

1. Big Sandy AAA will provide information to consumers and potential referral sources on the CDO program during interagency meetings, public awareness events, and via phone.

**PERFORMANCE MEASURES:**

1. Big Sandy AAA will provide CDO information at interagency meetings, public awareness events, and via phone at least quarterly.

**OUTCOME:**

1. Residents of Big Sandy will have expanded service delivery options.

***Kentucky Goal 1.2: Provide for a comprehensive assessment and case management system.***

**1.2.1 Provide a comprehensive overview of intake, assessment, reassessment process and referrals including time limits. Each area must be addressed in Summary.**

**SUMMARY:**

Big Sandy AAA will provide assessment and case management services to all Homecare clients as well as all Title III clients requiring case management. The intake process begins with a referral being sent to this office by e-mail, regular mail, phone call, or fax. The intake process shall be completed within three (3) business days. The Information/Referral Coordinator is responsible for receiving and reviewing the initial referrals for all programs served by the Area Agency on Aging. Referrals are then assigned to the appropriate case manager for assessment and are entered into the Homecare database. When the case manager receives a referral, he/she will conduct a thorough telephone screening, which includes making referrals to all appropriate agencies. Care is taken to assure that clients are mailed and or hand delivered the list of all available service providers in the Big Sandy District. All referrals are to be screened within *FY09, Revised (4-01-08) three (3)* business days and a waiting list will be established and prioritized. When an emergency assessment is indicated, the case manager will schedule and complete the assessment as soon as possible. All Adult Day Care referrals will be screened/assessed within five (5) business days. Happy House Adult Day cases will then be transferred to the Director as she maintains case manager qualifications. ~~Wayland and~~ *FY 09 Revised (4-01-09)* Johnson County ADC cases will be case managed by the Big Sandy AAA Case Management Unit.

A person who meets case manager qualifications as defined by 910 KAR 1:180, shall perform assessments and reassessments. Forms developed by the Department for Aging And Independent Living shall be utilized for all assessments and reassessments for all programs. Clients shall be assessed initially and reassessed every six (6) months thereafter. Reassessments may also be done when there is a change in the client's status or there is a need for increased/decreased services.

**ACTION STEPS:**

**Action steps to meet State Outcome:**

1. Information and Referral Coordinator completes intake within 3 business days.

**AAA Action Step(s):**

*FY 09, Revised (4-01-08)*

1. *Case manager shall perform telephone screening on all referrals.*
2. Case Manager shall perform comprehensive assessment/reassessment utilizing DAIL approved forms.

**PERFORMANCE MEASURES:**

**State Performance Measures:**

1. All intakes are completed within 3 business days from initial contact or referral.

**AAA Performance Measures:**

1. Case Manager completes telephone screening within *FY09 Revised( 4-01-08) three (3)* business days and then assigns waiting list priority.
2. Case Managers will complete reassessments every six months or more often depending on any change in status utilizing DAIL approved forms.
2. Case Managers will complete ADC assessments within 5 business days and refer them to the program of the client's/caregiver's choice for services. All ADC cases will be case managed by the BSAAA Case Management Unit with the exception of Happy House ADC cases.

**OUTCOME:**

**State Outcome:**

1. Clients will receive timely intake to assess needs.

**AAA Outcome:**

*FY09 Revised (4-01-08) 1-2. Clients' needs/eligibility will be assessed/reassessed in a timely manner, and appropriate referrals made.*

- 1.2.2 Identify activities performed by case managers to accomplish the following functions: **Care planning, arranging for services, follow-up, monitoring of outcome measures, and termination of services.** Each area must be addressed in Summary.

### **SUMMARY:**

Each client shall receive services in accordance with an individualized care plan developed cooperatively with his/her case manager and revised whenever appropriate. The plan shall relate to the assessed problems, identify the goal(s) to be achieved, identify the scope, duration, and units of service required, identify the source(s) of service, include a plan for reassessment and be signed by the client and case manager. These plans will be documented on the standardized form.

Each client shall be referred to all services deemed appropriate by the client and case manager. These referrals can be made by telephone, mail, e-mail, or fax. All services referred to shall be listed on the application or a separate Release of Information shall be on file. All referrals will be documented in the case file.

Homecare case managers shall monitor each client monthly, including one face-to-face contact at least every other month. The purpose of the monitoring is to follow-up on the referrals, monitor health status, and monitor services. Each case manager's contact with a client or on behalf of a client shall be documented in the case record. These entries are to include the date of the entry, any meetings or telephone contacts concerning the client, and/or changes in the client's condition or situation.

The case manager shall be responsible for arranging and documenting those services provided by other funding sources or volunteers. The case manager will also collaborate with other community agencies to prevent the duplication of case management services. All services shall be documented on the care plan and on the reporting form. Every effort shall be made to secure and utilize all informal supports for each client. Case managers shall be responsible for scheduling and carrying out at least two case conferences each year with all of the local human service agencies invited to attend.

Big Sandy ADD will administer a satisfaction survey to monitor outcome measures. Each case manager shall also have at least two case reviews per month on an on-going basis. The cases will be reviewed utilizing a monitoring control tool that will determine the case recording completeness and compliance with Homecare policies and procedures and the contract's outcome measures. The supervisor will discuss deficiencies found with the case manager. The case manager will be given a time frame for correcting any deficiency and the supervisor will offer technical support as needed. Additionally, in-home visits or quality assurance phone calls will be utilized to assure quality of care.

If the client becomes ineligible or services are no longer needed, the case shall be closed with the reason documented in the case record. The client will be notified in writing of the closure date, closure reason, and be advised of the grievance procedures. The lead case manager, Stacy Little, who supervises the Homecare case managers, will review and sign all closures and be responsible for the monitoring of the case manager's caseload.

### **ACTION STEPS:**

1. Care plan will be developed based on client's needs, informal support, and client input.
2. Case manager will refer client for appropriate services.
3. Case managers will monitor each client monthly, with a face-to-face contact at least every other month.
4. BSAAA will administer satisfaction survey to monitor outcome measures.
5. Case manager will terminate services for clients no longer meeting eligibility criteria.

### **PERFORMANCE MEASURES:**

1. 98% of eligible clients will have a completed care plan.
2. 95% of referrals for services will be documented by the case manager.
3. 95% of case manager's clients will be monitored monthly.
4. BSAAA will administer satisfaction survey to monitor outcomes annually.
5. 100% of clients terminated from case manager's case load will have signature of lead case manager.

### **OUTCOME:**

- 1-5. Clients will have case management services to manage their care.

- 1.2.3 Identify how case management services under Title III of the OAA will not duplicate case management services through other federal and state programs and how these services will be coordinated. Identify process to ensure case management services under Title III. (See Section IV, **Form F**)

**SUMMARY:**

During the assessment process, every effort will be made to identify any and all service providers serving the individual client. Big Sandy AAA will collaborate with the other community agencies to prevent the duplication of case management services. Case management services provided through Title III will not be duplicated through other federal and state programs. ~~Big Sandy AAA employs 4 full time case managers and 1 part time case manager.~~

*FY 10 Revision (4-10-09) Big Sandy AAA employees 3 full time case managers and 2 part time case managers.*

**ACTION STEPS:**

1. Case managers will screen referrals and assess as necessary.
2. Case managers and clients will identify service needs.
3. Case managers will refer clients to all applicable resources and document on the care plan.

**PERFORMANCE MEASURES:**

1. At least 90% of all referrals will be screened within three business days and assessed as required.
- 2 - 3. Referrals will be made for all known applicable resources and to meet identified needs.

**OUTCOME:**

- 1-3. Case management services will not be duplicated through other federal and state programs.

### ***Kentucky Goal 1.3: Supportive Services.***

- 1.3.1 Identify how supportive services will be delivered in the district (in accordance with Section 321 of the OAA, as amended) including service delivery and clients to be served, management of service provision, referral, intake, and service scheduling.

**Summary should provide a comprehensive overview of the Title III-B programs and services.**

#### **SUMMARY:**

Contracts with providers will include written administrative policies, establishing procedures for nutrition, outreach, information and assistance, transportation, and other supportive services provisions and reporting procedures. Technical assistance will be provided to each provider as needed.

Using staff and volunteers, all ~~seventeen (17)~~ **FY 09 Revision (1-15-09) thirteen (13)** senior citizens centers will provide transportation, outreach, friendly visiting, information and assistance, telephone reassurance, health promotion, recreation, education and nutrition education, chore services, home management, escort, and respite,

Friendly visiting, telephone reassurance, escort, chore, respite, and home management are very important services to the frail homebound elderly. The senior citizens programs in the Big Sandy Area are encouraged to provide these needed services to the homecare clients, in their service delivery area, by coordinating with the Homecare Case Manager.

Each senior center / program is required to use standardized forms to report the number of individuals serviced by name and the number of service units they received every week. These records are tabulated and filed as permanent records of each program. A Director supervises each program, and it is the responsibility of the Program Director to insure the provision of services in each service delivery area. A Local Board of Directors supervises the Program Director.

Big Sandy AAA staff will audit each program through direct monitoring once each fiscal year, periodic visits to each center, attending monthly board meetings, and monthly desk monitoring of the reports generated by the tabulated records from each center.

Each program uses standardized assessment tools to perform outreach in their service delivery area. During this intake process, the needs of each participant are identified. The Senior Citizens Program making the assessment will provide services directly targeting the needs of each participant. However, in those instances where additional services are needed from another source, a referral is made to connect the individual with the agency more able to provide the needed service. Services are scheduled on an individual basis as they are encountered and needed by the local Program Director, their staff, and the participant.

#### **ACTION STEPS:**

1. Technical assistance will be provided.
2. Training will be provided.
3. Desk monitoring will be conducted.
4. Full on-site monitoring of each program will be conducted.

#### **PERFORMANCE MEASURES:**

1. Technical assistance will be provided quarterly and as needed.
2. Training will be provided quarterly and as needed.
3. Desk monitoring will be conducted monthly.
4. Full on-site monitoring of each program will be conducted at least annually.

#### **OUTCOME:**

1 – 4. 100% of Providers will comply with program regulations, policies and procedures for supportive services delivered to insure accountability and assure quality care.

- 1.3.2 Provide a plan which ensures **service providers** have an adequate process for referral, service scheduling, and an internal evaluation system to ensure quality services are provided.

#### **SUMMARY:**

Big Sandy ADD has a toll free telephone number *FY 10 Revision (4-10-09) 800-737-2723 (866-912-1699)*, which provides easier access for information and referral to services in the district. Big Sandy ADD Information and Referral Coordinator receives calls, documents intake information, and makes referrals to programs based on the information received during the intake process.

Prospective Homecare, Adult Day Care, and National Family Caregiver clients are referred to those programs and the intake information is passed on to the Homecare Case Manager in the clients' service area or the Family Caregiver Coordinator. The Case Manager conducts an assessment interview with the client to determine eligibility and needs. If a person needs Homecare services and qualifies for those services, the Case Manager places the person on the schedule to receive services. If the schedule is full and there are no openings, the person is placed on a waiting list until there is an opening in the schedule. If a person qualifies and needs Adult Day Care, a copy of the completed assessment is passed on to the Adult Day Care Director of the client's program choice. The Big Sandy ADD Case Management Unit does case management for all Adult Day clients, with the exception of Happy House Adult Day.

For Title III services, Big Sandy ADD staff will make a referral to the Senior Citizens Center closest to the persons home. The Senior Citizens Director is informed of the person's name, telephone number, and their request.

Additionally, for Title III congregate services, individuals may come into a center or call a center to begin the intake process for services. After the intake information is gathered, the director or a trained staff person completes an assessment allowing the individual the option of choosing the services he/she may be interested in receiving.

For in-home Title III services, an individual may refer themselves or be referred by someone else. In-home services provided by the centers include home delivered meals, light housekeeping, letter writing, friendly visiting, telephone reassurance, and some other chore services. Volunteers, or paid staff, are assigned to the participant for scheduled service delivery. All volunteer hours and service units are reported on the weekly service delivery report. These reports are sent to Big Sandy ADD for data entry each week. An in-home assessment is required for in-home Title III services.

Big Sandy ADD will ensure that each service provider has adequate paid and volunteer staff to provide the required intake and scheduling of services. Program Directors, at each provider location, will supervise all paid and volunteer staff assigned to the local program. Technical assistance will be provided to Program Directors, by Big Sandy ADD staff, through training, quarterly district meetings, and on site visits. Written administrative policies, establishing procedures for nutrition, outreach, information and assistance, transportation, and other supportive services provision and reporting will be provided to assist each provider. Each service provider will contract with Big Sandy ADD assuring the delivery of these services.

For the purpose of assuring access to information and services for older persons, the Big Sandy ADD's Area Agency on Aging will provide adequate and qualified staff to perform the functions of advocacy, technical assistance, and monitoring of service providers in the district. Monitoring will consist of desk monitoring on a monthly basis with full on site monitoring annually or as needed.

#### **ACTION STEPS:**

1. Trained staff will receive a referral and it will be processed in a timely manner.
2. Trained Staff will provide service scheduling in their respective areas.

*AAA Action Steps:*

*FY 09 Revised (4-01-08)*

- 1. Trained staff will receive a referral and it will be processed within 48 hours.*

2. *Trained staff will provide service scheduling in their respective areas.*
3. *Trained staff will have an internal evaluation system in place to monitor contracts and services.*

## **PERFORMANCE MEASURES:**

### **State Performance Measures:**

1. **100% AAA contracts are maintained annually with services reviewed quarterly**

Big Sandy AAA Performance Measure:

1. Desk monitoring will be done monthly, reports will be completed quarterly, full on site visits will be completed annually.

### *AAA Performance Measures:*

*FY 09 Revised (4-01-08)*

1. *100% of referrals will be processed in a timely manner.*
2. *100% of services will be scheduled by appropriate staff.*
3. *Desk monitoring will be done monthly, reports will be completed quarterly, full on site visits will be completed annually.*

## **OUTCOME:**

### **State Outcome:**

1. **Providers will comply with program regulations, policies and procedures to insure accountability and assure quality care.**

### *AAA Outcome:*

*FY 09 Revised (4-01-08)*

- 1-2. *Staff will have training to comply with policies and procedures to maintain quality of service.*
3. *Providers will have training and technical assistance to comply with program regulations, policy and procedures to maintain quality of service.*

- 1.3.3 Provide for coordination of services described in Section 321 (a) of the OAA with other community agencies and voluntary organizations providing the same services, including agencies that carry out intergenerational programs or projects.

**SUMMARY:**

Big Sandy AAA will coordinate services in the district by utilizing the expertise of the seven (7) councils, coalitions, and/or groups that routinely have input into the development of policy and the service direction of the Aging Services Network in the Big Sandy Area Development District. In addition to the District's Board of Directors, the Big Sandy Aging Advisory Council meets bimonthly to discuss the issues that relate to the sixty year old and over population in the District. To enhance the influence of our Advisory Council on the policies affecting our elderly population, the LRC Representatives from The Big Sandy Area are always invited to the Big Sandy Aging Advisory Council meetings. The Elder Maltreatment Council, which is composed of law enforcement, service agencies, and other professionals interested in elder protection, coordinates the awareness, prevention, and advocacy efforts of elder maltreatment in the district. The Ombudsman Advisory Council is a third group which also meets quarterly to discuss the quality of care in the long-term care facilities in the District. A fourth and fifth group is the Human Services Coordinating Council and the Mental Health and Aging Coalition, which brings together other service agencies within the district for quarterly meetings. A sixth group, that meets quarterly, is the Aging Programs Directors, this meeting brings together directors from the Senior Citizens Centers and the Adult Day Care Centers. Coordination of Title III, Adult Day Care, and In-home services within the District is achieved by this meeting. In addition, the directors of these programs also attend the bimonthly meeting of the Aging Advisory Council on a regular basis. A seventh group, the Homecare Case Conference, which meets bi-annually, achieves the coordination of in-home services within the district. These conferences bring together service providers throughout the district in an attempt to coordinate the efforts of the many groups that try to assist older individuals in continuing to remain in their homes as long as possible.

Each local senior citizen program board of directors meets regularly to conduct center business. A district staff person attends each meeting. The accountant attends meetings each quarter to present the financial reports. Since the Homecare case managers are assigned to the same service delivery area as the local programs, they are encouraged to attend monthly meetings.

**ACTION STEPS:**

1. Big Sandy AAA staff will attend community meetings to coordinate with other community agencies.

**PERFORMANCE MEASURES:**

1. A Big Sandy AAA staff person will attend each of the council, coalition or group meetings on a monthly, quarterly or bi-annually basis.

**OUTCOME:**

1. Big Sandy AAA will be able to coordinate services with other community agencies.

## ***Kentucky Goal 1.4: Provision of a Comprehensive Homecare Program***

- 1.4.1 Provide a plan for homecare services to be delivered in the district. **Summary should include a comprehensive overview of the AAA Homecare Program.**

### **SUMMARY:**

Homecare services will be provided in all five counties of the District and all essential services will be funded. ~~FY09, Revised (4-01-08) Big Sandy AAA currently employs 4 full time case managers and 1 part time case manager.~~ **FY 10 Revision (4-10-09) Big Sandy AAA currently employs 3 full time case managers and 2 part time case managers.** Big Sandy will provide the direct services as no other providers have been identified. Referrals will be given to the District office through phone, fax, or e-referral. Case managers will screen clients for eligibility, assess as required for services according to Kentucky Administrative Regulation, KAR, and link clients with all applicable services. Case managers will be trained according to regulation.

To assure quality of care, each client shall be given a copy of the Quality Assurance Agreement upon admission to the Homecare Program. The Agreement shall be read and explained to the client when necessary and the client shall acknowledge receipt by signing his/her care plan. A copy of the Agreement shall be left with the client. Use of the standardized form is required. The respective case managers will inquire as to the quality of service during each monthly contact and this information will be a part of the case record. Additionally, the supervisor or designee will be conducting periodic telephone and home visits for the purpose of determining the quality of the service provision.

Copies of all written complaints and detailed reports of all telephone or verbal complaints, concerns or service suggestions shall be maintained in the case manager's file. Documentation of investigation and efforts at resolution or service improvement shall be available for monitoring by the area development district and Office of Aging Services' staff. The identity of the complainant shall be kept confidential when requested and the standardized reporting form shall be used.

### **ACTION STEPS:**

#### **Action Steps to meet state outcome:**

1. All essential Homecare services will be provided in every county of the District.

#### **AAA Action Steps:**

1. The Information/Referral Coordinator will receive all referrals by phone, fax, or email
2. Case managers initially will screen all referrals for eligibility and assess them as deemed necessary and appropriate.
3. All clients will be referred to all applicable services and shall receive Homecare services as delineated on their care plan.
4. Case managers will be monitored to assure that the minimum training requirement is met.

### **PERFORMANCE MEASURES:**

#### **State Performance Measures:**

1. **Regional Plans will contain 100% of required assurances that AAA services are available to clients of each county served.**

#### **BSAAA Performance Measures:**

- 1-3. Intake shall be completed within 3 business days and distributed to the appropriate case manager.
4. 95% of case managers will meet minimum training requirements.

### **OUTCOME:**

#### **State Outcome:**

1. **Clients from all counties will have access to all services.**

#### **AAA Outcome:**

~~FY09, Revised (4-01-08)1-4. Homecare services in the Big Sandy area will be provided by trained staff.~~

1.4.2 Provide a process used to ensure homecare program coordinates with other community long-term living services.

**SUMMARY:**

Big Sandy AAA will ensure that the homecare program coordinates with other community long-term living services through association/coordination/ and attendance at Big Sandy Elder Maltreatment Council, Human Services Coordinating Council, Big Sandy Community Action Agency Interagency meetings, Big Sandy Mental Health and Aging Coalition, as well as other community meetings and the semi-annual case conferences coordinated by the BSAAA case management unit. The Homecare case managers will also be active in visiting the senior citizen centers in their respective areas.

**ACTION STEPS:**

1. Homecare Case managers will participate in community meetings targeting human service agencies and those relative to the elderly and disabled.
2. Homecare case managers will host case conferences with other long-term living services providers to ensure coordination of services.

**PERFORMANCE MEASURES:**

1. Homecare case managers will participate in 8 community meetings.
2. Homecare case managers will host a minimum of 2 case conferences.

**OUTCOME:**

1-2. Homecare program will coordinate with other long-term living services in order to better meet the needs of the residents of Big Sandy.

***Kentucky Goal 1.5: Adult Day/Alzheimer's in the district.***

- 1.5.1 Provide a plan for delivery of adult day care services. Include the types of adult day care programs to be provided. (See Section IV, **Form G**) **Summary should include a comprehensive overview of the Adult Day Program.**

**SUMMARY:**

The Big Sandy ADD's Area Agency on Aging (responsible for planning, organizing, and administering the programs and services pursuant to Policy #1196, IPP 91-3 and 905 KAR 8:230), in an effort to alleviate some of the need for respite in an equitable manner throughout the Big Sandy Area Development District, will contract for Adult Day Care services with all qualified providers in the district. The Big Sandy ADD will provide two (2) Adult Day and Alzheimer's Respite Center Programs, Happy House Adult Day Services, Inc. of Prestonsburg, Ky. in Floyd county and Johnson County Senior Citizens, Inc. of Paintsville, Ky. in Johnson county and The Kentucky Homecare program will provide in-home respite service, individual service contracts and respite transportation as needed in Magoffin, Martin and Pike counties.

The program and services of each provider will be evaluated and monitored by the Big Sandy AAA Aging Services unit using standard monitor forms approved by the Division of Aging and Independent Living. Each Program will be monitored in the center formally one time per year. Desk Monitors of center services reports will be completed monthly. Visits to each center are also planned between formal monitor visits, which will provide additional opportunities for evaluation, participant contact, and technical assistance.

The Provider will comply with procedures and financial policies as specified in the Big Sandy Area Aging Programs Administrative Policies and Procedures Manual, as updated, a copy of which has been made available to the contract provider. The programs will offer a Social Model Program approach of services.

**ACTION STEPS:**

1. The Big Sandy AAA will contract for Adult Day Care services with all qualified providers in the district.
2. The Big Sandy AAA will monitor contracts annually for compliance.

**PERFORMANCE MEASURES:**

1. Providers will provide 100% of services as specified on Section IV, Form G.
2. 100% of the providers will be monitored with monthly desk monitoring, and with on-site visits completed annually for both programmatic and financial compliance to ADC regulations.

**OUTCOME:**

- 1 & 2. All providers will observe programs policy to provide Adult Day Care respite services and Alzheimer's Respite programs in the Big Sandy AAA to provide social and related supportive services for older persons and those with Alzheimer's disease.

***Kentucky Goal 1.6: Personal Care Attendant services in the district.***

- 1.6.1 Provide a plan for the provision of personal care attendant program (PCAP) in the district, and the method of service delivery and how services will be managed. Include the name of the qualified agency. **Summary should include a comprehensive overview of the PCAP.**

**SUMMARY:**

Big Sandy ADD will provide Personal Care Attendant Program services by contract with The Center for Accessible Living of Louisville to implement Title 910, Chapter 8, KAR 1:090. The Center for Accessible Living of Louisville will perform all services based upon the uniform service definitions established for the Title III program with preference given to older individuals with the greatest economic or social need with particular attention to low-income minority individuals and will adhere to policies and procedures provided by the Big Sandy AAA and/or the Cabinet and any revisions thereto over the contract period.

The Big Sandy ADD District of Floyd, Johnson, Magoffin, Martin and Pike counties, and the Kentucky River ADD District of Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry and Wolfe counties will be served by the Personal Care Attendant Program. The Big Sandy ADD will contract with the Kentucky River ADD to provide additional support and monitoring in their area.

The program is will serve approximately ~~fifty unduplicated, (50)~~ ***FY 10 Revision (4-10-09) approximately forty (40)***, disabled individuals. The program will attempt to divide the number of participants equally between the two area development districts and new clients are added as funds permit.

Big Sandy AAA staff will review new applications for the final determination to the program from The Center for Accessible Living of Louisville PCAP Coordinator and notify the agency of the final determination in writing within 10 business days of the receipt of the recommendation and or notify the applicant in writing within 20 business days if the recommendations for service are accepted or not and the reasons for the decision.

Big Sandy AAA Staff will monitor the Monthly Provider Activity Reports and County Reports from the PCAP Coordinator for accuracy and completeness and will deliver the reports to Frankfort, Ky. by the tenth of each month to the state Social Service Specialist.

The Big Sandy AAA will make referrals to the program as they are received and will receive weekly updates and monthly reports from the Center for Accessible Living and will also have contact with the Coordinator by phone and email at least once a month.

Big Sandy AAA Staff will perform a yearly program monitoring to include at least two home visits of current PCAP clients.

**ACTION STEPS:**

1. Big Sandy ADD will provide Personal Care Attendant Program services by contract with The Center for Accessible Living of Louisville to implement Title 910, Chapter 8, KAR 1:090.
2. The program will serve ~~fifty unduplicated, (50)~~ ***FY 10 Revision (4-10-09) approximately forty (40)***, disabled individuals during this fiscal year period.
3. The Big Sandy AAA will review new applications for the final determination to the program from The Center for Accessible Living of Louisville PCAP Coordinator and notify the agency and the applicant accordingly of the decision.
4. The Big Sandy AAA will monitor, evaluate and report on service delivery activity preformed by The Center for Accessible Living monthly and the reports to Frankfort, Ky. by the tenth of each month to the state Social Service Specialist.
5. The Big Sandy AAA will monitor The Center for Accessible Living of Louisville on an annual basis to establish program performance and service delivery.

**PERFORMANCE MEASURES:**

1. Big Sandy ADD will provide Personal Care Attendant Program services by contract with The Center for Accessible Living of Louisville to serve 50 unduplicated disabled individuals.
2. The Big Sandy AAA will review new applications for the final determination to the program and notify The Center for Accessible Living of Louisville PCAP Coordinator within 10 business days and or applicant within 20 business days.
3. The Big Sandy AAA will monitor, evaluate and report on service delivery activity performed by The Center for Accessible Living monthly to the state Social Service Specialist by the 10<sup>th</sup> of each month.
- 4&5. 95% of providers cases reviewed during monitoring will be in compliance.

**OUTCOME:**

- 1-5. Severely disabled adults on the Personal Care Attendant Program will be able to live independently.

- 1.6.2 Provide the method used to determine the number of clients served and how the waiting list for PCAP services are developed and maintained.

**SUMMARY:**

The number of clients served is formulated using the hourly wage, average number of hours a week, number of weeks, and number of clients to get to the subsidy expenses budgeted. The referrals to the Program may be by self, family, or other persons or agencies. The PCAP Coordinator will contact the referrals to the program upon receipt. The referral will be placed on a waiting list in the District, in which they reside. As vacancies occur in the District, the referral is accepted for service based on the following categories: an emergency situation, an urgent situation and a stable situation. The waiting list will be monitored semi-annually by phone or mail and eligible participants will be notified of service based upon the aforementioned criteria. Every effort shall be used to provide referrals to other services if personal care assistance services are not available.

**ACTION STEPS:**

1. The number of Clients served will be formulated using the hourly wage, average number of hours a week, number of weeks, and number of clients to get to the subsidy expenses budgeted.
2. The PCAP Coordinator will conduct outreach of applicant's who may be eligible to participate in the program and will pre-screen the referrals in accordance with the eligibility criteria upon receipt of the referral and will monitor the waiting list by phone or mail, semi-annually.
3. The client will be placed on a waiting list in district, in which they reside if no vacancies exit.
4. Eligible participants will be notified of service

**PERFORMANCE MEASURES:**

1. 100% of the budget will be expended.
2. 100% of the referrals will be contacted within five (5) days.
3. 100% of clients will be notified of their status on waiting list status and be informed if an opening exists.
4. 100% of clients who are eligible to be removed from the waiting list will be notified of the vacancy.

**OUTCOME:**

- 1-4. Eligible clients will be notified of services.

***Kentucky Goal 1.7:*** *Maintain the State Health Insurance Assistance Program (SHIP) established through CMS. Also complete SHIP attachment.*

- 1.7.1 Provide a plan for the provision of SHIP services which includes those provided by Title III-B Legal Services and CMS funds. (Complete **Form H and H.1** in Section IV, by listing counseling locations and number of counselors in the service area).

**SUMMARY:**

SHIP is a program that includes one on one benefits counseling to residents of the Big Sandy region. Residents are provided assistance with Medicare issues and/or concerns that they may experience. SHIP provides residents of the region information and resources concerning a variety of topics that include but are not limited to Medicaid, prescription drug assistance, as well as any other topic that the resident may have. The Big Sandy AAA will provide SHIP services to the residents of Johnson, Floyd, Magoffin, Martin and Pike Counties.

Appalachian Research and Defense Fund Legal Services will provide legal assistance and advice for the Big Sandy Area Development District.

**ACTION STEPS:**

1. BSAAA will provide SHIP services to residents of the Big Sandy region.
2. Appalachian Research and Defense Fund will provide legal services to residents of the Big Sandy Region.

**PERFORMANCE MEASURES:**

1. SHIP counselors will complete reports on a quarterly basis to document service delivery.
2. Appalachian Research and Defense Fund will complete reports on a quarterly basis to document legal services.

**OUTCOME:**

1. Residents in the Big Sandy area will be more informed of Medicare, Medicaid, prescription assistance, as well as other SHIP services.
2. Residents of the Big Sandy Area will be aware of legal services available.

- 1.7.2 Provide *locally accessible counseling* to individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.

#### **SUMMARY:**

Counseling locations that are accessible to low-income and hard-to-reach beneficiaries will be available at the ~~seventeen~~ *FY 09 Revised (1-15-09) thirteen* senior centers located in the Big Sandy AAA region. Each of these facilities has Internet capability to increase access to web based information and tools, including standard CMS training and comparison tools. The BSAAA currently maintains a toll free number, which is utilized in offering assistance and making any and all appropriate program referrals.

#### **ACTION STEPS:**

1. Counselors will be available as needed.
2. A recruitment drive will be held in each of the five counties covered by the Big Sandy AAA.
3. A media blitz will begin.
4. SHIP brochures will be distributed.

#### **PERFORMANCE MEASURES:**

1. Big Sandy AAA will provide at least one counselor/volunteer to cover each county in the Big Sandy region
2. Big Sandy AAA will publish at least two newspaper articles per year discussing items and issues related to benefits counseling and requesting volunteers.
3. Public Service Announcements for radio and television will be provided on a semi-annual basis.
3. A newsletter will be developed and distributed to all of the senior centers and senior network.
4. A new user friendly brochure will be developed and distributed to various agencies within the region through participation in community meetings..

#### **OUTCOME:**

1 – 4. Persons receiving SHIP services will be provided with the most up to date information and resources available.

- 1.7.3 Provide a plan to *target outreach* in order to address access to counseling for low-income, dual-eligible, and hard-to-reach populations.

#### **SUMMARY:**

Big Sandy AAA outreach efforts will utilize the approved assessment tool, will have special emphasis on the rural elderly and on those with the greatest social and economic need, with emphasis placed on low-income minorities, those with severe disabilities, the frail elderly, those with limited English speaking ability, and Alzheimer's and related disorders patients and their caregivers. All providers will be required to provide assurances that staff will do the action steps as listed below.

#### **ACTION STEPS:**

*FY 09 Revised (4-01-08) to meet AAA & State Outcomes*

1. Potential clients will be identified through telephone calls, and public meetings;
2. PSA's will be conducted in each county through local media annually.
3. Health Fairs will be held in each county annually.

#### **PERFORMANCE MEASURES:**

**State Performance Measures:**

1. The AAA will ensure the provision of at least 2 outreach efforts in each county targeted to low income, dual eligible, and hard to reach populations.

*AAA Performance Measures:*

*FY 09 Revised (4-01-08)*

1. A toll free number is provided on the AAA website as well as listed in brochures.
2. At least 2 PSA's will be provided annually through local media
3. Each of the five Big Sandy counties will hold at least one health fair annually.

#### **OUTCOME:**

**State Outcome:**

1. Targeted populations are aware of program and services and how to access them.

*AAA outcomes*

*FY 09 Revised (4-01-08)*

*1-3 Outreach will be provided to low-income, dual-eligible, and hard to reach residents of the Big Sandy region.*

- 1.7.4 Provide a plan to enhance the *counselor work force* including the recruitment and training of counselors and volunteers. Ensure that all SHIP counseling sites have access to a computer with Internet access and are registered on the SHIPTalk website:  
[www.SHIPTALK.org](http://www.SHIPTALK.org).

#### **SUMMARY:**

Big Sandy AAA will enhance the counselor work force by increasing efforts to recruit and train volunteers in the five county area. Recruitment efforts will include advertisement in local media, presentations in community meetings, and presentations in the seventeen senior centers throughout the District. BSAAA will also talk with individuals at the various health fairs to recruit volunteers. All BSAAA Title III providers will be given SHIP training and provided internet access. All counseling sites have internet access and will be registered on the SHIPTalk website: [www.SHIPTALK.org](http://www.SHIPTALK.org).

#### **ACTION STEPS:**

*FY 09 Revised (4-01-08) to meet AAA & State Outcomes*

1. SHIP Coordinator will be trained and certified.
2. SHIP Coordinator will recruit and train voluntary/paid counselors to be available for each county in the district.
3. At least one focal point in each county will have access to a trained volunteer or paid counselor.
4. Each county will have internet access to permit volunteers to be registered on SHIP talk.

#### **PERFORMANCE MEASURES:**

##### **State Performance Measures:**

1. The AAA will have at least one trained and certified SHIP coordinator.
2. The AAA will ensure a network of volunteer counselors are available to each county.
3. The AAA will ensure at least one trained volunteer or paid counselor is available for each focal point.
4. The AAA will determine a baseline and projected increases for voluntary/paid counselors.

##### *AAA Performance Measures*

*FY 09 Revised 4-01-08*

1. At least one trained certified SHIP Coordinator will be available in the Big Sandy area.
2. A network of volunteer counselors will be available in each county. Recruitment efforts will be on going throughout the five Big Sandy counties.
3. A trained volunteer or counselor will be available in at least one focal point per county.
4. All volunteers will have access to the internet at all focal points in each county and will be registered on SHIPTALK.org

#### **OUTCOME:**

##### **State Outcome:**

- 1-4 All AAAs will have trained SHIP counselors, whether paid or volunteer.

##### *AAA Outcomes*

*FY 09 Revised 4-01-08*

- 1-2. A trained certified coordinator and trained volunteer counselors will be available to provide services in the Big Sandy Counties.
- 3-4. All five of the Big Sandy counties will have at least one focal point available with internet services for volunteers to provide services to the residents of the counties.

- 1.7.5 Provide a plan for participation in SHIP education and communication activities, thus enhancing communication to assure that SHIP counselors are equipped to respond to counseling needs. The regional coordinator will disseminate information as needed and conduct quarterly meetings with SHIP staff and volunteers.

**SUMMARY:**

Big Sandy will hold quarterly meetings for all counselors in person and or by conference call. All information received by email and or other sources the Big Sandy regional coordinator will be given to volunteer and paid counselor s in a timely manner. All SHIP counselors, paid and volunteer will have access to the updated information and telephone conference information.

**ACTION STEPS:**

1. Disseminate information received from DAIL and CMS to all SHIP counselors.
2. All counselors will have Internet access and be registered with SHIPTalk.org.
3. Review monthly reports to assess effectiveness of volunteers.
4. Trainings will be held.

**PERFORMANCE MEASURES:**

- 1 & 4. Quarterly SHIP meetings will be held to assure that all counselors are up to date with information. Big Sandy AAA will disseminate information to SHIP counselors and volunteers within 48 hours of receipt.
2. 100% of Counselors in each county will have access to the internet and be registered with www.SHIPTALK. Org.
3. Desk monitoring will be done on a monthly basis.

**OUTCOME:**

- 1-4. Counselors in the Big Sandy region will have up-to-date information available to them in order to provide better assistance to beneficiaries.

- 1.7.6 Provide a Community Education Plan on the importance of long-term care planning.

**SUMMARY:**

Big Sandy AAA will do presentations at senior centers and through health fairs which educate on the importance of long-term planning. There will be brochures and educational material available as well as speakers at the ~~seventeen~~ *FY 10 Revision 4-10-09 thirteen* centers in the District on a quarterly basis.

**ACTION STEPS:**

1. Big Sandy AAA will contract with the Title III providers to incorporate long-term planning as part of their educational units.
2. Big Sandy AAA will include information on long-term planning to disseminate at health fairs and other community meetings.
3. Big Sandy AAA will be a resource for community agencies with regards to elderly issues and specifically to incorporate long-term planning.

**PERFORMANCE MEASURES:**

- 1 .BSAAA will provide training to the Senior Center Directors, to “train the trainer”, regarding educational resources available for long-term planning.
- 2-3. BSAAA will provide long-term planning resources to attendees of local health fairs. These presentations will be at least quarterly.

**OUTCOME:**

- 1-3. Big Sandy residents will be better educated about long-term planning needs.

## AoA Priority #2

*Help older people to stay active and healthy.*

**Kentucky Goal 2.1:** Provide district nutrition services for the following purposes:

- (1) To reduce hunger and food insecurity;
- (2) To promote socialization of older individuals; and
- (3) To promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

- 2.1.1 Provide plan for the implementation and management of Title III C-1 (Congregate) Services. In addition to providing a summary of the C1 program operation, **include emergency plan to back up food preparation sites and nutrition sites. Summary should include a comprehensive overview of the regional Congregate Meals program.**

### SUMMARY:

Title III C-1 (Congregate) Services are contracted through ~~ten~~ *FY 10 Revision (4-10-09) Seven* individual providers in the Big Sandy area. Food preparation occurs in each county in a senior citizen center. Catering services for food preparation are utilized in one county. Caterers will have a plan to provide services and will contract with individual centers for number of meals needed. The delivery of Title III C-1 (Congregate) services will be provided as prescribed under federal, state and local programs and policies. Each service provider will contract with Big Sandy AAA assuring the delivery of these services. Big Sandy will arrange training for local providers.

Big Sandy AAA will monitor each provider for compliance of contractual obligations.

Each senior center/provider will have a plan of action to coordinate with community agencies, churches, etc. for a back up for food preparation site and/or nutrition site.

### ACTION STEPS:

1. Training will be provided.
2. Desk monitoring, and nutritional monitoring, will be conducted on a monthly basis with full on site monitor of each program at least annually.
3. Senior centers/provider will comply with their plan of action to coordinate with community agencies, churches, etc. for a back up for food preparation site and/or nutrition site.

### PERFORMANCE MEASURES:

1. Training will be conducted quarterly.
2. Desk monitoring will be conducted monthly.
2. Nutritional monitoring will be conducted monthly.
2. Full site monitoring will be conducted annually.
3. 100% of senior centers will have a plan of action to coordinate with communities for back-up food preparation and/or nutrition site.

### OUTCOME:

- 1 & 2. Congregate Nutrition Program will operate within regulations.
3. Emergency congregate meal services will be available in all areas.

- 2.1.2** Provide plan for the implementation and management of Title III C-2 (Home-Delivered Meal) Services. In addition to providing a summary of the C2 program operation, **include emergency plan for back up food preparation sites and nutrition sites.** Summary should include a comprehensive overview of the regional Home-Delivered Meals program.

#### **SUMMARY:**

Title III C-2 (Home Delivery Meal) Services are contracted through ~~ten~~ *FY 10 Revision (4-10-09) Seven* individual providers in the Big Sandy area. Food preparation occurs in each county in a senior citizen center. Catering services for food preparation are utilized by one county. Caterers will have a plan to provide services and will contract with individual centers for number of meals needed. The delivery of Title III C-2 (Home Delivery Meal) services will be provided as prescribed under federal, state and local programs and policies. Each service provider will contract with Big Sandy AAA assuring the delivery of these services. Big Sandy will arrange training for local providers.

Big Sandy AAA will monitor each provider for compliance of contractual obligations.

Each senior center/provider will have a plan of action to coordinate with community agencies, churches, etc. for a back up for food preparation site and/or nutrition site.

#### **ACTION STEPS:**

1. Training will be provided.
2. Desk monitoring and nutritional monitoring will be conducted on a monthly basis with full on site monitor of each program at least annually.
3. Senior centers/provider will comply with their plan of action to coordinate with community agencies, churches, etc. for a back up for food preparation site and/or nutrition site.

#### **PERFORMANCE MEASURES:**

1. Training will be conducted quarterly.
2. Desk monitoring will be conducted monthly.
2. Nutritional monitoring will be conducted monthly.
2. Full site monitoring will be conducted annually.
3. 100% of senior centers will be required to have a plan of action to coordinate with community agencies, churches, etc for a back up food preparation and/or nutrition site.

#### **OUTCOME:**

- 1& 2. Home Delivery Meal Nutrition Program will operate within regulations.
3. Emergency home delivery meal services will be available in all areas.

- 2.1.3 Provide nutritionally balanced meals that comply with the most recent Dietary Guidelines, published by the Secretary of Health and Human Services and the Secretary of Agriculture, and Dietary Reference Intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences for the Title III-C Nutrition Services Program. Plan must include the process used for menu development, how local approval is obtained, and how participant input is included in this process.

#### **SUMMARY:**

Menus will be developed using *FY 10 Revision (4-10-09) a nutrient analysis program* and the most recent Dietary Guidelines. The state retail food code is included in the Big Sandy AAA nutrition manual, and each center is required to be inspected by local health officials

Menus must have a registered dieticians approval and signature, indicating that they have reviewed and provided input on the menu. The area senior centers have at least four hours a month contact with a dietitian.

Participants will be provided an opportunity for input in menu items by means of satisfaction surveys, comment cards, etc.

#### **ACTION STEPS:**

*FY 09 Revised (4-01-08) meets AAA and State Outcomes*

1. Training will be provided
2. All menus will be reviewed and approved by a registered dietitian.
3. Participants will be provided with satisfaction surveys and comment cards.

#### **PERFORMANCE MEASURES:**

**State Performance Measure:**

1. 100% of meal plans will meet the most recent Dietary Guidelines and Dietary Reference Intakes.

*AAA Performance Measure:*

*FY 09 Revised (4-01-08)*

1. Training will be conducted quarterly.
2. 100% of menus will be reviewed and approved by a registered dietitian as meeting the most recent Dietary Guidelines and Dietary Reference Intakes.
3. Satisfaction Surveys will be available in the center on a daily basis; Home Delivery Meal Clients will receive comment cards on a quarterly basis.

#### **OUTCOME:**

**State Outcome:**

1. All AAA nutrition service clients will receive services that are compliant with the required Dietary Guidelines

*AAA Outcome:*

*FY 09 Revised (4-01-08)*

- 1-3. All clients will receive a nutritionally balanced meal that complies with the most recent Dietary Guidelines.

- 2.1.4 Provide for nutritional screening, nutrition education, and where appropriate nutrition counseling. Plan must include what is done with the data collected in the screening process and how it is utilized. Describe how the nutrition education is planned and carried out. Describe the process to provide nutrition counseling when needed.

### **SUMMARY:**

A NAPIS assessment, which contains a nutrition-screening tool, will be completed on every participant. Screening form is kept on file and reviewed when scheduling education programs. Topics are determined by need of participants as expressed by word of mouth or survey and general information.

Educational programs on health promotion, and disease prevention; consumer approaches; and food fads and diets will be scheduled on a monthly basis. Each center develops their training with assistance from the BSAAA. Such training includes presentations from local health departments, hospitals, physical therapists, and home health agencies. Educational training units are recorded on their daily service sheets.

Individual nutrition counseling will be offered by a registered dietitian on an as needed basis. Nutrition Education will be provided to center participants on a monthly basis to promote a healthy and active life style.

*FY 09 Revised (4-01-08) Education materials will be distributed to the Home Delivery Meal clients on a quarterly basis.*

Each Provider will promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

### **ACTION STEPS:**

*FY 09 Revised (4-01-08) meets AAA and State Outcomes*

1. NAPIS assessment will be completed for each eligible participant. Nutrition educational programs will be scheduled monthly with input from participants.
2. Participants identified from the NAPIS assessment as a nutritional risk will be offered counseling and other educational material with appropriate follow up.

### **PERFORMANCE MEASURES:**

**State Performance Measures:**

1. 100% of participants will receive nutrition screening and nutrition education.
2. 100% of those with identified nutritional risk will receive appropriate follow up.

*AAA Performance Measures:*

*FY 09 Revised 4-01-08*

*FY 09 Revision 6-24-08*

1. 100% of participants will have nutrition screening based on the NAPIS assessment tool. Nutrition Education will be scheduled on a monthly basis. Home Delivered Meal clients will receive nutrition education materials on a quarterly basis.
2. 100% of participants with identified nutrition risks will be offered counseling with appropriate follow up documented.

### **OUTCOME:**

**State Outcome:**

- 1-2 Clients identified with nutritional risk will have follow up designed to improve their nutritional status.

*AAA Outcome:*

*FY 09 Revised 4-01-08*

1. All assessments completed will include nutrition screening. Nutrition education will be provided to congregate participants on a monthly basis and HDM clients on a quarterly basis.
2. Participants will receive nutrition screening to determine risk factors with appropriate follow up.

*FY 09 Revisions (6-24-08)*

- 1-2 All Participants will be screened for nutritional risk. Participants with identified nutritional risk will receive follow up sessions and educational materials to improve nutrition status.

- 2.1.5 Ensure all applicable federal, state and local laws and regulations pertaining to food service, food safety, and food procurement practices are strictly adhered to.

**SUMMARY:**

Each senior center / provider will receive Policies and Procedures of all federal, state and local laws and regulations pertaining to food service, food safety, and food procurement practices.

The state retail food code is included in the Big Sandy AAA nutrition manual, and each center is required to be inspected by local health officials.

**ACTION STEPS:**

1. Training will be provided.
2. Desk monitoring and nutritional monitoring will be conducted on a monthly basis with a full on site monitoring of each program at least annually.

**PERFORMANCE MEASURES:**

1. Training will be conducted quarterly.
2. Desk monitoring will be conducted monthly.
2. Nutritional monitoring will be conducted monthly.
2. Full site monitoring will be conducted at least annually.

**OUTCOME:**

- 1 & 2 Nutrition program will operate within all applicable laws and regulations

- 2.1.6 Provide a plan for furnishing emergency meals during inclement weather conditions, power failure, any disaster that may cause isolation, medical emergencies, or those with a special need. At least three menus that meet the nutritional requirements of the program shall be planned.

**SUMMARY:**

Each senior center / provider will establish an individual plan for furnishing emergency meals.

Each home delivery meal client will be provided with at least three emergency meals delivered by the home delivery meal driver on as needed basis. Those congregate participants in need of emergency meals will have the meals provided to them either by delivery or through the center.

**ACTION STEPS:**

1. Senior centers / providers will comply with their plan to provide emergency meals delivered by the home delivery meal driver on as needed basis. Those congregate participants in need of emergency meals will have the meals provided to them either by delivery or through the center.

**PERFORMANCE MEASURES:**

1. 100% of senior center / providers will have a plan of action to provide at least three emergency meals.

**OUTCOME:**

1. Participants will receive three days of emergency meals to help ensure that older people stay active and healthy.

2.1.7 Ensure the advice of a licensed dietitian or certified nutritionist in the planning of nutritional services as outlined in 910 KAR 1:190 Section 4.

**SUMMARY:**

All menus must have a registered dietitians approval and signature, indicating that they have reviewed and provided input on the menu.

A licensed dietitian or certified nutritionist will be contracted to provide consultation on nutrition services for all senior centers. Nutrition Education will be provided to center staff on a quarterly basis and to senior participants on a monthly basis.

**ACTION STEPS:**

1. Licensed dietitian or certified nutritionist will evaluate the food preparation and service operations including measurement of food temperatures and portion size
2. Licensed dietitian or certified nutritionist will assess food quality and employee practices
3. Licensed dietitian or certified nutritionist will provide staff training.
4. Licensed dietitian or certified nutritionist will prepare or review menus.

**PERFORMANCE MEASURES:**

- 1 & 2. Nutritional monitoring will be conducted monthly.
3. Training will be conducted quarterly.
4. 100% of menus will be prepared or reviewed by a licensed dietitian or certified nutritionist.

**OUTCOME:**

- 1-4. All senior centers will have access to a licensed dietitian or certified nutritionist.

***Kentucky Goal 2.2:*** *Maintain the health and functional independence of Kentucky's older adults by offering programs that educate, assist and enable them to remain active and independent.*

- 2.2.1 Provide for Title III D services as outlined in Sections 361 & 362 of OAA (Chapter 35, 42 U.S.C. 3030F). Provide integrated health promotion and disease prevention programs that include nutrition education, physical activity and other activities to modify behavior and to improve health literacy.

**SUMMARY:**

Senior Center / Providers will integrate health promotion and disease prevention programs that include nutrition education, physical activity and other activities to modify behavior and to improve health literacy in an effort to maintain the health and functional independence of Kentucky's older adults.

Floyd County Health Department, Our Lady of the Way Hospital, Magoffin County Health Department and United Mine Workers of America provide exercise services and nutrition education to the senior centers in the Big Sandy area.

Each of the ~~seventeen (17)~~ *FY 09 Revised (1-15-09) thirteen (13)* senior centers / providers will plan and implement a health fair in the local center.

Big Sandy's UMWA Community Health Program staff will offer a Stanford University's chronic disease self-management class with-in the region as well as diabetes education and smoking cessation classes

**ACTION STEPS:**

1. Health promotion and disease prevention programs will be offered.
2. Health promotion and disease prevention programs will be listed on the monthly activity calendar.

**PERFORMANCE MEASURES:**

1. Health promotion and disease prevention programs will be offered on a monthly basis.
2. Health promotion and disease prevention programs will be listed on the monthly activity calendar and will be distributed monthly to all congregate and home delivery meal participants.

**OUTCOME:**

- 1 & 2. Older adults will have the opportunity to participate in health promotion and disease prevention activities to help maintain an active, health lifestyle.

2.2.2 Provide for a medication management program including activities to screen to prevent drug reactions and incorrect prescriptions.

**SUMMARY:**

Senior citizens in each center will be provided medication management information through health fairs, brown bag events or education classes by volunteers, booklets, etc. to help understand adverse reactions to medications and/or the proper use of medications.

**ACTION STEPS:**

1. Brown Bag event will be held by providers in each county.
2. Health Fair will be held by providers in each county.

**PERFORMANCE MEASURES:**

1. Brown Bag event conducted by a pharmacist or physician will be held annually in each county.
2. Health Fair will be held annually in each county.

**OUTCOME:**

1 & 2. Clients will have an awareness of adverse reactions to medications and/or the proper use of medication. Reduce the number of clients receiving multiple medications for same diagnosis.

2.2.3 Provide for a healthy aging initiative including state coordinated programs and senior games.

**SUMMARY:**

Big Sandy ADD will coordinate a region wide Pacesetter walking program. Participants will log miles walked and report them on a quarterly basis. A luncheon will be held at the end of the year to celebrate participation in the program

The Big Sandy Senior Games will be held the second and third Friday of May. A committee made up of local volunteers will coordinate the games. Participants can compete in approximately twelve (12) events.

**ACTION STEPS:**

1. Participants will keep a record of miles walked for the Pacesetter program.
2. Senior games will be held.

**PERFORMANCE MEASURES:**

1. Record of miles walked will be recorded monthly and submitted on a quarterly basis.
2. Senior games will be held annually.

**OUTCOME:**

1 & 2. Participants in the Pacesetter program and Senior Games will be physically active.

***Kentucky Goal 2.3:*** *Provide older persons with opportunities to provide services through employment, volunteering, and other involvement in the community.*

2.3.1 Provide coordination of the recruitment, supervision, retention, recognition and training of volunteers, **including senior centers, long term care ombudsman and SHIP** (benefits counseling) volunteers within any Area Agency on Aging programs. **Summary should address each area.**

#### **SUMMARY:**

The Big Sandy Area Development District recognizes that volunteers are a valuable resource to any program. They also serve to strengthen the program through community involvement and ownership of the programs. Therefore the ADD encourages the appropriate use of volunteers whenever possible. They are given ongoing training, assistance, and encouragement in the effort to make them feel a vital part of the program they work with as well as to show them appreciation for the work they do. Volunteers are provided with a Volunteer Orientation Handbook, which details the policies and procedures common to all volunteer programs. Volunteer Managers are also provided with a Volunteer Manager Training Manual. Volunteers are carefully screened and must apply for a volunteer job position and go through a criminal background check. Job descriptions are contained in the volunteer handbook housed at the Big Sandy ADD office.

- **Ombudsman Program**

The Ombudsman program recruits volunteers on two levels. The Friendly Visitor level visits nursing facility residents and family care home residents and reports monthly on those visits. The training sessions for this level of volunteer are two hours. The next level of volunteer is the Certified Ombudsman who must have twenty four hours of training. These volunteers are recruited from the Friendly Visitor pool of volunteers as the level of confidence and expertise required is high. These volunteers visit with residents and also handle low level concerns that residents and their families may have. Certified Ombudsmen are given an exam after their training is complete to assure a minimum level of knowledge. After the initial training, Friendly Visitors and Certified Volunteer Ombudsmen are required to have at least 4 hours of training each year.

All volunteers work under the supervision of the District Ombudsman. All Certified Volunteer Ombudsmen must complete a report on the complaints received and all complaints of a serious nature are discussed with the District Ombudsman. The volunteers are invited to attend an annual Volunteer Appreciation and Educational Training. Volunteers are normally given an appreciation certificate and gift. Volunteers for the Friendly Visitor program are currently being recruited from the senior citizens centers and in community education classes.

- **Senior Citizens Centers**

Senior Citizens Centers use volunteers in a variety of ways. Each center is responsible for recruitment and training of their volunteers. Most of the centers also utilize WEP volunteers. These volunteers deliver home delivered meals, do cleanup, cook, etc. Volunteers are also used to provide coordination in information, outreach, friendly visiting, health promotion, and recreation. Volunteers are also utilized in the Pacesetter program. Volunteers help tabulate results and provide coordination to assist the Center Directors. Volunteers are recruited from civic groups and church groups, however the main source of volunteers is the seniors themselves who visit the centers. Each center director is responsible for the training and supervision of their own volunteers. The Centers usually provide recognition in the form of Volunteer Banquets and awards ceremonies.

- **Senior Games**

There is a two tier approach to the volunteer structure of the Senior Games. The Senior Games committee is composed of volunteers nominated from a standing roster of agency and corporate sponsors. These sponsors also manage the recruitment of the volunteers who serve at the games. Each volunteer is given a T-shirt at the games which help to identify them and provide further promotion of the games. Individuals at the games are trained on the individual events to which they are assigned and are under the supervision of the Games Coordinator.

- **SHIP**

~~The Big Sandy AAA contracts with Pike County Social Services, Inc. to provide benefits counseling. Both BSAAA and Pike County will recruit volunteers.~~ *FY 10 Revision (4-10-09) Big Sandy AAA provides all benefits counseling through the five county area. Additional application has been made for MIPPA grant funds to provide for extensive outreach specific to Medicare Beneficiaries with limited incomes that may be eligible for the LIS or MSP programs.*

All volunteers attend the state training for benefits counselors and attend ongoing training at the local level. Big Sandy AAA recruits volunteers through the senior citizens centers as well as a host of other human service and informational agencies in the county. They solicit groups to donate their time to assist seniors' with needed information on benefits. The volunteers are under the supervision of the Big Sandy AAA. They attend the state training on benefits counseling as well as other trainings offered to help them provide increased counseling services to the senior population. Each volunteer receives a certificate of appreciation upon leaving the program.

#### **ACTION STEPS:**

1. BSAAA will notify provider agencies and volunteers of available training.
2. BSAAA will assist with training of all SHIP volunteers.
3. BSAAA District Ombudsman will provide orientation and training of all Ombudsman program volunteers.
4. BSAAA will coordinate Senior Games Committee to organize and manage games.
5. BSAAA will advertise and recruit volunteers for all programs as well as providing training on request.
6. BSAAA will hold a volunteer recognition program.

#### **PERFORMANCE MEASURES:**

- 1 & 5. BSAAA will coordinate a semi-annual volunteer recruitment drive aimed at recruiting volunteers at all levels.
- 2, 3, 4, 5. BSAAA will provide orientation and training for each program on a semi-annual basis.
6. BSAAA will arrange for an annual volunteer recognition program.

#### **OUTCOME:**

1 – 6. Big Sandy AAA volunteers will receive orientation / training with up to date information with regards to the programs that they will be working in and the seniors will receive higher quality of services as a result.

2.3.2 Assist with and coordinate activities to encourage opportunities for older persons to stay active and involved through community volunteerism.

**SUMMARY:**

Big Sandy will encourage seniors to stay active through volunteerism and participation in various activities/events which will encourage them to stay active within the community. In turn, the senior will be made aware of the importance of an active lifestyle (health initiative), gain self-confidence, and boast a sense of accomplishment. Volunteers will be incorporated into the Ombudsman program, SHIP program, Senior Citizen's Centers, and Senior Games.

Develop marketing campaign, which will include group presentations to senior citizen centers, senior housing developments, home health agencies, health departments, etc. Flyers and advertisements will be printed outlining events/activities for the senior to participate in within the community. Development of activities which specifically target senior citizens, and presentations to local agencies that will encourage the community to embrace seniors by allowing them to volunteer their time.

**ACTION STEPS:**

1. Develop marketing campaign.
2. Training will be provided.

**PERFORMANCE MEASURES:**

1. Distribute flyers and brochures to community partners, senior citizens centers.
1. Public Service Announcements on radio and in newspapers to recruit volunteers.
2. Training will be provided initially and semi-annually thereafter.

**OUTCOME:**

- 1-2. Older adults will be encouraged to volunteer through distribution of information regarding volunteer opportunities in the community.

## ***AoA Priority #3***

*Support families in their efforts to care for their loved ones at home and in the community.*

***Kentucky Goal 3.1:*** *Provide for the need for services that support individuals caring for loved ones at home or in the community.*

- 3.1.1 Provide a plan to develop and administer an area caregiver needs assessment responsive to the needs of the community and describe how results will be used to develop the regional caregiver program and be responsive to the needs of the community. (Attach tool)

### **SUMMARY:**

Through the development and administration of an area caregiver needs assessment both potential and current clients will be given the opportunity to express and report the needs that they may have. This will allow the program to address those needs. This needs assessment will allow the program to better serve clients on a one on one basis. Community partners will be able to provide to the program can better ways to serve the community.

### **ACTION STEPS:**

1. A caregiver needs assessment tool will be developed.
2. Assessment tool will be distributed annually to current and or former caregivers for input as well as community partners.
3. Responses of assessment will serve as tool to better determine needs of both potential and current clients.

*FY 09 Revised (4-01-08) to meet AAA & State Outcomes*

### **PERFORMANCE MEASURES:**

#### **State Performance Measures:**

1. Needs assessment will be completed prior to the four year plan development.

#### **AAA Performance Measures:**

*FY 09 Revised (4-01-08)*

***1-3. Needs assessment will be done annually***

### **OUTCOME:**

#### **State Outcome:**

1. The AAA will have a greater awareness of and better able to address community needs.

#### **AAA Outcome**

*FY 09 Revised 4-01-08*

1. AAA will have increased knowledge about the needs of caregivers in the five county area..

- 3.1.2 Provide for support of caregivers through regional programs that provide information, **assistance accessing resources**, training, respite, counseling, support groups and other services provided in National Family Caregiver Support Program in accordance with Section 373 of OAA (Chapter 35, 42 U.S.C. 3030s-1). **Summary should include a comprehensive overview of the regional Family Caregiver program. Each service must be addressed with individual summary, action and outcome statement.**

#### **SUMMARY:**

1. **Information:** Big Sandy AAA will launch an information blitz that highlight the National Family Caregiver Support Program and how it will operate in the Big Sandy Region.
2. **Training/Counseling:** Big Sandy AAA will provide training and counseling services to caregivers and professionals in the community.
3. **Respite:** Big Sandy AAA Family Caregiver Support Program will include providing respite in the following circumstances: a. during the support group meetings and training. b. emergency respite. c. Voucher respite services.
4. **Support Groups:** Through the Family Caregiver Program and in collaboration with the Alzheimer's Association, Big Sandy AAA plans to support the established and beginning support groups as well as to work to establish an additional support group.
5. **Supplemental Services:** Big Sandy AAA has identified that some caregivers need assistance in very individualized ways. A portion of the Supplemental Service dollars will be utilized in filling service gaps.
6. **Access and Assistance** Big Sandy will provide caregivers with access and assistance to all available resources. Staff will receive referrals and conduct intake assessments, reassessments, and referrals to known services.

*FY 10 Revised (4-10-09)*

*FY 09 Revised 4-01-08*

*~~Access and Assistance: Caregivers will also be aware of the Aging and Disability Resource Market hotline number as listed on the AAA website and in brochures that are placed in various places within the region.~~*

#### **ACTION STEPS:**

1. Facilitate Group meetings, publish newspaper articles, publish poster and post in facilities.
2. Host educational series for caregivers. Professional education curriculum.
3. BSAAA will negotiate with current/ or potential providers to provide weekend and/or overnight respite.
4. Assist community partners with the development of caregiver support groups
5. Individualize voucher system to meet needs of the caregiver
6. Big Sandy will work with community partners to make this program readily available within their community services.

#### **PERFORMANCE MEASURES:**

1. Facilitate 10 Group meetings, publish 2 newspaper articles, publish poster and post in 10 facilities.
2. 25% increase in phone calls requesting services
3. 50 % of professionals and family caregivers report an increase in caregiving skills.
4. 50% of caregivers report a decrease in stress.
5. 50% of caregivers report a decrease in stress as a result of attending a support group.
6. 50% of caregivers report that without service, they would be unable to perform daily tasks.
7. 80% of caregivers will be referred to identified services within 10 working days.

## OUTCOME:

- 1-2. The community will be aware of the services provided by National Family Caregiver Support Program.
3. Family Caregivers and Professionals will have an increase in caregiving skills/knowledge as a result of training/counseling attended.
4. Caregivers will report a decrease in stress when using respite vouchers provided by the program.
5. Caregivers will get new information as well as an extended support system that will help them in their caregiving duties.
6. Caregivers will be able to continue with their caregiving responsibilities as a result of services provided by the program.
7. Caregivers will be provided with access and assistance to the available services.

- 3.1.3 Provide for support of grandparents/relative caregiver through regional programs that provide information, **assistance accessing resources**, training, respite, counseling, support groups and other services provided in **National Family Caregiver Support Program** and **Kentucky Caregiver Support Program**. Provide for the coordination of the two programs for comprehensive services. **Each service must be addressed with individual summary, action and outcome statement. Summary should include a comprehensive overview of both programs.**

## SUMMARY:

There will be coordination between both the National Family Caregiver Support Program and the Kentucky Caregiver Support Program. All grandparents raising grandchildren will be assessed for both programs. Services will be provided as follows:

- 1. Information:** The Big Sandy AAA will provide information to grandparents/relative caregivers for both the NFCSP and the KYCSP.
- 2. Assessment:** The Big Sandy AAA will provide grandparents/relative caregivers with access and assistance to all available services within the Big Sandy region.
- 3. Training/Counseling:** The Big Sandy AAA will provide a grandparent/relative caregiver day to provide information and resources available.
- 4. Support Groups:** The Big Sandy AAA will work with community partners to provide support groups to grandparents/caregivers within the Big Sandy region.
- 5. Supplemental Services:** The Big Sandy AAA will establish supplemental /respite services for grandparents/caregivers in the Big Sandy region.

*FY 10 Revision 4-10-09*

*~~FY 09 Revised 4-01-08 — 2. Assessment: Grandparents will also be aware of the Aging and Disability Resource Market hotline number as listed on the AAA website and in brochures that are placed in various places within the region.~~*

### **ACTION STEPS:**

Coordination for both the National Family Caregiver Program and the Kentucky Family Caregiver Program will be provided as follows:

1. The Big Sandy AAA will facilitate 2 group meetings. The Big Sandy AAA will provide 1 newspaper article geared towards grandparent/relative caregivers.
2. The Big Sandy AAA Complete intake assessments, reassessments, and link to services outside of this program.
3. A grandparent/relative caregiver day will be provided in each county within the Big Sandy region.
4. The Big Sandy AAA will work with community partners to provide a support group within each county for grandparent/relative caregivers.
5. The Big Sandy AAA will broaden use of grant system for services. The Big Sandy AAA will individualize voucher system to meet needs of caregiver

### **PERFORMANCE MEASURES:**

Coordination for both the National Family Caregiver Program and the Kentucky Family Caregiver Program will be provided as follows:

1. The Big Sandy AAA will facilitate 2 group meetings. The Big Sandy AAA will provide 1 newspaper article geared towards grandparent/relative caregivers.
2. 25% increase in phone calls requesting services
3. 50 % of grandparent/relative caregivers report an increase in caregiving skills
4. 50% of grandparent/relative caregivers report a decrease in stress.
5. 50% of grandparent/relative caregivers report a decrease in stress as a result of attending a support group
6. 50% of grandparent/relative caregivers report that without service, they would be unable to perform daily tasks

### **OUTCOME:**

Coordination for both the National Family Caregiver Program and the Kentucky Family Caregiver Program will be provided as follows:

- 1-2. The community will be aware of the services provided by both the NFCSP and KYCSP.
3. Grandparent/relative caregivers will have an increase in caregiving skills/knowledge as a result of training/counseling attended.
4. Grandparent/relative caregivers will report a decrease in stress when using respite vouchers provided by the program.
5. Grandparent/relative caregivers will get new information as well as an extended support system that will help them in their caregiving duties.
6. Grandparent/relative caregivers will be able to continue with their caregiving responsibilities as a result of services provided by both the national and Kentucky caregiver programs.

- 3.1.4 Provide for a marketing plan to ensure grandparents/relative caregivers are aware of the services available through regional programs that provide information, **assistance accessing resources**, training, respite, counseling, support groups and other services provided in National Family Caregiver Support Program and Kentucky Caregiver Support Program.

#### **SUMMARY:**

Big Sandy AAA will develop a marketing plan to ensure grandparents/relative caregivers are aware of the services available through regional programs that provide information, training, respite, counseling, support groups and other services provided in National Family Caregiver Support Program and Kentucky Caregiver Support Program.

Big Sandy AAA will work with local agencies, community partners and school systems to deliver information of services available through regional programs that provide information, training, respite, counseling, support groups and other services provided in National Family Caregiver Support Program and Kentucky Caregiver Support Program.

***FY 10-Revision (4-10-09)***

***FY 09 Revised 4-01-08***

*Grandparents will also be aware of the Aging and Disability Resource Market hotline number as listed on the AAA website and in brochures that are placed in various places within the region*

#### **ACTION STEPS:**

1. A brochure will be developed explaining program and services.
2. Public Service Announcements will be provided.
3. Presentations will be conducted at local and community meetings

##### **AAA Action Step(s)**

***FY 09 Revised 4-01-08***

*1. The AAA will publish new a user friendly brochure.*

*2. PSA's will be provided through local media explaining programs and services offered*

*3. Information about program services will be provided at local and community meetings*

***FY 10 Revision (4-10-09)** 4. The Aging and Disability Resource Market hotline number will be listed on the AAA website and in brochures that are placed in various places within the region*

#### **PERFORMANCE MEASURES:**

##### **State Performance Measures:**

1. A marketing plan will be developed in each AAA for grandparent services.
2. 80% of the marketing plan will be implemented in 2008.

##### **AAA Performance Measures:**

***FY 09 Revised 4-01-08***

*1. Brochure will be distributed during public awareness events*

*2. Public service announcements will be completed at least twice per month*

*3. Presentations will be completed at local and community meetings on a quarterly basis.*

***FY 10 Revision (4-10-09)***

*4. Public will be aware of a hotline number for access to the Aging and Disability Resource Market*

#### **OUTCOME:**

##### **State Outcome:**

**1-2. Grandparent/relative caregivers of children in their care will be aware of the services that are available to them.**

##### **AAA Outcome:**

***FY 09 Revised 4-01-08***

*1-4. Through various outreach efforts the grandparent/relative caregivers will be aware of the community resources and services available.*

3.1.5 Provide for intake, assessment and client satisfaction process for determining the specific needs of the caregiver/grandparent/relative caregiver.

**SUMMARY:**

The Big Sandy AAA will provide for an intake, assessment and client satisfaction process to determine the specific needs of the caregiver/grandparent/relative caregiver. Big Sandy AAA will provide caregivers with

access and assistance to all available resources. Staff will receive referrals and conduct intake assessments, reassessments, and referrals to known services. The services that will be utilized are those within the program as well as those resources outside of the program in an effort to improve assistance.

**ACTION STEPS:**

**State Action Step:**

A statewide client satisfaction survey will be developed.

**AAA Action Step(s):**

*FY 09 Revised 4-01-08*

- 1. An intake form will be utilized to determine needs of the caregiver/grandparent/relative caregiver within the five counties. Referrals will be made on an as needed basis.*
- 2. An assessment form will be completed to determine the specific needs of the caregiver/grandparent/relative caregiver.*
- 3 The statewide satisfaction survey will be utilized for clients receiving caregiver services within the five counties.*

**PERFORMANCE MEASURES:**

**State Performance Measures:**

- 1. 100% of those receiving Kentucky Caregiver services shall be sent the state client satisfaction survey.**
- 2. 100 % of clients eligible for NFCSP services shall be assessed and referred to appropriate community regional resources.**

**AAA Performance Measures:**

*FY 09 Revised 4-01-08*

- 1-2. 100 % of clients requesting NFCSP services from the Big Sandy AAA shall be assessed and referred to appropriate community regional resource.*
- 3. 100% of those receiving services from the Big Sandy AAA shall receive the state client satisfaction survey.*

**OUTCOME:**

**State Outcome:**

- 1. 80% of clients returning surveys will report being satisfied with the services being provided.**
- 2. Clients requesting NFCSP services shall be assessed and referred to appropriate community regional resource.**

**AAA Outcome:**

*FY 09 Revised 4-01-08*

- 1-2. All clients from Big Sandy five county area requesting NFCSP services shall be assessed and referred to appropriate community regional resource.*
- 3. 80% of clients from Big Sandy returning surveys will report being satisfied with the services being provided. Each client will be given the opportunity to comment on ways to improve the services of the program.*

## ***AoA Priority #4***

*Ensure the rights of older people and prevent their abuse, neglect, and exploitation.*

***Kentucky Goal 4.1:*** *Advocate on behalf of older, frail, or disabled Kentuckians to improve responsiveness to their needs and concerns and assure access to care.*

- 4.1.1 Provide education to the public, including policy makers, about the challenges the elderly face when disability changes their lives. Include the establishment of an AAA advisory council consisting of older individuals, including older rural and minority who are participants or who are eligible for programs assisted under OAA. **Summary should provide an overview of the AAA Aging Council, including roles and responsibilities. (Complete Section IV, Form A)**

### **SUMMARY:**

Big Sandy AAA educates the public, as well as policy makers, about the challenges the elderly face when disability changes their lives through public meetings, interagency meetings, and public hearings. Each year the Area Development District hosts a legislative breakfast which brings together the elected local and state officials from the Big Sandy Area. The AAA participates in this event as a means to educate the elected officials on the challenges faced by the aging population as well as to discuss aging services. Big Sandy AAA has an established Aging Advisory Council. This council is composed of 26 representatives with more than 50% of older persons, including older rural and minority. *FY09, Revised (4-01-08)* *Officers for this council include a Chair, Vice Chair, and Secretary. Special committees are established as needed.* This council meets every other month with the purpose of fostering the development of a comprehensive and coordinated service system for older Americans in the Big Sandy Area.

### **ACTION STEPS:**

1. Big Sandy AAA will attend public meetings, interagency meetings, public hearings and any other opportunity to provide public education.
2. Big Sandy AAA will have Aging Advisory Council meetings consisting of elected and appointed representatives.

### **PERFORMANCE MEASURES:**

1. Big Sandy AAA will educate the public on the challenges faced by the elderly by attendance at public meetings and hearings at least once a quarter.
2. Big Sandy AAA will have Aging Advisory Council meetings every other month.

### **OUTCOME:**

1&2 - Big Sandy area will have increased knowledge about the effects of disability on the elderly.

4.1.2 Provide for AAA coordination and delivery of Title III services to residents of long-term care facilities including community based services which residents may access.

**SUMMARY:**

Residents of Long Term Care Facilities are encouraged to access the community resources available. Several Senior Citizens Center Directors currently do Friendly Visiting including the ones at Blackberry, McDowell, Prestonsburg, Martin Area, Virgie/Douglas, Phelps, Elkhorn City, Pikeville and Marrowbone. Senior citizen directors will pick up residents to attend the senior center if requested by the facility. The UMWA Health & Retirement Funds Program provides health education and promotion to the Long Term Care Facilities in the Big Sandy Area.

The District Ombudsman also provides services to the residents of all Long Term Care Facilities. These services include referral, mediation, advocacy and information. Services are also provided by the SHIP program and Legal Services upon request. The Kentucky Homecare program will also take referrals from residents ready to leave the facility and re-enter the community.

**ACTION STEPS:**

1. The LTC Ombudsman will educate residents of LTC facilities during regular visitation of available community resources and assist them with accessing those resources.

**PERFORMANCE MEASURES:**

1. 95% of Nursing Homes and Personal Care Homes will be visited at least once a quarter to educate residents on available community resources.
1. 95% of Family Care Homes will be visited at least twice a year.

**OUTCOME:**

1. LTC residents will have knowledge of services and be able to access those services including community based services.

4.1.3 Provide community awareness, **coordinated by the AAA**, to address the needs of residents of long-term care facilities.

**SUMMARY:**

The LTC Ombudsman addresses the needs of residents of long term care facilities by participating in public speaking engagements, public hearings, interagency meetings, and newspaper articles.

**ACTION STEPS:**

1. Ombudsman will continue to participate in public forums and submit awareness articles to newspapers for publication.

**PERFORMANCE MEASURES:**

1. LTC Ombudsman will complete at least one community awareness activity each quarter.

**OUTCOME:**

1. Big Sandy area community will be aware of the needs of residents in long term care facilities.

***Kentucky Goal 4.2: Provide for a Long Term Care Ombudsman Program which serves Kentucky's institutionalized elderly.***

**4.2.1 Provide for a district Long Term Care Ombudsman program and for the formal training and certification of all staff and volunteers.**

**SUMMARY:**

Big Sandy Area Agency on Aging will offer residents of the area a full time ombudsman located at the Big Sandy ADD. The District Ombudsman will be certified and trained to perform all duties of the position, including resident visitation, complaint resolution, community education, and resident rights' training. The District Ombudsman will be responsible for the training (FY10, Revised 6-9-09) ~~and certification~~ of all volunteers. District Ombudsman, as well as certified volunteer ombudsmen, will have at least 24 hours of training and pass a competency test in order to be certified. Friendly Visitors will be required to have a 2 hour training course.

**ACTION STEPS:**

**Action Steps to meet State Outcome:**

1. Qualified AAA staff or state office staff will train District Ombudsman through the use of state training manual and facility visits.
2. Qualified AAA staff or state office staff will administer competency test to District Ombudsman.

**AAA Action Step(s):**

1. District Ombudsman will train (FY10, Revised 6-9-09) ~~and certify~~ Certified Volunteer Ombudsmen and Friendly Visitors.

**PERFORMANCE MEASURES:**

**State Performance Measure:**

- 1-2. Potential Ombudsman will receive 24 hours of training that meets state requirements and pass a competency evaluation in order to be certified. All documentation will be provided to the State Long Term Care Ombudsman.

**AAA Performance Measure:**

*FY09, Revised (4-01-08) 1. District Ombudsman will provide 24 hours of training for Certified Volunteer Ombudsmen and administer a competency test. District Ombudsman will provide a 2 hour training for Friendly Visitors.*

**OUTCOME:**

**State Outcome:**

- 1-2. Certified Ombudsman will be better informed and to enable them to carryout their responsibilities.

**AAA Outcome:**

*FY09, Revised (4-01-08) 1. Ombudsman Volunteers will be better trained and informed in order to fulfill responsibilities.*

- 4.2.2 Provide a formal process to receive/identify, investigate and resolve inquiries and complaints that are made by or on behalf of residents of licensed Long Term Care facilities.

#### **SUMMARY:**

The Ombudsman receives complaint calls through a nationwide toll free number (800-737-2723) that is available on posters placed inside each nursing facility and on brochures distributed by the District Ombudsman. The Ombudsman also visits nursing facilities on a regular basis and receives complaints from residents directly. The Ombudsman has a password-protected voice mail system on which complainants can leave information that is confidential. If a complaint is received concerning a resident of a facility where a volunteer ombudsman is assigned, the District Ombudsman may refer that complaint to the volunteer depending upon the severity of the complaint. Complaints are logged as they are received by the District Ombudsman. Complaints are investigated by the District Ombudsman or trained volunteers, and are attempted to be resolved to the satisfaction of the resident. Consultations with other professionals in various fields and agencies are sometimes necessary to try to help resolve complaints.

#### **ACTION STEPS:**

##### ***Action Steps to meet State and AAA Outcome:***

1. The District Ombudsman will perform complaint investigations and attempt to resolve to the satisfaction of the resident.
2. The District Ombudsman will work with the LTC facility staff to try to resolve complaints, and if needed, make referrals to other agencies including Office of the Inspector General and Protection and Permanency.
3. All complaint information will be entered into the Ombudsman computer system *(FY10, Revised 6-9-09) by the 15<sup>th</sup> of each month.*

#### **PERFORMANCE MEASURES:**

##### **State Performance Measure:**

1. Complaints will be investigated and required documentation will be completed monthly.

##### **AAA Performance Measure:**

*FY09, Revised (4-01-08) 1-3. Big Sandy District Ombudsman will investigate complaints and complete documentation monthly. .*

#### **OUTCOME:**

##### **State Outcome:**

1. Kentucky Long Term Care Residents will have representation by an Ombudsman who will identify, investigate and work to resolve complaints. Complaint investigations will be documented by district Ombudsman in Ombudsmanager (E-KOS).

##### **AAA Outcome:**

*FY09, Revised (4-01-08) 1-3. Big Sandy Long Term Care Residents will have access to a full time ombudsman to assist with complaint investigation and resolution, which will all be documented in Ombudsmanager.*

- 4.2.3 Provide a management system which ensures accountability of the district office to respond to the resident's needs including certified back-up in absence of the District Long Term Care Ombudsman. **Ombudsman and back-up Ombudsman must be identified in the AAA Direct Service Staffing plan, or provider staffing plan if contracted.**

#### **SUMMARY:**

The District Ombudsman works under the direction of a Regional Ombudsman who provides support and technical assistance. The District Ombudsman assists volunteers with the Ombudsman program through supervision, support, and technical assistance. The District Ombudsman has two certified ombudsmen who serve as back-up in her absence. Both back-ups are certified and can perform any of the duties of the District Ombudsman.

#### **ACTION STEPS:**

##### **Action Steps to meet State Outcome:**

*FY09, Revised (4-01-08)*

- 1. District Ombudsman will notify state office (either by phone or email) of scheduled leave time.*
- 2. District Ombudsman will provide the state office with contact information for Back-up Ombudsman.*
- 3. Back-up Ombudsman will receive and initiate complaints during the District Ombudsman's absence.*

##### **AAA Action Steps:**

1. The District Ombudsman will be available to respond to residents' needs. The District Ombudsman is available by phone, fax, pager, email or face to face.
2. The District Ombudsman will notify the Ombudsman supervisor if she is unavailable.
3. The ombudsman supervisor will make sure that ombudsman coverage is available to meet the needs of the residents by utilizing the ombudsman back-ups.

#### **PERFORMANCE MEASURES:**

##### **State Performance Measures:**

- 1 The State Long Term Care Ombudsman Office will be notified in advance of scheduled leave time (vacation, extended sick leave, holidays or change of employment).
2. The State Long Term Ombudsman Office will be notified in advance of name and contact information of the back-up Ombudsman in the absence of the District Ombudsman.
3. The back-up Ombudsman will be responsible for the initiation of complaint investigations in the absence of the District Ombudsman.

##### **AAA Performance Measure:**

*FY09, Revised (4-01-08)1-3. Ombudsman Back-ups will be utilized if District Ombudsman is unavailable.*

#### **OUTCOME:**

##### **State Outcome:**

- 1-3. Residents of Long Term Care Facilities will have access to the District Long Term Ombudsman Program.**

##### **AAA Outcome:**

*FY09, Revised (4-01-08)1-3. Big Sandy Ombudsman program will be able to respond to residents' needs through the District Ombudsman or back-up Ombudsman in her absence.*

- 4.2.4 Provide to the general public, potential residents of long-term care facilities and facility residents information and education regarding: The LTC Ombudsman Program, navigating the long-term care system, Residents' Rights in Long-Term Care facilities and issues that may affect them.

**SUMMARY:**

The District Ombudsman will attend Resident Council meetings upon the Council's request to provide information on residents' rights and other long term care issues. Visitation with long term care residents will be done by the District Ombudsman as well as volunteers of the Ombudsman program in order to assist and inform. News releases regarding long-term care issues will be submitted to local newspapers on a regular basis. Community education sessions will be provided by both the District Ombudsman and trained volunteers. The District Ombudsman will also volunteer for public speaking events whenever the opportunity arises.

**ACTION STEPS:**

1. District Ombudsman will participate in public forums and resident councils to provide information and education concerning long term care issues, ombudsman program and residents' rights.
2. Articles concerning long term care issues will be submitted to newspapers for publication.
3. District Ombudsman will be available by phone and by facility visitation to provide residents and potential resident's information and education on long term care issues.

**PERFORMANCE MEASURES:**

1-3. District Ombudsman will provide information and education each quarter to the general public, potential residents of long term care facilities, and facility residents on long term care issues including the Ombudsman program and residents' rights.

**OUTCOME:**

1-3. The general public, potential residents of long term care facilities, and facility residents will be better informed of long term care issues, including the Long Term Care Ombudsman Program, navigating the long term care system, and Residents' Rights.

- 4.2.5 Utilize the state-provided system to document information on complaints and conditions in long-term care facilities; maintaining confidentiality and prohibiting disclosure of identity of any complainant or resident, except as allowed under 42 U.S.C. 3058g (5)(D)(iii). Submit quarterly, annual and special reports as required by the State Long Term Care Ombudsman and DAIL.

#### **SUMMARY:**

The District Ombudsman has available a computer with printer where the state data collection program is used. All complaint information as well as ombudsman activity information is entered into this program. Computer is password protected as well as the data collection program being password protected. Uninterrupted internet access is available to the District Ombudsman through the agency's T-1 Broadband connection. The District Ombudsman completes the required reports and submits them to the State Long Term Care Ombudsman and DAIL.

#### **ACTION STEPS:**

##### **Action Steps to meet State Outcome:**

1. District Ombudsman will input data into the state provided system monthly, within required times.
2. Quarterly, annual, and any special reports will be submitted to the State LTC office and DAIL as required.

##### **AAA Action Steps:**

*FY09, Revised (4-01-08)1. District Ombudsman will document all complaint and program activity into Ombudsmanager (FY10, Revised 6-9-09) by the 15<sup>th</sup> of each month.*

#### **PERFORMANCE MEASURES:**

##### **State Performance Measures:**

- 1-2. Reports will be completed and submitted on time as required.

##### **AAA Performance Measure:**

*FY09, Revised (4-01-08)1. District Ombudsman will complete all complaint and program activity documentation in Ombudsmanager monthly.*

#### **OUTCOME:**

##### **State Outcome:**

- 1-2. The State Long Term Care Ombudsman and the Department for Aging and Independent Living will have sufficient data for reports and to respond to requests about the Long Term Care Ombudsman Program.

##### **AAA Outcome:**

*FY09, Revised (4-01-08)1. Big Sandy Ombudsman Program will have accurate and timely information to provide to DAIL and the State Ombudsman Office.*

- 4.2.6 Provide for adequate legal counsel, without conflicts of interest, to provide advice and consultations for the protection of health, safety, welfare and neglect of residents, and assist the district LTC Ombudsman in the performance of the duties, including representation of the district LTC Ombudsman and in matters when legal action is taken against the LTC Ombudsman (**include with plan, agreement between Legal Services Provider and Ombudsman Program**).

**SUMMARY:**

A coordination of efforts agreement has been reached between the Ombudsman program and the Appalachian Research and Defense Fund of Kentucky (APPALRED). This agreement will facilitate referrals between the two agencies. Appalachian Research and Defense Fund attorneys will act as consultants to the Ombudsman program on an as needed basis. The Big Sandy Area Development District provides professional liability insurance on the District Ombudsman.

**ACTION STEPS:**

1. LTC Ombudsman will make referrals and seek consultation, as needed, on matters concerning residents of long term care facilities.
2. Big Sandy ADD will provide for legal counsel in matters where legal action is taken against the Ombudsman.

**PERFORMANCE MEASURES:**

1. LTC Ombudsman will refer 100% of cases involving long term care residents that need legal assistance, and give their consent, to APPALRED.
2. Big Sandy ADD will provide legal counsel to the District Ombudsman in 100% of matters involving legal action against the Ombudsman.

**OUTCOME:**

- 1-2. Adequate legal assistance will be provided to long term care residents and to the ombudsman program.

- 4.2.7 Provide for a district LTC Ombudsman Advisory Council in accordance with state requirements. Complete Ombudsman Advisory Council Chart (**See Section IV, Form I**).

**SUMMARY:**

The Big Sandy Ombudsman Advisory Council is composed of at least 7 members with one third of those members being consumers. The Ombudsman Advisory Council meets on a quarterly basis. The Council will help in the recruitment of Friendly Visitors and Certified Volunteer Ombudsman, and will advise the District Ombudsman regarding training, grass roots advocacy efforts, policy and procedure.

**ACTION STEPS:**

**Action Steps to meet State Outcome:**

1. The Big Sandy Ombudsman Advisory Council will meet quarterly on the last Tuesday of the month.
2. Minutes from those meetings will be taken and kept on file. Copies of those will be sent to the Regional Office.

**AAA Action Steps:**

*FY09, Revised (4-01-08) 1. District Ombudsman will coordinate Ombudsman Advisory Council meetings, in order to gain guidance and assistance.*

**PERFORMANCE MEASURES:**

**State Performance Measure:**

- 1-2. The District Ombudsman office will conduct advisory council meetings for local policy and procedure input and provide the Advisory Council Meeting Minutes to Regional Office within 30 days after the meeting.

**AAA Performance Measure:**

*FY09, Revised (4-01-08) 1. Ombudsman Advisory Council meetings will be held quarterly.*

**OUTCOME:**

**State Outcome:**

- 1-2. The State Long Term Care Ombudsman Program will have up to date meeting minutes from District Ombudsman Offices.

**AAA Outcome:**

*FY09, Revised (4-01-08) 1. Big Sandy Ombudsman program will benefit from guidance and assistance from the Ombudsman Advisory Council.*

- 4.2.8 Provide a plan for the expansion of the district LTC Ombudsman program with state funds (CMP) as well as with funds from the federal Title VII Ombudsman and Elder Abuse Prevention program. Provide such services as required by state priorities including maintaining staff and support levels with state funds.

#### **SUMMARY:**

The Big Sandy Ombudsman Program expanded to provide full-time Ombudsman with the use of Civil Monetary Penalty and Title VII funds and will continue to recruit volunteers to expand the program. Big Sandy ADD maintains trained volunteers and staff to insure compliance with service delivery.

#### **ACTION STEPS:**

##### ***Action Steps to meet State and AAA Outcomes:***

1. Volunteers will be recruited through public awareness campaigns and word of mouth advertising.
2. Big Sandy AAA staff is cross-trained to assure staffing and support levels.

#### **PERFORMANCE MEASURES:**

##### **State Performance Measure:**

**1-2. 100% funds will be used to expand services.**

##### **AAA Performance Measure:**

1. The Ombudsman Program and volunteer opportunities are described during community education programs at least 50% of the time.
1. At least two public awareness campaigns are conducted each year for the purpose of recruiting volunteers.
2. At least two Big Sandy Aging staff will be trained (*FY10, Revised 6-9-09*) *Certified* Ombudsman volunteers.

#### **OUTCOME:**

##### **State Outcome:**

1. **Clients will be better served through expansion of services.**

##### **AAA Outcome:**

*FY09, Revised (4-01-08) 1. Big Sandy Ombudsman Program will be able to maintain staff and expand services through funding sources.*

***Kentucky Goal 4.3: Provide a Title VII program for elder abuse prevention***

**4.3.1 Provide for a community Elder Abuse Prevention program** in accordance with Chapter 3, Section 721 of OAA (Chapter 35, 42 U.S.C. 3058i) for the prevention of elder abuse including neglect and exploitation. Program should coordinate with LTC Ombudsman, senior centers, long term care facilities, judicial, law enforcement and other community agencies.

**SUMMARY:**

Big Sandy AAA staff, including the District LTC Ombudsman, is active in a district wide Elder Maltreatment Council. AAA staff have leadership roles in this council and participate in all events of the council. This council brings all of the community partners (which includes DCBS, law enforcement, court system, senior centers, and LTC facilities) together on a monthly basis to address the issue of elder abuse.

The District LTC Ombudsman offers training for caregivers of long term care facilities on Elder Abuse (Identification, Prevention, and Treatment of abuse, neglect, and exploitation including financial exploitation) and Residents' Rights to each Long Term Care Facility in the district on a yearly basis. Training is at the discretion of the facility. Referrals for residents and family members to Law Enforcement Agencies and Courts are done on an as needed basis, mainly dealing with issues such as guardianship and abuse/neglect.

**ACTION STEPS:**

**Action Steps to meet State Outcome:**

1. Big Sandy AAA staff will attend meetings of the Big Sandy Council on Elder Maltreatment each month, and will participate in community events on the topic of elder abuse. Big Sandy AAA will report number of events to DAIL.
2. Big Sandy LTC Ombudsman will offer and provide training to LTC facilities on Elder Abuse and Residents' Rights, per facility request. Big Sandy AAA will report number of events to DAIL.

**AAA Action Steps:**

*FY09, Revised (4-01-08) 1. Big Sandy AAA will be the lead agency in coordinating the Elder Maltreatment Council.*

**PERFORMANCE MEASURES:**

**State Performance Measures:**

1. AAA will report the number of community education and training events on elder abuse and report quarterly.
2. AAA will report the number of long term care facility education and training events on elder abuse and report quarterly.

**AAA Performance Measure:**

*FY09, Revised (4-01-08) 1. Big Sandy AAA staff will attend and coordinate the Elder Maltreatment Council on a monthly basis. Part of the focus of these meetings will be on public awareness and education.*

**OUTCOME:**

**State Outcome:**

**1-2. Individuals in Kentucky will be aware of the effects of elder abuse and how to report it to the proper authorities.**

**AAA Outcome:**

*FY09, Revised (4-01-08) 1. Big Sandy area residents will have increased knowledge about Elder Abuse.*

***Kentucky Goal 4.4: Provide a state program of legal assistance to eligible Kentuckians***

- 4.4.1 Provide for legal representation/advice including a listing of the types of cases that will be accepted through this program (i.e. wills, divorces). In accordance with Chapter 4, Section 731 of OAA (Chapter 35, 42 U.S.C. 3058j) **Summary should include a comprehensive overview of the Legal Assistance program.**

**SUMMARY:**

Pursuant to Chapter 4, Section 731 of OAA (Chapter 35, 42 U.S.C. 3058j), the Big Sandy AAA will provide legal representation for the people who are sixty years or older that are in need of legal assistance through Title III Legal Assistance program through a contract with the Appalachian Research and Defense Fund Legal Services in Prestonsburg, KY.

Thirty-eight, (38) unduplicated clients will receive legal representation for the people who are sixty years or older that are in need of legal assistance through Title III Legal Assistance program

Appalachian Research and Defense Fund Legal Services, for the purpose of this contract will provide legal representation and advice through Title III Legal Assistance legal services for the Big Sandy Area Development District. Legal aid will provide services for the case types listed below:

Bankruptcy, Insurance, Black Lung, Medicaid, Consumer Protection, Medical Assistance, Dissolution of marriage, Medicare, Employment, Social Security, Food Stamps, SSI, Guardianship, Unfair Sales, Health, Veteran's Benefits, Home/Real Property, Wills & Estate, Housing, and Workers Compensation.

Big Sandy AAA will monitor, evaluate and report on the service delivery activities of APPALRED performed pursuant to this contract. Routinely review those components of the Aging Plan, which specifically relate to this Contract, and evaluate the implementation activities related to those components; document and communicate all findings in a constructive manner. Conduct periodic and special on-site visits to observe and report on activities funded under this contract. Review service delivery objectives and accomplishments, and submit brief program analysis with recommendations in narrative. Maintain complete and up to date policies and procedures to assist in the implementation of Older Americans Act programs Title III, and furnish such policies and procedures in writing to APPALRED. Provide on-going programmatic and technical assistance and/or training to APPALRED as deemed necessary for assistance in the performance of responsibilities and duties under this contract.

**ACTION STEPS:**

1. The provider will offer services as Bankruptcy, Insurance, Black Lung, Medicaid, Consumer Protection, Medical Assistance, Dissolution of marriage, Medicare, Employment, Social Security, Food Stamps, SSI, Guardianship, Unfair Sales, Health, Veteran's Benefits, Home/Real Property, Wills & Estate, Housing, and Workers Compensation.
2. The Big Sandy AAA will monitor, evaluate and report on the service delivery activities of the provider performed pursuant to this contract and provide continuing programmatic and technical assistance.

**PERFORMANCE MEASURES:**

1. 100% of the serve thirty-eight, (38) unduplicated clients will be served.
2. The Big Sandy AAA will do desk monitoring quarterly and full on-site monitor annually to evaluate and report on the service delivery activities of the provider to assure compliance.

**OUTCOME:**

- 1&2. Big Sandy AAA residents will be able to utilize the legal services of APPALRED through this contract.

- 4.4.2 Provide a plan on how **the Legal Assistance Provider will** identify and serve those who are homebound by reason of illness, incapacity, disability, or otherwise isolated.

**SUMMARY:**

Outreach efforts, using the approved assessment tool, will have special significance on the homebound rural elderly. Providers will market services through telephone calls, and public meetings and employ various forms of mass media, area newspaper, radio, TV and the Internet. Providers will maintain records on outreach and information and assistance contacts made. Records of persons identified in these categories will also be reported quarterly and maintained by the Big Sandy AAA.

**ACTION STEPS:**

1. Providers will seek out potential clients through telephone calls, and public meetings and employ various forms of mass media, area newspaper, radio, TV and the Internet to achieve public knowledge.
2. Providers will maintain records on outreach and information and assistance contacts made.

**PERFORMANCE MEASURES:**

1. Providers will perform telephone calls, and public meetings and also utilize various forms of mass media, area newspaper, radio, TV and the Internet at least quarterly.
2. The Big Sandy AAA will monitor provider outreach efforts quarterly.

**OUTCOME:**

1 & 2. Providers will discover and serve those who are homebound by reason of illness, incapacity, disability, or otherwise isolated.

- 4.4.3 Provide a plan on how **the Legal Assistance provider will** make referrals and maintenance of an individual referral list for those clients who request services but are not served.

**SUMMARY:**

All programs will make referrals to the contract agency and will maintain documentation of the referral and follow up on referrals as required. All referrals and waiting list information are entered into the KEMPS data collection system and are maintained by the contractor.

Big Sandy AAA will receive quarterly reports outlining individuals served and units expended during the quarter. All referral and waiting list information will be monitored during the annual programmatic monitoring.

**ACTION STEPS:**

1. The Big Sandy AAA will refer individuals for legal aide assistance.
2. The provider will maintain a list of referrals and waiting list.
3. Big Sandy AAA will desk monitor reports quarterly.
4. Big Sandy AAA will conduct a full monitor during the annual programmatic monitoring of the contract.

**PERFORMANCE MEASURES:**

1. 100% of clients needing legal aide services will be referred.
- 2-4. 100% of referrals and un-served cases will be documented and accessible for review.

**OUTCOME:**

Big Sandy AAA will have management and accountability for the referral process.

*Promote effective and responsive management.*

***Kentucky Goal 5.1:*** *Assure effective and efficient program delivery and fiscal management at all levels of the delivery system.*

5.1.1 Provide for adequate and qualified staff for service provisions.

**SUMMARY:**

Big Sandy AAA has policies ensuring that all case managers meet qualification standards as specified in the state Homecare regulations. Documentation of education is maintained in the case manager's personnel file. Homecare case managers serve all five counties. The maximum caseload will be ~~40~~ *FY 10 Revision (4-10-09) 50* clients for Jacqueline Farmer and *FY 10 Revision (4-10-09) Rita Conley* who are employed part-time. All other case managers, *FY 10 Revision (4-10-09) Vanessa Adkins*, Derrick Fannin, Stacy Little, and ~~Misty Pugh~~ *FY 10 Revision (4-10-09) Marcia Helton* will have no more than 75 clients, as they will be doing assessments.

~~Andra Bush~~ *FY 10 Revision (4-10-09) Misty Pugh* is the state certified District Long Term Care Ombudsman. She spends 100% of her workweek dedicated to ombudsman related activities. ~~Ms. Bush~~ *FY 10 Revision (4-10-09) Ms. Pugh* also has two (2) certified volunteer ombudsman.

The Big Sandy ADD Executive Director, Sandy Runyon, is responsible for the supervision of ~~Donna K. Frazier, Director of Aging Services.~~ *FY 10 Revision (4-10-09) Steve Jones and Elizabeth Hamilton, Co Directors of Aging Services.*

~~Donna K. Frazier, Director of Aging Services~~ *FY 10 Revision (4-10-09) Steve Jones and Elizabeth Hamilton, Co-Directors of Aging Services* are responsible for supervision of the Aging Program. All staff is responsible for promoting and collaborating with local agencies involved in the provision of aging related services. ~~The Director of Aging Services directly supervises the following staff: Debra Burchett, RN, UMWA Community Nurse Program Manager, Stacy Little, Lead Case Manager, Elizabeth Hamilton, Community Services Program Manager, Steven Jones, Aging Programs Manager, Donna Turner, Information/Referral Coordinator, and Darlene Walker, Homecare Aide Supervisor, Lois Lawson, Aging Services, and Diana Conley, Family Service Specialist.~~

~~Steve Jones, Aging Programs Manager~~ *FY 10 Revision (4-10-09) Co Director of Aging Services* supervises ~~Andra Bush, FY 10 Revision (4-10-09) Misty Pugh, District LTC Ombudsman, and Melissa King, Family Caregiver Coordinator, Debra Burchett, RN, UMWA Community Nurse Program Manager, Stacy Little, Lead Case Manager, and Darlene Walker, Homecare Aide Supervisor,~~

Stacy Little is the direct supervisor of the Homecare case management team and Darlene Walker, Homecare Aide Supervisor supervises 19 Homecare Aides throughout the District. Debra Burchett, RN, UMWA Community Nurse Program Manager, is direct supervisor of Kim Fields, UMWA Social Worker, and ~~Valerie Scott,~~ *FY 10 Revision (4-10-09) Christina Bartley*, RN, UMWA Community Nurse.

*FY 10 Revision (4-10-09) Elizabeth Hamilton, Co Director of Aging Services* supervises ~~Diana Conley, Jessica Slone, Family Service Specialist, supervises Tammy Hunter, Family Service Specialist, and Pat King, Family Service Specialist, Peggy McKenzie and Kristy Boyd, Consumer Directed Options Support Brokers, Donna Turner, Information/Referral Coordinator, and Lois Lawson, Aging Services.~~

**ACTION STEPS:**

1. Applicants for all positions will be screened to assure that they meet the required qualifications.
2. BSAAA will maintain policies and procedures to assure compliance with Kentucky Administrative Regulations.
3. Staff will be trained according to their job description and KAR regulations.

**PERFORMANCE MEASURES:**

1.-3. 100% of all Staff will be qualified for job per Kentucky Administrative Regulations.

**OUTCOME:**

1-3. Service provision in the Big Sandy Region will be done by adequate and qualified staff.

- 5.1.2 Provide for plans that ensure Area Agencies on Aging and service provider staff are trained as required for their job functions. Include required training for district ombudsman, homecare case managers, adult day staff, senior center directors, nutrition providers, family caregiver staff, and SHIP coordinators. **Training plan must address each program.**

**SUMMARY:**

Big Sandy AAA will ensure that the Area Agency on Aging and service provider staff are trained as required for their job functions initially through the contract and subsequent monitoring of that contract. Big Sandy AAA will arrange training per the training schedule. Big Sandy AAA will also reimburse lodging and travel costs to providers to attend the fall conference. Case managers will be trained according to KAR regulations and shall receive 14 additional hours annually.

**ACTION STEPS:**

1. Big Sandy AAA staff will monitor all service providers to ensure that training requirements are met, which will include but not limited to annual Center Director's Workshop, nutrition training, training on units of service definitions and form documentation , and Title III Driver's Training.
2. Big Sandy AAA will arrange for quarterly training for all service provider staff as well as notifying Advising Aging Advisory Council members, Adult Day staff, ~~Title V staff~~ and Personal Care Attendant staff of all training provided and/or scheduled by the ADD.
3. Homemakers will receive Kentucky Homemaker Training Program or be a CNA.
4. Adult Day Center and Respite staff will attend state and local training.
5. The District Long Term Care Ombudsman (DLTCO) will attend all state sponsored training. The DLTCO will have training funds to attend two in-state seminars, which would be relative to the Ombudsman program.
6. The contractor of PCAP is the Center for Accessible Living in Louisville. They will be notified of all training. The District PCAP Coordinator will attend quarterly meetings as arranged by OAS.
7. BSAAA staff will receive other state and local training.

**PERFORMANCE MEASURES:**

1-7. 100% of BSAAA staff and the providers will be adequately trained for their job duties.

**OUTCOME:**

1-7. Big Sandy residents will receive services from well-trained staff and service providers.

- 5.1.3 Provide equitable allocation of funds for programs and services within the planning and service area. **Summary must include the AAA allocation process approved by the regional Council on Aging.**

**SUMMARY:**

The Allocation of Title III funds and Adult Day funds to service providers utilizes a formula that considers four factors. Title III distribution's factors are senior citizen population, percentage of the senior citizen population served by a center, program income and local support, and the stability of the center. The ADC factors are the senior citizens population and unmet needs, program income and local support, stability of the center, and performance factor. The BSAAA allocation amounts for each of these services will be applied to the formula and the amounts for the service contracts will be derived from that distribution formula *FY 09 Revision (April 1, 2008)* as approved by the Aging Advisory Council. The District will continue to provide the direct services for the Homecare program due to a lack of another service provider.

**ACTION STEPS:**

1. Big Sandy AAA will allocate funds to Title III service providers according to funding formula.
2. Big Sandy AAA will allocate funds to Adult Day services according to the funding formula.
3. Big Sandy AAA will provide direct services for Homecare due to the lack of providers.
4. PCAP funds will be contracted with Center for Accessible Living as they are the only provider in the District.

**PERFORMANCE MEASURES:**

- 1.&2. 100% of the BSAAA allocation for Title III and Adult Day services will be distributed according to the established formula.
3. 100% of direct services for Homecare will be provided by the District.
4. 100% of PCAP services will be provided by the Center for Accessible Living.

**OUTCOME:**

- 1-4. BSAAA will provide or contract with providers for services in all 5 counties of the District in an equitable and established manner.

- 5.1.4 Provide a plan of how program income, fees, donations as well as other resources (i.e., local funds grants) will be collected and used to expand services. **Summary must address each program – Title III-B, Congregate Meals, Home Delivered Meals, Homecare, Family Caregiver, Adult Day Care, and others.**

#### **SUMMARY:**

All aging program participants will have an opportunity to contribute to the various programs.

Title III *FY09 (April 1, 2008) and III-B: For congregate and Home Delivered* meals and services in the center, there will be a donation box located in an inconspicuous place, where an individual may donate for their meal or other services at the center. A donation can for transportation services shall also be available for those receiving transportation services. These contributions are strictly voluntary. On a daily basis, the Program director shall request two participants from the program to count the amount of contributions received that day. The amount of contributions shall be recorded by the Program director on the Daily Service Report and on the Weekly Deposit Sheet. The participants counting the contributions shall sign their names on the appropriate lines of the Daily Service Report. After being counted, the cash shall be kept in a secure location until it is deposited.

Homecare: Fees are based on a sliding fee scale and bills are mailed each month to all clients that are billed for services. All other clients have the right to donate and receive an envelope for donations that are mailed to the District office. The donations and fees are then deposited into the Homecare account for expansion of services upon receipt in the District office.

*FY 09 Revisions (April 1, 2008) Adult Day Care: Fees are based on a sliding fee scale and bills are mailed each month to all clients that are billed for services. All other clients are encouraged to donate at a minimum of \$5.00 per day. All donations and fees are deposited into the ADC account for expansion of services.*

*Family Caregiver: There are no assessed fees for Family Caregiver Program. All donations will be deposited and utilized to expand services.*

All donations and local resources shall be deposited into the appropriate account and used to expand services in that area.

#### **ACTION STEPS:**

1. Donations will be accepted at all Title III sites as well as for Homecare recipients.
2. Homecare fees will be assessed and bills will be mailed to clients.
3. Contract funds will be invoiced and deposited into appropriate accounts.

#### **PERFORMANCE MEASURES:**

- 1-3. 100% of program income, fees, donations and other local funds grants will be used to expand services.

#### **OUTCOME:**

- 1-3. BSAAA region will be able to expand services to its residents through donations and fees collected by local programs.

- 5.1.5 Provide for an integrated regional client management data system. **Summary should provide a comprehensive overview of the AAA's information system, including coordination with providers and reporting format.**

#### **SUMMARY:**

Big Sandy AAA continues to maintain a toll free telephone number, ~~(866) 912-1269~~

**FY 10 Revision (4-10-09) 800-737-2723**, which provides easier access for information and assistance to services in the District. Big Sandy AAA staff receives calls, document intake information, and make referrals to programs based on the information received during the intake process. Staff receives referrals via fax, telephone, walk-in, and e-mail. Due to automation on the phone system and the availability of Internet access, referrals can be received 24 hours per day, seven days per week. However, normal hours of operation are Monday – Friday, 8:00 am – 4:30 pm.

All ~~seventeen (17)~~ **FY 09 Revised (1-15-09) thirteen (13)** Senior Citizens Centers in the Big Sandy AAA contract to provide information and assistance as part of their Nutrition/Supportive Services contract. BSAAA as well provides information and assistance for twenty hours per week using AAA staff. The counselors will be responsible for recruitment of volunteers, benefits education, and assisting persons in referrals to already existing programs such as Senior Advantage, Homecare, Senior Centers, Adult Day Centers, Prescription Assistance Program, LINKS, and Cabinet for Human Resources' community-based programs, and any other resource that a person may seem to need.

Outreach efforts will continue to focus on the rural elderly, those with the greatest social and economic need, with emphasis placed on low-income minorities. All providers shall assure that staff will adhere to the action steps as outlined.

Service providers will maintain records on all contacts made for outreach and information and assistance. Records of persons identified in these categories will also be maintained and reported quarterly. Client confidentiality will be assured.

#### **ACTION STEPS:**

1. Seek out potential clients through door-to-door contact, telephone calls, and public meetings;
2. Cooperate with BSAAA to identify the needs of the clients through the assessment process;
3. Assist and encourage clients to utilize available services;
4. Refer clients to other agencies providing services;
5. Concentrate outreach efforts in areas where those with the greatest social and economic need are located with specific emphasis on low-income minorities; older individuals with greatest social and economic need; older individuals with severe disabilities; older individuals with limited English-speaking ability; and older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals) and will inform such older individuals and their caretakers of the availability of assistance.

#### **PERFORMANCE MEASURES:**

- 1.-5. Big Sandy AAA will develop and administer a satisfaction survey to determine effectiveness of resource integration.

#### **OUTCOME:**

- 1-5. Big Sandy AAA residents will be better informed of resources in the area.

**Kentucky Goal 5.2:** *Plan the systematic development and delivery of services to Kentucky's elderly citizens.*

- 5.2.1 Incorporate consumer input in policy decisions through the local Area Agency on Aging Councils, public hearings or forums. **Summary must include AAA's process for client satisfaction surveys with a description covering each program.**

**SUMMARY:**

Big Sandy AAA will utilize regular bi-monthly meetings with the Aging Advisory Council, public comments, as well as public hearings and/or forums to solicit consumer input on policy decisions. The Aging Advisory Council has consumer representation from the Title III service providers. They have input into policy decisions as council members. Public forums are held to solicit consumer input per regulations. Consumers are given opportunity to submit recommendation in writing or in person to the AAA. Consumer input is always considered in all policy decisions.

*FY 09 Revision (April 1, 2008):*

*Title III providers administer satisfaction surveys at a minimum of one time per year for all participants. Congregate meal participants have the opportunity at any time to fill out a survey and home-delivered meal recipients have comment cards delivered with their meals once per quarter. These results are then tabulated and utilized by the providers in planning for services.*

*Homecare satisfaction surveys will be conducted by mail, generally at the end of the third quarter. These results are utilized to improve services.*

*Family Caregiver clients are surveyed by phone at least once per year. These results are incorporated into the program to improve services.*

**ACTION STEPS:**

1. Big Sandy AAA will facilitate bi-monthly meetings of the Aging Advisory Council and public hearings/forums as needed.
2. Solicit consumer input through surveys at the senior centers and with Homecare clients.

**PERFORMANCE MEASURES:**

1. Big Sandy Aging Advisory Council will meet every other month.
2. Homecare clients and senior citizen center clients will be given opportunity to complete Needs Survey annually..

**OUTCOME:**

- 1-2. Big Sandy Aging Advisory council will have more effective meetings and the residents will receive better services as a result.

*FY10, Revised 6-9-09*

2. *Consumers will have more avenues to comment on policy decisions made by Big Sandy AAA.*

### 5.2.2 Provide for technical assistance, education, support and training to all local providers.

#### **SUMMARY:**

Big Sandy AAA will provide technical assistance, education, support and training to all local providers through quarterly meetings, desk monitoring, fall conference, SHIP training, and the dissemination of all information that is sent to the AAA through DAIL and other Aging related programs. The Aging Advisory Council Members will receive a training component during meetings as well as information on various programs within the Aging Department.

Center Directors will receive technical assistance upon request and as needed in addition to the annual contract monitoring, on-site visits, and desk monitoring of units of service. They will also receive training in nutrition, SHIP, quarterly training at quarterly meetings, Fall Conference/center director training, and information that is received in the BSAAA office pertinent to their services.

The BSAAA will also provide technical assistance, education, support and training to the remaining providers per monitoring of the contract and through regular contact and monitoring of their units of service and reports.

#### **ACTION STEPS:**

1. BSAAA will arrange for training for service providers.
2. BSAAA will provide technical assistance through monitoring, meetings, and upon request.

#### **PERFORMANCE MEASURES:**

- 1-2.100% of providers will have access to technical assistance, training, and support.

#### **OUTCOME:**

- 1-2.Providers will be fully trained and comply with program regulations, policies and procedures.

### 5.2.3 Initiate and implement the Kentucky Elder Readiness Initiative.

#### **SUMMARY:**

Big Sandy AAA assisted with the initiation of the Kentucky Elder Readiness Initiative project by assisting with the arrangements for the Community Forum and Focus Groups. The AAA prepared for these meetings by inviting the attendees of the focus groups, advertising for the community forum, arranging the logistics of both of these events, ordering food, and assisting the facilitators. Phase 1 was completed in August of 2006. Big Sandy AAA will assist with the continuation of KERI as it moves into the next phase.

#### **ACTION STEPS:**

1. Big Sandy AAA will provide needed assistance with the public forum to discuss results of the survey.
2. Big Sandy AAA will distribute reports to the public as they become available.

#### **PERFORMANCE MEASURES:**

1. Public Forum will occur based on DAIL schedule.
2. Reports will be distributed upon receipt from DAIL

#### **OUTCOME:**

- 1-2. Big Sandy area will be better informed of the KERI project and the effect Baby Boomers will have on

the region and state.

5.2.4 Provide for the encouragement of local cities and towns to plan for the growing aging population and needs.

**SUMMARY:**

Big Sandy AAA will continue to work with the KERI project and will work to get the information out to the region. Big Sandy AAA will provide cities and towns information from the KERI project for the Big Sandy Area in order to encourage them to plan for the growing aging population. At this time, we are not aware of any planning by cities and towns to address the aging baby boomers.

**ACTION STEPS:**

1. Big Sandy AAA will educate cities and towns on the results of KERI.
2. Big Sandy AAA will survey local governments on their plans for addressing the growing population.
3. Big Sandy AAA will encourage local governments to form committees to discuss and plan for the baby boomers.

**PERFORMANCE MEASURES:**

1. Big Sandy AAA will provide results of KERI to 100% of local governments in Big Sandy.
2. 100% of local governments will be surveyed annually on their plans to address the growing aging population.
3. 100% of local governments will be encouraged annually to form committees to plan for the growing aging population.

**OUTCOME:**

- 1-3. Big Sandy area will have increased awareness and planning for growing aging population.

- 5.2.5 Provide awareness of available services through a network of agencies and individuals who are interested in the needs of the elderly. **Summary should provide a comprehensive overview of the AAA's I&A, outreach, options counseling, and referral process. Also, must include AAA process to coordinate programs administered by the AAA with other community services.**

**SUMMARY:**

Big Sandy AAA will provide awareness of available services through a network of agencies and individuals who are interested in the needs of the elderly by doing informational presentations and by facilitating Human Services Coordinating Council, Mental Health and Aging, Homecare Case Conferences, as well as sitting on planning committees for other agencies and publication of KERI information.

The Big Sandy AAA will provide its citizens with a trusted place for gaining information and assistance related to services and supports for individuals of all ages and will target specific services to those who are aged and those with disabilities and their caregivers throughout the BSADD five counties. Counties to be served include: Floyd, Johnson, Magoffin, Martin, and Pike.

The Big Sandy AAA shall provide information and assistance in a manner that is convenient for the public and adheres to the State approved marketing and outreach plan. Big Sandy AAA will involve all stakeholders, consumers, state agencies, providers and public and private partners in a meaningful manner to conduct planning, implementation and evaluation of the program. The AAA will also establish local coordination agreements with the partnering agencies and shall provide a phone number, which includes a toll free number to all callers within the BSAAA service area. The information and assistance service shall be available continuously for at least 7 ½ hours a day, Monday through Friday, 8:00 am to 4:30 pm EST (except for official state holidays).

**ACTION STEPS:**

1. BSAAA will conduct informational meetings for network agency staff and individuals interested in the needs of the elderly.
2. Facilitate regular meetings of Human Services Coordinating Council, Mental and Aging, and Homecare case conferences.
3. Work with community agencies to provide information on available services and to plan Aging related events.

**PERFORMANCE MEASURES:**

1. Conduct 3 informational events.
2. Facilitate scheduled Human Services Coordinating Council.
2. Facilitate Mental Health and Aging Coalition.
2. Facilitate at least two Homecare case conferences per year.
3. Establish coordination agreements with partnering agencies. FY09, Revision, 04-01-08

**OUTCOME:**

- 1-3. Network agencies and individuals in the Big Sandy area will be more aware of available services.

***Kentucky Goal 5.3: Ensure quality performance through monitoring and assessment of the provision of services.***

- 5.3.1 Provide for monitoring and evaluation of all direct and contract programs administered by the AAA for compliance with state and federal guidelines. To provide evaluation of effectiveness of outreach efforts, services delivered and technical assistance needs and provision of technical assistance needs. (See Section IV, **Form J**) **Summary should provide a comprehensive overview of the AAA's monitoring and evaluation process and must address all programs administered by the AAA.**

**SUMMARY:**

Big Sandy AAA will monitor and evaluate all direct and contract programs administered by the AAA for compliance with state and federal guidelines, with emphasis on evaluating effectiveness of outreach efforts, services delivered, and technical assistance needs. The AAA contracts with ~~ten~~ **FY 10 Revision (4-10-09)** **Seven** individual and independent boards for the provision of Title III services in the five counties. Two boards provide adult day care, one of which is also a Title III provider, while the other is an independent board. The AAA performs desk reviews of monthly waiting lists, comprehensive reports of units of service, as well as monthly nutrition monitoring, and annual comprehensive monitoring of each service provider. Legal assistance is provided through contract with Appalachian Research and Development Funds and is monitored by reviewing the quarterly reports and an annual monitoring of the provider. PCAP program is provided through contract and is monitored through desk reviews monthly and an annual programmatic monitoring.

Homecare services, Ombudsman, Family Caregiver, **Consumer Directed Option (FY09, Revision, 04-01-08)**, and State Health Insurance Plan (SHIP) services are provided directly by the AAA. Random quality assurance calls/or visits are made to assure satisfaction with services and compliance with regulations as well as monthly peer reviews by case managers. The Ombudsman is supervised by a certified Ombudsman to assure compliance with all complaints and entry into the data management program. The Ombudsman also has quarterly meetings of the Ombudsman Advisory Council and technical assistance from the Regional Ombudsman, who provides guidance and oversight to the Ombudsman program.

Supervisory staff reviews quarterly reports, which include all outreach efforts i.e. training, flyers, and educational classes.

The AAA administers a satisfaction survey to monitor outcome measures as well as administering a needs survey to evaluate outreach efforts. Regular meetings allow a forum for technical assistance and training for services. Technical assistance will also be given to providers and staff through updates and training held by Office of Aging Services and other agencies. These various methods will indicate the effectiveness of programs and identify the need for technical assistance.

**ACTION STEPS:**

1. Perform desk review of all contracts and in-house services.
2. Perform monitoring of all contracts.
4. Provide regular technical assistance through training and meetings to update providers.
5. Distribute updated information from DAIL to all providers and staff.

**PERFORMANCE MEASURES:**

1-5. 100% of Big Sandy AAA direct and contract programs will be in compliance with state and federal guidelines through monthly desk reviews and annual monitoring of all contracts. FY 08 will establish a base line for outreach services.

**OUTCOME:**

1-5. The Big Sandy region will have quality programs through compliance with all state and federal

## **SECTION IV – PERFORMANCE PLAN FORMS**

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

- Form A – Area Agency on Aging Advisory Council Membership
- Form B – Area Agency on Aging Administration Staffing Plan
- Form C – Area Agency on Aging Direct Staffing Plan
- Form D – Public Hearing Information
- Form E – Demographic Information by County for 60+
- Form F – Case Managers
- Form G – Adult Day Centers
- Form H – SHIP Counselor Locations
- Form H.1 – SHIP Counselor Site Details
- Form I – Ombudsman Advisory Council Membership
- Form J – Provider Site List
- Form K – Big Sandy Area Development District Staffing Plan

## SECTION V – FINANCIAL PLAN and OUTPUTS

Please note all financial pages are in Excel format. These are the only forms that will be accepted for Section V; any submission of old forms will be returned for revision. Mail an original of all Section V forms. Also, submit an electronic copy - either e-mail it to your financial liaison ([Pat.Brookman@ky.gov](mailto:Pat.Brookman@ky.gov) or [Sonia.White@ky.gov](mailto:Sonia.White@ky.gov)) or mail a cd along with your original. This will allow us to compile necessary statewide numbers.

This section contains instructions for plan program budgets, budget back-up pages, and related financial forms. Payment request and quarterly report forms will be sent to the AAA's under separate cover.

### A. All programs pertaining to the individual AAAIL

**1. Original Budget:** Budgets submitted as a part of the original plan for FY 2010. If a change is required on an original budget during approval process, please write the revised date under the original date of the plan.

**2. Revised Budget:** Budgets submitted after the plan has been approved for FY 2010, including any which would trigger a contract amendment. This space is left blank during the approval process for area plans. Please remember to write the revised date under the original date of the plan.

**3. Line Items:** The following line items are for both cash expenditures and in-kind.

**a. Personnel** - Salaries, wages, fringe benefits, etc.

**b. Operating** -

1. Staff travel - Mileage, per diem, travel expenses, etc., for ADD staff only.
2. Rent - Cost of rent or lease of building(s) and/or donated space such as sites, kitchens, etc.
3. Utilities - Cost of heating, electricity, water, sewer, garbage pick-up.
4. Insurance and Bonding - Cost of insurance, except for vehicles, and cost of bonding for employees and/or volunteers.
5. Building Maintenance and Upkeep - Janitorial service and repairs or replacement to existing facilities.
6. Vehicles lease - Cost of leasing a vehicle.
7. Vehicle maintenance/operation - Costs such as gas and repairs incurred in vehicular operation.
8. Vehicle insurance - Cost of insurance for vehicles.

9. Training - Direct training costs including staff travel, per diem, registration fees, consultant fees, materials, and similar training specific costs. Do not include AAA staff time.
  10. Miscellaneous - Any small, infrequent costs, such as Advisory Council travel.
  11. Equipment - Non-expendable personal property with a useful life of more than one year.
    - a. Purchase of \$5,000 or more - Requires prior approval from DAIL to purchase.
    - b. Purchase of \$5,000 or less - Does not require prior approval from DAIL to purchase.
    - c. Rent/Lease Maintenance - include rent, lease, and maintenance for any equipment except vehicles.
  12. Supplies - Materials such as office supplies, disposable items for meals, cleaning supplies, recreational supplies, etc.
- c. **Contracts** - Costs of services purchased from a subcontractor or consultant.
- Note: Consultants* - Cost of professional services or expert advice provided by outside resources, such as auditors or nutritionists. Consultants are not on the staff of the Area Development Districts/Area Agencies on Aging or service providers and do not provide services to senior citizens.
- Note:* Do not include NSIP commodities or food purchased with NSIP cash in lieu of commodities.
- d. **Indirect** - Costs incurred which benefit more than one program and are not readily assigned to any one program. (Any agency charging indirect costs must have an approved cost allocation plan.)

**B. All budget, budget back-up & related forms pertaining to the individual AAAIL**

The "ADD" name should appear at the top left of each page submitted.

The "Plan Page" should indicate the section and page number and should be in order.

The "Date" in the upper right hand of the page is the *date the plan was originally submitted* to the Department for Aging and Independent Living for review. Any revision date should be written in below the original date of the plan.

The "Mark One" item should be checked in the "Original Budget" line to indicate that this is an original plan page for FY 2010. If a page is revised, please mark the "Revised Budget" area.

The "Cost Category Expenditures" section should reflect AAA's plan of expenditures for FY 2010. The "Fund Source" section should reflect all sources of funds to be expended as indicated in the "Cost Category" section.

The "**Cumulative**" section is completed for the "Federal", "State" and "Local" funds for Title V, CMS, and Title IIIB, C, D, E and VII of AOA programs and for "State" and "Local" for all other programs.

Match is required for all Title III Programs with a 75% Federal and 25% "Other Match" for Administration and Title IIIE Caregiver Program. For the other Title III services it is 85% Federal and 15% "Other Match". The "Other Match" is a combination of State Funds, Local Cash, and Local In-kind. For the 2009 year there have been new guidelines for the matching of Supportive Services, Congregate Meals, and Home Delivered Meals. For the three programs mentioned above at least one-third (1/3) of the match must be from State Funds [example: Supportive Services spends \$85.00 Federal, a match of \$15 is required, and at least \$5 of the \$15 must be from state funds].

Program Income is not allowed as match but is allowed for expansion of the program services. Example: Total program funding is \$110 with \$10 of Program Income the match will be calculated on \$100, if Caregiver is the program in question at least \$25 must be match revenue and the rest federal funds.

### C. Transfer of Title III Funds

Complete the chart as indicated below and provide a justification for transfers/carryover.

The Area Agency may transfer up to **30%** between part B and part C.

The Area Agency may transfer up to **40%** between Part C1 and Part C2.

**Note:** The 40% transfer between parts C1 and C2 may be calculated either before or after the 30% transfer between Part B and Part C.

Enter original allocations from allocation pages.

Calculate the amount of funds **available** for transfer between Supportive Services (Part B) and Nutrition Services (Part C) Components. Do both calculations.

Calculate the amount of funds **available** for transfer between Congregate Meals (C1) and Home Delivered Meals (C2). Do both calculations.

Enter the **actual** amount of funds transferred and indicate if this change is a plus or minus.

Budget Totals after transfer will calculate automatically.

Enter the amount of carry-over of federal funds from audit(s) of previous year(s) to be included after the transfer of funds. Specify the year for which funds are carried over and designate the service funded by carryover. Any carry-over of Agency Administrative funds must be designated to Title III-B, Title III-C1, Title III-C2, or Title III-E services.

The total amount in each of the categories as budgeted after all calculations will calculate automatically.

**Purpose and justification of transfer** - Explain the purpose of the transfer and justify the need, including the necessity for an increase/decrease in the services. If funds are not going to be transferred or carryover is not available, indicate on chart that transfer and/or carryover is not planned.

### D. Transfer of State Funds

Complete the chart as indicated and provide a justification for transfers.

Match requirement for Homecare will not change.

Budget and back-up pages must be updated for the programs with funding changes.

**Purpose and justification of transfer** - Explain the purpose of the transfer and justify the need, including the necessity for an increase/decrease in the services. If funds are not going to be transferred, indicate on chart that transfer is not planned.

#### **E. Title III-B Minimum Percentages and Ombudsman Maintenance of Effort**

**1. Title III-B Minimum Percentages** - Complete the chart for establishing Title III-B minimum percentages to be expended for access, in-home and legal assistance; and the chart for prior year expenditures. (Minimum percentage is 65% of the federal allocation after any transfer of funds between Title III-B and Title III-C).

**2. Ombudsman Maintenance of Effort** - Enter the 2001 budget amount (total audited dollars included for 2001, they are on the information sheet labeled Ombudsman MOE) and the planned 2010 budget amount (this is federal and state dollars). At least the same amount expended for Ombudsman services **under Title III-B** in contract year **2001** must be budgeted and expended **under Title III-B** in the current contract year. (Amounts budgeted under Title VII cannot be counted toward this total).

#### **F. NSIP Projected Annual Meals/Budget Form**

**1. Revenue** - Include projected meal counts for each time period.

**2. Certification** - Signature of the ADD Executive Director or designee is required.

#### **G. Budget back-up pages pertaining to the individual AAAIL**

Submit district-wide service delivery/back-up pages with the Original Budget. *These must be reconciled with the Budget page.*

**1. Title III-B - Supportive Services** – A combined total of 65% of the total federal allocation for Title III-B must be budgeted to Access, In-Home, and Legal Assistance services. An asterisk has been placed by those services identified as Access, In-Home or Legal Assistance. In addition there is a new area on the lower right of the page which is the breakdown of the Title IIIB Ombudsman expenditures [Federal, State, and Local which is required for the Ombudsman NORDIA Report

***NOTE:** Title III Program Income cannot be used for match.*

#### **2. Title III-C1 - Congregate Meals**

**a. Meal Preparation** - Include all cost for the preparation of the meal (food, labor, supplies, serving utensils, and transportation to the meal site).

**b. Meal Delivery** - Include all other costs associated with serving the meal as enumerated in Nutrition Program 910 KAR 1:190 Section 12 (see below):

**c. NSIP funded** – Is the expected funding for NSIP meals which includes including food purchased with NSIP cash resources, the dollar value of NSIP donated foods used, and the handling charges for NSIP donated foods.

- 1. Ready-to-serve meal costs shall include the following:**
    - a.** The cost of raw food.
    - b.** The costs of serving supplies, disposables, cleaning materials, and noncapital items used in the preparation of food;
    - c.** The costs of labor for food preparation, cooking, portioning of foods, and delivery of food to the site of service. Labor costs shall include:
      - 1.** Fringe benefits;
      - 2.** Wages for persons who prepare and maintain the sanitary condition of the kitchen and storage areas; and
      - 3.** Wages paid for time spent in food and supplies inventorying, storing and receiving and in direct supervision of employees;
    - d.** The costs of space, related utility costs, and equipment operation, maintenance and repair costs; and
    - e.** The non-labor costs of transporting food, food storage, insurance and general liability.
  - 2. Food service and delivery costs shall include:**
    - a.** The total labor costs for serving foods and for home delivery of meals to participants;
    - b.** Mileage and maintenance of vehicles costs for home delivery of meals;
    - c.** Costs incurred for nutrition education and nutrition outreach services;
    - d.** Project management costs, including personnel, equipment and supply costs; and
    - e.** Other general expenses related to overall program management.
  - 3. Food service contract bids shall be structured according to the request for proposal outline developed by the office. Meals shall be bid without regard to funding source, and shall contain both a ready-to-serve cost and a served, delivered cost.**
  - d. Other Costs - Equipment costs of capital items like ranges, dishwashers, trucks and vans, steam tables, freezers, etc.**
- 3. Title III-C2 and Homecare - Home Delivered Meals**
- a.** Meal Preparation - Include all cost for the preparation of the meal (food, labor, supplies, serving utensils, and transportation to the meal site).
  - b.** Meal Delivery - Include all other costs associated with serving the meal as enumerated in Nutrition Program 910 KAR 1:190 Section 12 (see above).

**c. NSIP funded** - Is the expected funding for NSIP meals which includes including food purchased with NSIP cash resources, the dollar value of NSIP donated foods used, and the handling charges for NSIP donated foods.

**d. Other Costs** - Equipment costs of capital items like ranges, dishwashers, trucks and vans, steam tables, freezers, etc.

#### **4. Personal Care Attendant Program**

Complete form as indicated. Do not include administration funds on this page.

#### **5. All other programs pertaining to the individual AAAIL**

Complete as indicated.

### **H. Local Resources Including Required Match – AoA and Homecare**

1. Complete all applicable columns on the Local Resources Including Required Match page.
2. Source of Match: Specify who provides the match.
3. Items of Match or Resources: Describe the match.
4. Value of In-Kind: List the amount of in-kind provided which must correspond to the amount listed in the budget. Verification may be requested.
5. Amount of Cash: Show the amount of cash provided as match.

***Note:** For Title III only* - State funds are to be shown as match and included on match page.

6. Refer to the bottom of the program budget pages for additional instruction.
7. The signature of the ADD Executive Director or designee is required for certification.

### **I. Percentage of Change Forms**

1. Unduplicated Clients, Units of Service, Unit Cost, and Amount Budgeted: In the “From” space, enter planned information from current fiscal year (2009). In the “To” space, enter planned information for the planned fiscal year (2010).
2. This information should come from your Budget Back-up Page for each program.

## SECTION VI– WAIVERS & SPECIAL PROGRAM APPROVALS

### A. DIRECT SERVICE WAIVER REQUEST

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

#### 1. Statement of Request – One request for all services.

**Big Sandy ADD, Area Agency on Aging is requesting a waiver to be the provider for Homecare services. There are no providers in this area that have expressed an interest in service provision. Big Sandy AAA's advertisement did not produce any potential providers. Big Sandy AAA also has discussed the situation with potential providers among our community partners and has not found any organization that is interested.**

#### 2. Actions taken prior to determination of direct service provisions

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

**Historically, the Big Sandy region has not had any providers that have been willing to provide Homecare services. Big Sandy AAA staff have contacted the Big Sandy AAA senior citizen center providers, health departments, and Christian Appalachian Project, as well as our community partners. We have advertised in the Williamson Daily and Big Sandy News for potential providers for Homecare and have not received any interest. Currently, the AAA is providing direct services and has been providing those services for a number of years. Additionally, the AAA is providing in-home services for our Community Collaborations for Children contract as we were unable to solicit another provider.**

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

**Big Sandy AAA has included in the plan that all Homecare services as outlined in KAR 910 KAR 1:180, section 1, (8) a and b will be provided in all five counties of the District.**

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

\*Scope of work must be detailed further in the Area Plan, service section. Budgets must be detailed in plan budget section.

**Note:** Additional information and/or documentation may be required by the State Agency.

## B. PROGRAM APPROVAL/EXCEPTION REQUESTS

### Special Program Approval

A request is required that includes justification for special program approval. (Example: Delivery of Frozen Meals in accordance with 910 KAR 1:190 Section 9 (2))

#### **Big Sandy AAA Non-traditional and Frozen Meals Waiver Request**

1. a. Explanation of the Reason for Waiver Request
  - i. Big Sandy Area Agency on Aging and Independent Living is requesting a waiver to provide frozen and shelf or non-traditional meals for use in the District's Nutrition Program for the Elderly and Disabled. This waiver is being requested to be able to serve some of the remote areas of the District as well as to address the rising fuel and food costs, which are contributing to the rising meal cost of the traditional five-day per week home delivered meal.

Requested schedules for non traditional/frozen meals are:

- One hot traditional meal with four shelf meals
  - One hot traditional meal with four frozen meals
  - One hot traditional meal on Monday, Wednesday and Friday; and two frozen meals on Tuesday and Thursday
  - Four hot traditional meals on Monday, Tuesday, Wednesday and Thursday; and one frozen meal on Friday.
- ii. The cost effectiveness of this waiver request will be in the savings in gasoline costs as well as a savings that will be realized by preparing and delivering meals in bulk. Delivery of a combination of traditional and non-traditional meals can be completed in two to three times per week as opposed to the regular five day per week delivery. This methodology will result in a significant savings in fuel and labor costs of the meal driver and will allow for expanding services into remote areas, if funding permits.
- iii. Big Sandy AAAIL assures that clients participating in the non-traditional and frozen meal program will be reassessed at least every six months on the approved assessment tool provided by BSAIL. This form will document the following: that the client can safely handle the frozen meal, that there are adequate storage and heating facilities available, and that the client is able to prepare and consume the meal alone or with available assistance.
- iv. All providers utilizing non-traditional and frozen meals will be required to document whether or not a need exists for the client to have daily contact on the form provided by BSAIL. All clients needing daily contact will be contacted by the provider by phone or through a collateral contact to assure client's safety and welfare and this contact will be documented in the client's file.
- b. Client assessment regarding the need for the non-traditional or frozen meal.
- i - iv. The client's ability to prepare the meal themselves or with available assistance as well as the availability of a microwave or other appliance to properly prepare and store the meal will be documented on the form provided by BSAIL.
- c. Policy and procedure for each step in the preparation of the non-traditional or Frozen meals.
- i. The preparation of frozen meals for the purpose of the Non-traditional and Frozen meal program will not utilize leftover food and will be packaged in the same manner as a regular home delivered meal, which means that meals that contain components that are able to be frozen.
- ii. The provider will assure the quality and food safety. The frozen meals will be based on a menu that is varied and is approved by the

District's dietician and complies with the Department for Aging and Independent Living's nutritional regulations and guidelines for other programs.

- iii. Freezing times for cooked potentially hazardous foods shall be cooled as follows: (1) Within 2 hours from 140 degrees F to 70 degrees F and (2) within a total of 6 hours from 140 degrees F to 41 degrees F or less. Potentially hazardous food shall be cooled within 4 hours to 41 degrees F or less if prepared from ingredients at ambient temperature, such as reconstituted foods and canned tuna. These meals will be frozen in approved frozen meal packaging and in freezers that meet the above listed freezing times.
  - iv. Frozen meals will be maintained for a maximum of two weeks. Frozen meals will be delivered within the three hour time frame outlined in the traditional program.
  - v. Coolers and ice / ice packs will be utilized to guarantee that the meal remains frozen from the preparation site to the client's home.
- d. A policy and procedure for the delivery of vendor produced meals will be provided.

Policies and procedures that are established by the Department for Aging and Independent Living will become a part of this waiver request as well as Big Sandy AAAIL's policies and procedures for the District's Nutrition Program and any subcontracts with nutrition providers.

- e. A policy and procedure that addresses the nutrition program requirements.
- i-iv. The Non-traditional and Frozen Meal program will adhere to the same nutrition program guidelines as the traditional meal program including menu planning and approval, nutrition education, participant evaluation and the distribution of menus and preparation instructions. These policies and procedures will be referenced in the provider contract and monitored by Big Sandy AAAIL staff for compliance.
- 2. All non-traditional and frozen meals will comply with DAIL nutritional regulations and guidelines as monitored by the AAA and approved by the consulting Dietitian.
  - 3. Policy and Procedure and form for daily contact will be distributed to all sub-contracts.
  - 4. Policy and Procedure for assessment / reassessment and supplemental assessment form will be distributed to all sub-contracts.
  - 5. All records will be kept on file in the client records on site at the sub-contractor.

### Exception Requests

A request for an exception of service is required. Exceptions are granted only on a temporary basis. Justification along with a plan and timeline for meeting program compliance is required. (Example: 3 hour meal time delivery in accordance with 910 KAR Section 7 (1) (b))

## SECTION VII – PROVIDER APPROVALS

### List of Contracts with a Profit Making Organization

**Instructions:**

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

The form below is to be used to list all of the for-profit contractors with information under each contractor containing:

- Name and address of each for-profit service provider
- Service to be provided by provider
- The unit of service to be provided
- Total amount per unit of service not to exceed a certain amount per contract period

Complete the list of contracts with any Profit Making Organization.

***Important Note:*** Any and all contractual relationships with a Profit Making Organization requires DAIL prior approval not less than thirty (30) days prior to signing of contract by the area agency and service provider. You need to send a facsimile of your contract with a profit-making organization for prior approval for any and all contractual relationships.

<b>List of Contracts with Profit Making Organization(s) &amp; Approval RequestName &amp; Address For-Profit Services Provider</b>	<b>Service to be Provided</b>	<b>Unit of Service to be Provided</b>	<b>Cost/ Unit of Service</b>

## **SECTION VIII – ASSURANCES**

### **Sec. 306(a), AREA PLANS**

(2) Each area agency on aging shall 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: services associated with access to services transportation, health services (including mental health services) outreach, information and assistance, and case management services); in-home services, including supportive services for families of older individuals who are victims of Alzheimer’s disease and related disorders with neurological and organic brain dysfunction; and 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.

(4)(A)(i)(I) Each area agency on aging shall provide assurances that the area agency on aging will 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;

(4)(A)(II) Each area agency on aging shall provide assurances that the area agency on aging will include proposed methods to achieve the objectives described in items (aa) and (bb) of sub clause (I);

(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;

(II) describe the methods used to achieve the objectives described in items (aa) and (bb) of sub clause (I);

(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.

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

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on-older individuals residing in rural areas;older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with severe disabilities; older individuals with limited English-speaking ability; and older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

(4)(C) Each area agency on aging shall provide 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) Each area agency on aging shall 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.

(9) Each area agency on aging shall 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 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title; an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with

services provided under title VI; and an assurance that the area agency on aging 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.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency—the identify of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurance that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships

(13)(E) Each area agency on aging shall provide assurances that the area agency 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) Each area agency on aging shall provide assurances that preference in receiving services under this subchapter 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 subchapter.

(15) Each area agency on aging shall provide assurances that funds received under this title will not be used; to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212.

ADD: \_\_\_\_\_BIG SANDY\_\_\_\_\_

Plan Page \_\_\_\_\_

Date \_\_\_\_04-10-09\_\_

### **ASSURANCES**

The \_\_\_\_\_BIG SANDY\_\_\_\_\_ Area Agency on Aging hereby assures compliance, on behalf of itself and any subcontractors, with all applicable provisions of the following statutes, regulations, and other compliance requirements:

- 42 USC 3001 et seq (Older Americans Act of 1965)
- 42 USC 2000 et seq (Civil Rights Act of 1964)
- 29 USC 201 et seq (Fair Labor Standards Act of 1938)
- 42 USC 4601 et seq (Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970)
- 42 USC 12101 et seq (Americans with Disabilities Act of 1990)
- 29 CFR Part 96
- 29 CFR 95.25
- 45 CFR 1321
- KRS Chapter 205
- KRS Chapter 290
- KRS Chapter 907 1:070-072, 1:090-092
- 910 KAR 1:090, 160, 170, 180, 190, 200, 210, 220, and 230
- Office of Management and Budget Circulation A-102
- New assurances resulting from the Older American Act amendments of 2000

Further assurance is given that: (1) safeguards will be established to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties; (2) the Cabinet for Health and Family Services and the Environmental and Public Protection, or the Comptroller General, through any authorized representatives, will be provided access to and the right to examine all records, books, papers, or documents related to this plan; and (3) local governments applying for Title V funds possess legal authority to make such application and that action has been duly taken authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.

R. 10/06

ADD: \_\_\_\_\_BIG SANDY\_\_\_\_\_

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Date \_\_04-10-09\_\_\_\_\_

**CERTIFICATION OF ASSURANCES AND  
COMPLIANCE WITH GENERAL PROVISIONS**

The \_\_\_\_\_BIG SANDY\_\_\_\_\_ certifies its  
Area Agency  
acceptance of responsibility for the foregoing assurances and assures compliance thereunder.

It is understood by the signatures thereto that this instrument of certification encumbers the Area Agency to periodic evaluations on adherence to its provisions and systematic progress toward specified goal attainment.

\_\_\_\_\_(Typed): \_\_\_\_\_Steve Jones\_\_\_\_\_

Date

(Signed): \_\_\_\_\_

(Prepared by Co-Director of Aging Services)

\_\_\_\_\_(Typed): \_\_\_\_\_Elizabeth Hamilton\_\_\_\_\_

Date

(Signed): \_\_\_\_\_

(Prepared by Co-Director of Aging Services)

\_\_\_\_\_(Typed): \_\_\_\_\_Sandy Runyon\_\_\_\_\_

Date

(Signed): \_\_\_\_\_  
(Executive Director, Area Development District)

The Area Agency Advisory Council on Aging has reviewed this section and certifies its support thereof.

\_\_\_\_\_(Typed): \_\_\_\_\_ Jim Kelly \_\_\_\_\_

Date

(Signed): \_\_\_\_\_  
(Chairperson, Area Agency Advisory Council on Aging)

The governing body of the Area Agency has reviewed this section and assures compliance therewith.

\_\_\_\_\_(Typed): \_\_\_\_\_ R. D. Marshall, Judge Executive \_\_\_\_\_

Date

(Signed): \_\_\_\_\_  
(Chairperson, ADD Board)

ADD: \_\_\_\_\_ BIG SANDY \_\_\_\_\_

R 10/06  
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Date \_\_\_\_ 04-10-09 \_\_\_\_

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF  
HEALTH AND HUMAN SERVICES REGULATION UNDER  
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

\_\_\_\_ BIG SANDY ADD/AAA \_\_\_\_\_ (hereinafter called the "Applicant") HEREBY  
Name of Applicant (type or print)

AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964, 42 USC 2000, et. seq., and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, 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, and as additional result of national origin are limited in their English proficiency, 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 Department; 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 Department, this assurance shall obligate the Applicant, or in the case of any transfer of 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 is extended to it by the Department.

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 department, 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 United States 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.

This assurance is hereby submitted for the period July 1, 2009 through June 30, 2010.

Date \_\_\_\_\_

By \_\_\_\_\_  
(Chairperson, ADD Board)

Big Sandy Area Development District

Applicant (type or print)

110 Resource Court

Street Address

Prestonsburg KY 41653

City

State

Zip

R 10/06

ADD: BIG SANDY

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Date 04-10-09

### **PROCUREMENT REQUIREMENTS DEPARTMENT FOR AGING AND INDEPENDENT LIVING POLICY**

1. The Area Agencies on Aging must adhere to the references listed below and should review the references for additional information.

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#### **REFERENCES**

- 45 CFR Part 74 and Part 92
- 45 CFR Part 91
- OMB Circular A-102
- Area Agencies on Aging Financial Management and Accounting Manual (Birch and Davis Associates, Inc., September, 1982)

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2. The Area Agencies on Aging must promote open and free competition among all qualified bidders.
  3. The Area Agencies on Aging shall not restrict or eliminate competition by placing unreasonable and/or unnecessary requirements on potential bidders.
  4. The Area Agencies on Aging must establish procurement procedures which take into account the requirements of OMB Circular A-102 and any other federal, state and local requirements. Procedures must include:
    - a. Method for resolving protests, disputes and/or claims.
    - b. Written code or standards of conduct.
    - c. Review process to avoid unnecessary purchase and/or duplicative items.

- d. Affirmative action standards which encourage contracting with minority-owned, women-owned, small businesses.
  - e. Methods for procurement.
  - f. Evaluation and selection criteria.
5. Every effort should be made by the AAA's to formally advertise programs and/or services. However, should the AAA's choose to utilize non-competitive negotiations, they must clearly document, and maintain on file, that only one responsible provider is available, capable and qualified to provide the service; and that by using non-competitive negotiations, open and free competition will not be restricted. Documents should include a) justification/rationale for utilizing this method of procurement, b) basis for award cost and analysis of costs. In addition to maintaining these documents on file, the AAA's must furnish copies to the Department for Aging and Independent Living (prior to subcontracting) to support all non-competitive negotiations.

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The above policy has been read and has been followed in the selection of service providers outlined in the Area Plan for Aging Services and will continue to be followed during implementation.

(Typed): \_\_\_\_\_ R. D. Marshall, Judge Executive \_\_\_\_\_

(Signed): \_\_\_\_\_  
Chairperson, ADD Board

R. 10/06

ADD: \_\_\_\_\_ BIG SANDY \_\_\_\_\_

Plan Page \_\_\_\_\_

Date \_\_04-10-09\_\_

### VERIFICATION OF INTENT

The Area Plan on Aging is hereby submitted for the \_\_Big Sandy\_\_\_\_\_ Planning and Service Area for the period \_\_July 1, 2009\_\_\_\_\_ through \_\_June 30, 2010\_\_\_\_\_.

It includes all assurances and plans to be followed by the \_\_\_\_\_ Big Sandy AAA \_\_\_\_\_  
Area Agency

under provisions of the Older Americans Act, 42 USC 3001, et seq, as amended, during the period identified. The Area Agency identified will assume full authority to develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State policy. In accepting this authority, the Area Agency assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of service and to serve as the advocate and focal point for older people in the planning and service area.

The Area Plan on Aging has been developed in accordance with all rules and regulations specified under the Older Americans Act and is hereby submitted to the State Agency on Aging for approval.

\_\_\_\_\_  
Date (Typed): \_\_\_\_\_ Steve Jones \_\_\_\_\_

(Signed): \_\_\_\_\_  
(Prepared by Co-Director of Aging Services)

\_\_\_\_\_  
Date (Typed): \_\_\_\_\_ Elizabeth Hamilton \_\_\_\_\_

(Signed): \_\_\_\_\_  
(Prepared by Co-Director of Aging Services)

\_\_\_\_\_  
Date (Typed): \_\_\_\_\_Sandy Runyon\_\_\_\_\_

(Signed): \_\_\_\_\_  
(Executive Director, Area Development District)

The Area Agency Advisory Council on Aging has had the opportunity to review and comment on the Area Plan on Aging. Comments are attached.

\_\_\_\_\_  
Date (Typed): \_\_\_\_\_Jim Kelly\_\_\_\_\_

(Signed): \_\_\_\_\_  
(Chairperson, Area Agency Advisory Council on Aging)

The governing body of the Area Agency has reviewed and approved the Area Plan on Aging.

\_\_\_\_\_  
Date (Typed): \_\_\_\_\_R. D. Marshall, Judge Executive\_\_\_\_\_

(Signed): \_\_\_\_\_  
(Chairperson, ADD Board)