



BIG SANDY Regional Plans on Aging

Department for Aging and Independent Living

Fiscal Years 2015-2017

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

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

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

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

Due Date: Completed area plans are due April 15, 2015.

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

Number of Copies: Submit a copy of this area plan electronically to dail.general@ky.gov

The disaster plan and Senior Community Service Employment Program are separate plans and not included in this plan. Separate instructions will be sent for those plans by the program coordinator.

Area Agency on Aging and Independent Living

I. Mission and Vision

Some things to consider when developing your mission and vision:

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

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

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.

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.

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

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, ~~as well as Personal Care Attendant Program~~, Kentucky Homecare Program, and the Family Caregiver Support Program

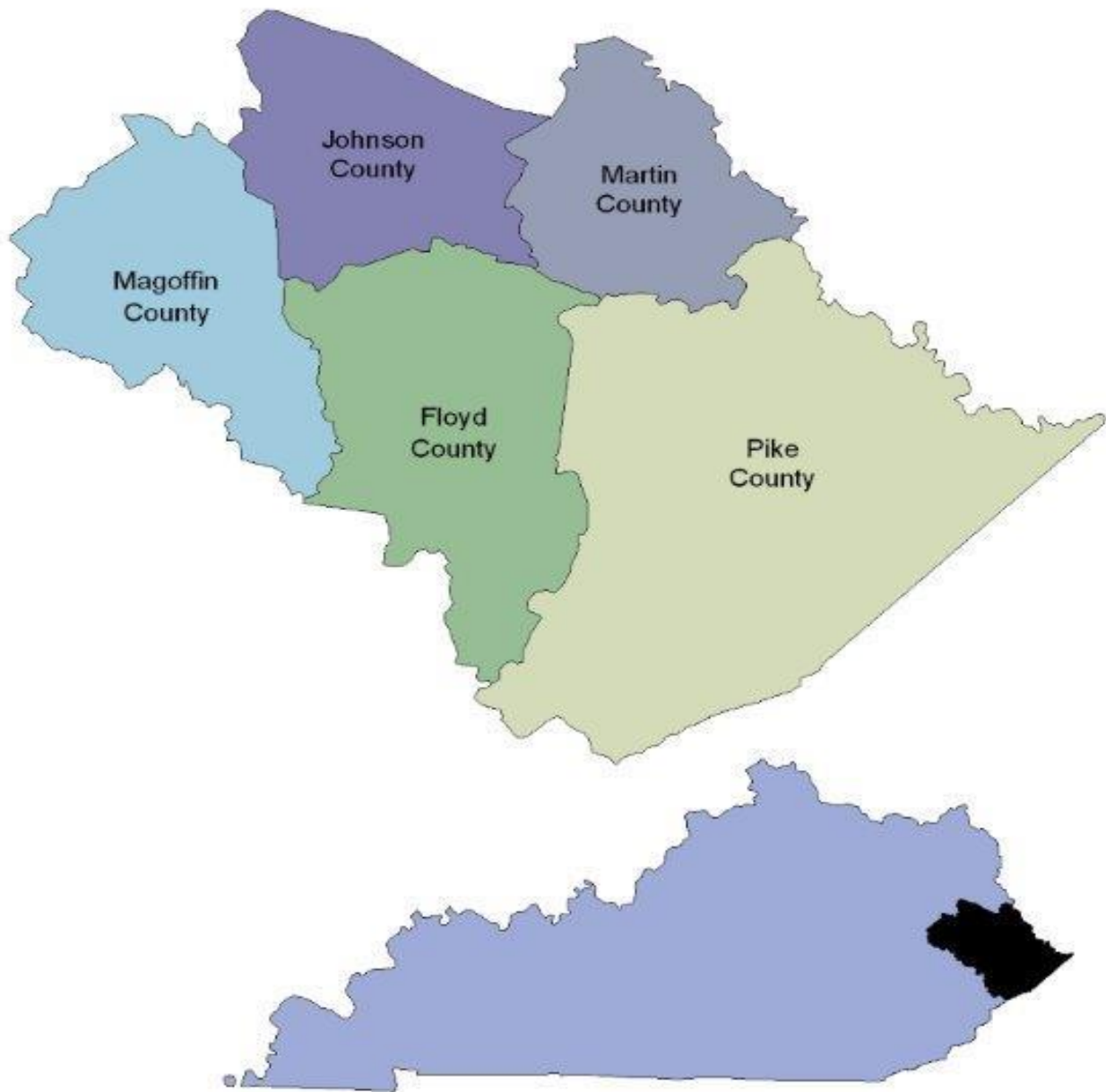
II. Service Area

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

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 154,093 according to the 2010 Census. Of this population, 30,756 or 20%, were over the age of sixty years of age.

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

Big Sandy Area Development District



III. Profile of Your Region

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

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

www.ksdc.louisville.edu/

Year for which data is current:

2010

| | Information Not Available | |
|--|---------------------------|-------|
| a. Percent of persons 60 and older in your region | <input type="checkbox"/> | 20% |
| b. Percent of region's total population over 60 | <input type="checkbox"/> | 20% |
| c. Percent 60+ who are low income (poverty rates as provided by HHS) | <input type="checkbox"/> | 16% |
| d. Percent 60+ who are minority | <input type="checkbox"/> | 1.3% |
| e. Percent 60+ who live in rural areas | <input type="checkbox"/> | 100% |
| f. Percent 60+ with severe disability (3 or more ADL/IADL impairments)* | X | |
| g. Percent 60+ with limited English proficiency | X | |
| h. Percent 60+ with Alzheimer's Disease or related dementia | X | |
| i. Percent 60+ isolated or living alone | <input type="checkbox"/> | 27% |
| j. Percent of grandparents or older relative rearing a grandchild under 18 | <input type="checkbox"/> | 12.3% |

*ADLs (Activities of Daily Living): feeding, getting in/out of bed, dressing, bathing, toileting. IADLs (Instrumental Activities of Daily Living): Meal preparation, light housework, heavy housework, laundry, shopping, taking medicine

IV. Funding Sources for Your AAAIL

| 5. In your last fiscal year, what percent of your revenue was from... | % |
|---|------|
| a. Federal grants/contracts | 21.1 |
| b. State government grants/contracts | 45.2 |
| c. Local government grants/contracts | 23.3 |
| d. Foundation grants/contracts | |
| e. Corporate grants/contracts | |
| f. Direct mail fundraising | |
| g. Fundraising events | |
| h. Individual contributions | 3.4 |
| i. Fees for services | |
| j. Other (Specify: <u>UMWA</u>) | 7.0 |
| k. Other (Specify: <u> </u>) | |
| Total..... | 100% |

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

| | Name of Source | Value (\$ amount) for current fiscal year |
|---|----------------|---|
| A | Federal | \$1,090,916 . . |
| B | State | \$1,142,152 . . |
| C | Medicaid | \$ 673,269 . . |
| D | Program Income | \$ 220,057 . . |
| E | Provider Match | \$1,105,638 . . |
| F | UMWA | \$ 347,714 . . |
| G | BSADD | \$ 28,628 . . |
| H | | \$. . |
| I | | \$. . |
| J | | \$. . |
| K | | \$. . |
| L | | \$. . |
| M | | \$. . |
| N | | \$. . |
| O | | \$. . |
| P | | \$. . |
| Q | | \$. . |
| R | | \$. . |
| S | | \$. . |
| T | | \$. . |

| | | |
|--------------------|-----|---------------------|
| U | [] | \$. |
| V | [] | \$. |
| W | [] | \$. |
| X | [] | \$. |
| Y | [] | \$. |
| Z | [] | \$. |
| AA | [] | \$. |
| BB | [] | \$. |
| GRAND TOTAL | | \$4,608,374. |

↑ Use these letters to indicate program funding sources in Section V.

V. Services Offered as Part of Your Plan

| | Is this type of service offered? | | Is service directly provided by AAAIL? | | Is service provided under contract? | | Number of people served in FY15 | Amount spent in FY15 (round to nearest hundred) | Funding source(s) (use letters from Section IV) |
|---|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------|---|---|
| | Yes | No | Yes | No | Yes | No | | | |
| a. Advocacy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| b. Information and Referral | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2833 | 26,500 | ABDE |
| c. Legal Assistance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 47 | 7,000 | ABDE |
| d. Transportation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 567 | 110,900 | ABDE |
| e. Home Delivered Meals | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1139 | 1,004,600 | ABDE |
| f. Congregate Dining | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1882 | 406,500 | ABDE |
| g. Senior Center | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1,863 | 306,600 | ABDE |
| h. Mental Health Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 | 0 | |
| i. Dementia Care or Support | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 | 0 | |
| j. Caregiver Support | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 184 | 64,000 | AB |
| k. Caregiver Training or Education | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 74 | 0 | AB |
| l. Training or Education or Older Adults | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2342 | 16,100 | ABDE |
| m. Training or Education for Service Providers | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 20 | 4,500 | AB |
| n. Training or Education for Volunteers | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6 | 0 | B |
| o. Case Management | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 288 | 174,500 | BG |
| p. Housing or Shelter Assistance | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 | | |
| q. Personal Care or Home Health Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 98 | 41,100 | BG |
| r. Homemaker Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 271 | 357,000 | BG |
| s. SHIP | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 427 | 49,200 | AG |
| t. Elder Abuse Prevention | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2049 | 3,700 | AB |
| u. Disease Prevention Health Promotion | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 769 | 11,000 | AB |
| v. Adult Day | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 | 0 | |
| w. Consumer Directed Option | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 311 | 476,600 | C |
| x. Ombudsman | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 636 | 54,200 | AB |
| y. Telephone Reassurance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2240 | 48,600 | ABDE |
| z. Friendly Visitors | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 | | |
| aa. Personal Care Attendant Program | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 33 | 67,000 | B |
| ab. Senior Community Service Employment | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 0 | | |

| | Is this type of service offered? | | Is service directly provided by AAAIL? | | Is service provided under contract? | | Number of people served in FY15 | Amount spent in FY15(round to nearest hundred) | Funding source(s) (use letters from Section IV) |
|---------------------------------|----------------------------------|--------------------------|--|--------------------------|-------------------------------------|--------------------------|---------------------------------|--|---|
| | Yes | No | Yes | No | Yes | No | | | |
| ac. Other – Specify: CCC | X | <input type="checkbox"/> | X | <input type="checkbox"/> | <input type="checkbox"/> | X | 53 | 169,900 | AG |
| ad. Other – Specify:UMWA | X | <input type="checkbox"/> | X | <input type="checkbox"/> | <input type="checkbox"/> | X | | 347,700 | F |
| ae. Other – Specify: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| af. Other – Specify: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| ag. Other – Specify: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| ah. Other – Specify: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| ai. Other – Specify: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| aj. Other – Specify: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| ak. Other – Specify: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

VI. Program Explanation

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

VII. Partnerships and Collaborations

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

- Yes
 No

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

| | Collaboration Partner | Activity or Focus of Collaboration | Approx. Year Began |
|---|---|--|--------------------|
| 1 | Highlands Regional Medical Center | Senior Expo | 2000 |
| 2 | Social Security Administration | Medicare Part D/MIPPA | 2005 |
| 3 | Floyd County Health Department | Diabetes Coalition | 2009 |
| 4 | Local hospitals, health departments, nursing homes, DCBS, Mountain Comp, other community partners | Elder Maltreatment Council | 2003 |
| 5 | Various Community Partners including Community Trust Bank WYMT-TV Jenny Wiley State Park Corps of Engineers Highlands Regional Medical Center St. Joseph Martin | Senior Games | 1985 |
| 6 | Multi Agency Regional Forums Ombudsman, OIG, DCBS | Regional meetings which provides systemic advocacy | 2010 |
| 7 | Elder Maltreatment Council/Emergency Management | Project Lifesaver | 2008 |

| | | | |
|---|---|---|------|
| 8 | AEP-Kentucky Power | Donation to provide Shelf Meals to Home Delivery meal clients | 2012 |
| 9 | Region 10 Healthcare Planning Coalition | Disaster Preparedness | 2010 |

VIII. Capacity Assessment

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

- Yes
 No

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

A needs assessment is conducted in conjunction with the area plan cycle. Assessment is sent to all of the senior citizen's centers and home delivered meals clients, Aging Advisory Council members, County Judge Executive offices, Elder Maltreatment Council members, Ombudsman Council members.

11. How often do you collect this information?

- Monthly
 Quarterly
 Semi-annually
 Annually
 Other: On RFP and plan cycle

12. When did you conduct your most recent capacity assessment? November 2013
(month and year)

13. When is the next capacity assessment scheduled? November 2016
(month and year)

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

This information will be used to plan for the delivery of services. If there are gaps or needs not being met, then the information collected will help us to plan toward meeting the goal of being able to find ways to fill those gaps.

IX. Capacity Building Plan

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

1. Provide dedicated, competent staff to meet the needs of helping the elderly/disabled clients that we serve.

2. To be able to maintain delivery of services and increase funding to provide more services to the clients of the Big Sandy area.

3. | Continue to expand services for senior centers in each of the 5 counties |

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

1. Big Sandy AAAIL will provide training and needed support for staff to continue to meet the needs of the clients we serve.
2. Plan to maintain delivery of services will include education the public and our legislators on the importance of continued funding for aging services. Big Sandy AAAIL will look at other possible funding sources (grants, partnerships, etc) to increase opportunities for increased services.
3. Increase evidence based program training in order for centers to be qualified to provide expanded services.

17. Total number of program managers/supervisors 6 Number

18. Total number of program staff 35 Number

19. Total number of program volunteers (in house & contract) 10 Number

20. Do all supervisors (in house & contract) have access to computers with internet access?

- Yes, all
- Half or more
- Less than half
- No, none

21. Do all direct service (in house & contract) staff have access to computers with internet access?

- Yes, all
- Half or more
- Less than half
- No, none

22. Do volunteers (in house & contract) have access to computers with internet access?

- Yes, all
- Half or more
- Less than half
- No, none

23. How many new volunteers were recruited in the past 12 months? 0 Number

Which programs? | Ombudsman program had recruited some potential new volunteers but after going through the required checks, they were determined not eligible. |

24. How many new staff were hired by the AAAAIL in the past 12 months? 2 Number

Which programs? | Ombudsman and Community Collaboration for Children |

25. Are there written job descriptions for all positions in your agency?

Staff? Yes
 No

Volunteers? Yes
 No

26. Do you conduct annual performance reviews for all staff?

- Yes
- No

If no, please explain?

27. Do you have any plans to help staff members increase knowledge or skills during the next year?

- Yes
- No

28. If yes, please describe your plans and the specific sources for these trainings.

Staff is always encouraged to seek training on areas of interest or need. Big Sandy AAAIL is committed to providing staff any opportunity for growth and increased knowledge possible, within budget. Staff always go beyond the required training. Staff attends trainings provided in-house which are done by staff as well as outside presenters (Health Department, UNITE, Highlands Regional Medical Center, etc.). Staff also attends conferences and trainings in other areas of the state such as KAG and Summer Series on Aging.

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

- Yes
- No

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

Volunteers are actively sought for all programs but specifically SHIP, Senior Center, and Ombudsman. Flyers and brochures about the different programs offered by the AAAIL and the volunteer opportunities will be distributed to the community partners, senior centers, community locations, etc. The ombudsman program does at least 2 volunteer recruitment drives a year as well as discussing volunteer opportunities at any public meetings and presentations. SHIP also recruits volunteers through PSAs, public meetings, and presentations. Senior Centers recruit mainly through the participants of each center but also work with the communities they serve to seek volunteers in those communities.

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

Progress will be measured by at least maintaining current level or by an increase in the volunteer base.

X. Public Hearing

32. Area Plan Public Hearing

| Date | Time | Location | # of participants present | # of staff present | # of others present |
|---------|---------|-----------------------------|---------------------------|--------------------|---------------------|
| 2/19/15 | 10:00am | Big Sandy ADD, Prestonsburg | 2 | 5 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Date plan available for review | Place(s) available for review | Dates advertised | Ad appeared in newspaper |
|--------------------------------|-------------------------------|------------------|--|
| 2/5/15 | Big Sandy ADD office, online | 2/4/15, 2/11/15 | Floyd County Times, Mtn. Citizen, Paintsville Herald, Salyersville Ind., NewsExpress |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

33. Participation in Public Hearing was actively sought from:

Minority, Rural Elderly, Greatest Economic Need, Disabled

34. Indicate means used in soliciting views:

Newspaper Ad, Written Invitation, Scheduling & Facilitating

35. Summary of public comments:

Question about the funding for legal services and if that funding had been increased over the last several years. Discussion on this issue and shared the funding information. Legal Services funding was increased during this present fiscal year.

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

No Changes

XI. Service Usage

37. What are the three most frequently identified needs or gaps in older adult services in your service area?

1. Transportation
2. Home Repairs
3. Mental Health Services

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

In Home services allow people to stay in their homes longer. We have staff and contractors that have been providing services for many years. Their knowledge and expertise in their respective fields/areas are a strength.

39. Describe the weaknesses in your area's service delivery.

Weaknesses include support groups and caregiver trainings. We have had difficulty getting participation in these areas.

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

1. Recreation

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

Seniors socialize and enjoy fun activities together as a group.

2. Homemaking

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

Allows people to stay in their home longer

3. Nutrition Services

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

Provides nutritious meals – congregate setting gets people out to socialize; HDM helps allow people to stay in their homes longer.

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

1. Escort Services

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

Lack of volunteers/staff to provide services. Hard to arrange appointments.

2. Support Groups

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

Transportation issues; reluctance to discuss personal issues.

3. Caregiver Training

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

Transportation issues; lack of support system for caregivers to be out of the home.

XII. Participant Feedback and Satisfaction

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

- Yes
- No

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

Yes No

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

44. How often is feedback collected?

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

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

Review information and use as a tool to improve performance and services.

46. Is there a formal process to investigate complaints?

- Yes
- No

47. Is there a formal process to respond to complaints?

- Yes
- No

XIII. Coordination and Collaboration

48. What are your procedures and methods for ensuring that services for older adults are delivered in a coordinated and efficient way?

In addition to the District's Board of Directors, there are 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 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.

49. Do you have plans to improve service coordination?

- Yes
 No

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

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

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

Satisfaction Surveys; monitor of programs, increase in use of services.

XIV. Outreach & Expansion

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

- Yes
 No

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

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.

54. How will you measure your progress?

Satisfaction Survey; needs assessment; monitor of programs, increase in use of services.

55. Do you have plans to increase the visibility of your AAAIL's services?

- Yes
 No

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

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.

57. How will you measure your progress?

Satisfaction Surveys, needs assessment; monitor use of services; increase in number of people served, new clients.

XV. Community Opportunities

58. How many of the counties in your service area currently have at least one focal point? 5

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

Congregate and Home Delivered meals, ~~ehore~~, education, ~~eseort~~, health promotion, information and assistance, nutrition education, outreach, recreation, telephone assurance, transportation.

60. Do you have plans to improve or expand senior center/focal point services?

- Yes
 No

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

Will work with senior centers and focal points to expand and improve on education to participants, particularly in the areas of preventive health and chronic disease. Increase evidence based health promotion activities. Increase nutrition education awareness activities.

62. How will you measure your progress?

Units of service will increase.

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

- Yes
 No

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

Provide information and education at community events, i.e. health fairs, senior expo, meetings.

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

- Yes
 No

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

Offer training for relevant issues as needed. Staff is always encouraged to seek training on areas of interest or need. Big Sandy AAAIL is committed to providing staff any opportunity for growth and increased knowledge possible, within budget. Staff always go beyond the required training. Staff attends trainings provided in-house which are done by staff as well as outside presenters (Health Department, UNITE, Highlands Regional Medical Center, etc.). Staff also attends conferences and trainings in other areas of the state such as KAG and Summer Series on Aging.

67. How will you measure your progress?

Staff and providers will demonstrate increased knowledge through contact with clients. Will meet or exceed required trainings.

XVI. Information and Referral

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

- Yes
 No

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

PSAs, health fairs, presentations, community meetings

70. If yes: On average, how many intake calls do you handle in a typical month? # 50

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

- Yes
 No

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

- Yes
 No

73. If yes, please describe your plans.

Presently working with DAIL on new ADRC policy, procedures and processes.

XVII. Financial Management and Fund Development

74. Do you have adequate funding to meet your community's needs?

Yes

No

75. What needs are difficult to meet with current funding levels?

Funding for meals, transportation and homecare services

76. Provide an explanation of how program income, fees, donations as well as other resources (ie local fund grants) will be collected and used to expand services.

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 opportunity 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.

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

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

Yes

No

78. If yes, please describe your plans.

Continue to apply for grants and other funding opportunities.

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

Yes

No

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

The Allocation of Title III funds to service providers utilize 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 BSAAAIL 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 as approved by the Aging Advisory Council. The District will continue to provide the direct services for the Homecare program. Homecare services are equitably distributed to each county based on the elderly population and need.

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

Invoices and budgets are reviewed monthly to assess progress toward expending all funds. If a budget appears to be underspent, the AAAIL looks at possible reasons and solutions. Contact DAIL for technical assistance as needed.

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

For state funds, if not spent, they are returned to the state. For federal funds, unspent funds are carried over to the next year or returned.

XVIII. PROGRAM SITE MONITORING

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

Big Sandy AAAIL 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. The AAAIL 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 Defense Funds and is monitored by reviewing the monthly reports and an annual monitoring of the provider.

Homecare services, Ombudsman, National/Kentucky Caregiver programs, Consumer Directed Option, 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. Monthly desk top monitoring of services are provided as well.

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.

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

Please see #83 for evaluation and monitoring process.

XIX. GOALS

Goals are visionary statements that describes the strategic direction in which the region is moving while objectives are the attainable, specific and measurable steps the region will achieve its goal. A well written goal summary can aid the region in education the public, lawmakers and other

agencies of the operation of programs and services of the agency. Please provide a narrative for how the region will meet the goals listed below.

Goal 1. Empower older Kentuckians, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options;

The Big Sandy AAAIL will provide for a full time ADRC Coordinator to serve as a single point of entry for programs offered by the AAAIL. The ADRC will provide information, referral and assistance for community resources to the elderly, disabled, caregivers and professionals to help them make an informed decision about the options available. Big Sandy AAAIL strives to provide comprehensive information for the citizens of the Big Sandy Area.

Goal 2. Enable senior Kentuckians to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers;

Enabling residents of the Big Sandy Area to remain in their own homes, or homes of their choice, as long as possible is the goal and mission for the Big Sandy AAAIL through the provision of quality home and community based services. We do this through case management, in which the clients are assessed for what services are needed and then services put into place to assist them in remaining independent. This may be through our Homecare program, CDO, PCAP, or another community resource. This may also include a combination of these resources. Big Sandy AAAIL also maintains a caregiver program. With the caregiver program, we focus on the caregiver of the elderly person. We work to meet the caregivers' needs in order for them to be able to successfully be able to continue to keep the person living in a community setting as long as possible. This includes provision of information, assistance, respite, and supplemental services.

Goal 3. Empower older Kentuckians to stay active and healthy through Older Americans Act services and prevention benefits, including programs funded through Medicare;

The Big Sandy AAAIL funds and promotes evidence based disease prevention and health promotion programs. These programs promote general health and wellness to older and disabled adults. We currently offer Chronic Disease Self-Management, Walk with Ease, Bingocize, Arthritis exercise, and Matter of Balance classes. All of these classes, except Bingocize, meet the highest level criteria for ACL's health promotion and disease prevention. Big Sandy AAAIL will continue to provide programs designed to help keep older Kentuckians active and healthy.

Goal 4. Ensure the rights of older Kentuckians and individuals with disabilities and seek to prevent their abuse, neglect, and exploitation; and,

The Big Sandy AAAIL has been the lead agency with the Big Sandy Council on Elder Maltreatment. This council has been active now for over 10 years. Staff from the AAAIL are very active in this council and undertake many activities designed to promote awareness and prevention of abuse, neglect and exploitation. Big Sandy AAAIL will continue to take a lead in the continuation of this valuable council. The council recently partnered with the legal aid provider in

the area for a domestic violence/elder abuse conference. After a successful conference, the two entities have decided to continue the partnership for a conference in FY 16, and hopefully more in the future.

Goal 5. Maintain effective and responsive management.

The Big Sandy AAAIL will maintain effective and responsive management, as this is very important with the type of services we provide to the elderly and disabled residents of the Big Sandy. The AAAIL works closely with the Aging Advisory Council and ADD Board of Directors for guidance and support. They review, advise, and approve all budget and program changes. We work closely with contracted providers who have gone through a RFP process to ensure quality services are being provided. Big Sandy AAAIL strives to provide management that is accountable, transparent, and effective in providing quality services to the residents of the Big Sandy Area. We also strive to improve delivery of services and look for different/better means of providing for the needs of the elderly and disabled, through needs assessments and satisfaction surveys.

XX. Kentucky's Outcome and Performance Measures 2012-2014

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

GOAL 1: Empower older Kentuckians, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term options.

Objective

Big Sandy AAAIL has a process to provide information and assistance to Seniors, their families and other consumers on a daily basis so that they can make informed decisions and access health and long-term care options.

Objective

Strategies

1. An Aging staff person will be assigned as the Aging and Disability Resource person for each business day to process all intake, referrals and information calls.
2. Senior Center Directors will receive inquiries from center participants and provide information or make referrals.
3. Marketing and outreach will be made to all community providers

Person and entity responsible for completion

ADRC staff; Center Directors;
Aging Staff and Center Directors

Date

On-going

GOAL 2: Enable senior Kentuckians and individuals with disabilities to remain in their homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

Objective

Big Sandy AAAIL will provide a process for intake, assessment, reassessment, and referrals by trained professionals to ensure eligible people are provided services directed toward maintain the individual or their caregivers in their homes.

| | |
|---|----------|
| Objective | |
| Strategies | |
| <ol style="list-style-type: none"> 1. A trained Case Manager will contact the client or caregiver and do a comprehensive assessment in the home to determine the client's level of functioning, existing support in the home, and the need for additional services. 2. Services will be arranged through the Homecare, Title III or Family Caregiver program. These will be based on need and could include homemaking, personal care, respite, home delivered meals, supplemental services, transportation or Adult Day Care. 3. Clients who are able are encouraged to attend the senior centers for congregate meal, socialization, education, health promotion and recreation. 4. Referrals will be made to community partners as needed. 5. Coordination of care between Big Sandy AAAIL and other providers will be made in order to not duplicate services. | |
| Person and entity responsible for completion | Date |
| Big Sandy AAAIL aging staff | On-going |

| | |
|---|----------|
| GOAL 3: Empower senior Kentuckians and individuals with disabilities to stay active and healthy through Evidence-Based disease and Disability Prevention Programs and other community opportunities. | |
| Objective | |
| Big Sandy AAAIL will have trained staff to implement and sustain a quality Chronic Disease Self Management program. | |
| Objective | |
| Big Sandy Senior Centers will provide at least one evidence based program. | |
| Strategies | |
| <ol style="list-style-type: none"> 1. Big Sandy AAAIL will have staff to conduct programs. 2. Sessions will be free and held in locations that are easily accessible to the older and disabled populations. 3. Big Sandy Senior Centers will have staff or volunteers trained to conduct programs. | |
| Person and entity responsible for completion | Date |
| Big Sandy AAAIL Staff, Senior Center staff/volunteers | On-going |

| | |
|--|--|
| GOAL 4: Ensure the rights of senior Kentuckians and individuals with disabilities and prevent their abuse, neglect and exploitation | |
| Objective | |
| Big Sandy AAAIL will collaborate with network partners to provide a community Elder Abuse Maltreatment Council to develop and enhance programs that address elder abuse, neglect and exploitation. | |
| Objective | |
| Strategies | |
| <ol style="list-style-type: none"> 1. Big Sandy AAAIL will continue to collaborate with local community agencies/people on the Elder Maltreatment council. 2. The Council will consist of Big Sandy AAAIL staff, LTC Ombudsman, senior centers, LTC facilities, guardianship, adult protection, law enforcement, judicial and general public. 3. The Council will provide public education and outreach to identify and prevent elder abuse, neglect and exploitation. This includes using Elder Abuse PSA's to raise awareness of adult abuse in the Big | |

Sandy Region.

4. The Council will provide public education and outreach to promote financial literacy and prevent identity theft and financial exploitation of older individuals.

Person and entity responsible for completion

Big Sandy AAAIL staff; Council Members

Date

On-going

GOAL 5: Promote effective and responsive management.

Objective

Big Sandy AAAIL will carry out functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, designation of focal points of aging in each community and plan, implement, and coordinate the delivery of services to the elderly and disabled throughout the five counties

Objective

Strategies

1. Big Sandy will select subcontracted services providers through a formal RFP process.
2. Big Sandy staff will provide assistance to each of the local programs in the area of development, administration, coordination and other technical aspects of the programs.
3. Big Sandy will provide direct support to each individual program in the areas of financial and administrative record keeping and management reports.
4. Big Sandy AAAIL will monitor service and dollar expenditures monthly.
5. Big Sandy AAAIL will maintain a data system to track expenditures and report data to the state and federal agencies.

Person and entity responsible for completion

Aging Advisory Council; Big Sandy AAAIL Staff

Date

On-going

XXI. PERFORMANCE PLAN FORMS

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

Form A – Area Agency on Aging and Independent Living Advisory Council Membership

Form B – Area Agency on Aging Independent Living Administration Staffing Plan

Form C – Area Agency on Aging Independent Living Direct Staffing Plan

Form C.1 – Provider Direct Staffing Plan

Form D – Public Hearing

Form E – Demographics

Form F – Case Managers

Form G – Adult Day Centers

Form H.1 – SHIP Counselor Site Details

Form I – Ombudsman Advisory Council Membership

Form J – Provider Site List

Form H – SHIP Counselor Locations

XXII. WAIVER & SPECIAL PROGRAM APPROVALS

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

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

Statement of Request – One request for each service.

Actions taken prior to determination of direct service provisions

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

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

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

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

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

Special Program Approval

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

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.

XXIII. PROVIDER APPROVALS

List of Contracts with a Profit Making Organization

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

The form below 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.*

| List of Contracts with Profit Making Organization(s) & Approval Request | | | |
|--|--------------------------------|---|---------------------------------|
| Name & Address For-Profit Services Provider | Services to be provided | Unit of Service to be provided | Cost/Unit of Service |

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XXIV. ASSURANCES

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

- (a) Establishes specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
- (b) Includes specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

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

audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

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

36. Each Area Agency on Aging and Independent Living shall implement services in accordance with 910 KAR 1:160 for the provision of Adult Day Care and Alzheimer's respite services.
37. Each Area Agency on Aging and Independent Living receiving funds to implement Personal Care Assistance Program (PCAP) in the district, shall provide for the implementation and oversight of the PCAP program and its provisions according to 910 KAR 1:090
38. Each Area Agency on Aging and Independent Living shall provide a plan for the provision of SHIP services which includes those provided by Title III-B Legal Services and CMS funds.
39. Each Area Agency on Aging and Independent Living shall provide for locally accessible counseling to individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
40. Each Area Agency on Aging and Independent Living assure that the SHIP program will target outreach in order to address access to counseling for low-income, dual-eligible, and hard-to-reach populations.
41. Each Area Agency on Aging and Independent Living enhance the counselor work force including the recruitment and training of counselors and volunteers and shall ensure that all SHIP counseling sites have access to a computer with Internet access and are registered on the SHIPTalk website: www.SHIPTALK.org.
42. Each Area Agency on Aging and Independent Living ensure participation in SHIP education and communication activities, thus enhancing communication to assure that SHIP counselors are equipped to respond to counseling needs and that the regional coordinator will disseminate information as needed and conduct quarterly meetings with SHIP staff and volunteers.
43. Each Area Agency on Aging and Independent Living provide for the implementation and management of Title III C-1 (Congregate) Services and maintain a plan for back up food preparation sites and nutrition sites.
44. Each Area Agency on Aging and Independent Living shall provide for the implementation and management of Title III C-2 (Home-Delivered Meal) Services, including an emergency plan for back up food preparation sites and nutrition sites.
45. Each Area Agency on Aging and Independent Living shall provide nutritionally balanced meals that comply with the most recent Dietary Guidelines, published by the Secretary of Health and Human Services and the Secretary of Agriculture, and Dietary Reference Intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences for meals funded through Title III-C Nutrition Services Program.
46. Each Area Agency on Aging and Independent Living shall provide for nutritional screening, nutrition education, and where appropriate nutrition counseling.
47. Each Area Agency on Aging and Independent Living shall comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual.
48. Each Area Agency on Aging and Independent Living shall implement a plan for furnishing emergency meals during inclement weather conditions, power failure, any disaster that may cause isolation, medical emergencies, or those with a special need. At least three menus that meet the nutritional requirements of the program shall be planned.
49. Each Area Agency on Aging and Independent Living shall provide for Title III D services as outlined in Sections 361 & 362 of OAA (Chapter 35, 42 U.S.C. 3030F), by providing integrated health promotion and disease prevention programs that include nutrition education, physical activity and other activities to modify behavior and to support improved health and wellness of older adults.
50. Each Area Agency on Aging and Independent Living provide or arrange for medication management programs in accordance to Title III D, including activities to screen to prevent drug reactions and incorrect prescriptions.
51. Each Area Agency on Aging and Independent Living provide for a healthy aging initiative, including coordination with state health and wellness programs and senior games.

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

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

housing; transportation; public safety; workforce and economic development; recreation; education; civic engagement; emergency preparedness; and any other service as determined by the AAAIL in coordination with public officials.

75. Each Area Agency on Aging and Independent Living shall provide, to the extent feasible, the provision of services under the Older Americans Act and Kentucky Administrative Regulations consistent with self-directed care.